

CareCertify LLC

Behavioral & Mental Health Training Series

BH-04

Trauma-Informed Care

Participant Guide

Behavioral & Mental Health Training Series · Audience: ARMHS · CTSS · Behavioral Aides · MH Practitioners · Case Managers · CE Hours: 1.0

What Happened to You?

Behind a lot of 'difficult' behavior is trauma — experiences of harm that reshaped how a person feels safe, trusts, and copes. Trauma-informed care doesn't require knowing a client's history; it assumes trauma may be present and shapes every interaction to build safety rather than fear.

This guide covers what trauma does, the principles of trauma-informed care, recognizing triggers, and protecting yourself from the secondary trauma this work can carry. The shift is simple but profound: from 'what's wrong with you?' to 'what happened to you?'

Learning Objectives — by the end of this module you will be able to:

- Explain what trauma is and how it affects behavior
- Apply the shift from 'what's wrong with you' to 'what happened to you'
- Use the principles of trauma-informed care
- Recognize triggers and avoid re-traumatization
- Recognize and manage secondary traumatic stress

Section 1: What Trauma Is

Trauma results from events or circumstances experienced as physically or emotionally harmful or life-threatening — abuse, violence, neglect, loss, disaster, or ongoing systemic harm. It can be a single event or repeated and prolonged (complex trauma). What makes something traumatic is the person's experience of it, not just the event itself.

Trauma is very common among people receiving behavioral health services, which is why a trauma-informed approach is essential.

Section 2: How Trauma Affects the Brain and Behavior

Trauma can leave the brain's alarm system on high alert, so a person reacts to perceived threat with automatic survival responses — fight, flight, freeze, or fawn. These are not chosen behaviors. Trauma can also affect memory, trust, emotion regulation, and relationships.

When you see 'difficult' behavior, consider that it may be a survival response shaped by trauma — which changes how you respond.

Section 3: The Trauma-Informed Shift

The core shift of trauma-informed care is moving from 'what's wrong with you?' to 'what happened to you?' This reframes behavior as an understandable adaptation to harm rather than a personal defect. It builds compassion and leads to more effective responses. You don't need to know a client's trauma history to take this stance — you assume trauma may be present and act accordingly.

You don't need the story

Trauma-informed care doesn't mean asking clients to recount trauma. It means assuming trauma may be present and creating safety, regardless of what you know.

Section 4: Principles of Trauma-Informed Care

Trauma-informed care follows core principles: safety (physical and emotional), trustworthiness and transparency (consistency and clarity), choice (offering control), collaboration (sharing power, doing with not to), empowerment (building on strengths and voice), and cultural responsiveness (respecting identity and history). These shape how you structure every interaction.

Section 5: Recognizing Triggers

A trigger is a cue — a sight, sound, smell, word, or situation — that reactivates the trauma response, sometimes powerfully and suddenly. Common triggers include feeling trapped or controlled, raised voices, unexpected touch, or certain people and places. A reaction that seems 'out of proportion' is often a triggered trauma response. Notice patterns and adapt to reduce triggers where you can.

Section 6: Avoiding Re-traumatization

Re-traumatization happens when care recreates the dynamics of trauma — control, coercion, surprise, shame, or loss of dignity. Avoid these: explain before you act, offer choices, respect refusals, provide privacy, and keep things predictable. When a client is triggered, prioritize safety and help them ground (calm voice, orienting them to the present, offering space).

Section 7: Creating Safety and Trust

Safety and trust are the foundation of trauma-informed care, and they're built through small, repeated experiences: being consistent and reliable, doing what you say you'll do, being predictable, offering choices, and respecting boundaries. For someone whose trust was broken by harm, every dependable interaction is part of healing.

Section 8: Secondary Trauma and Staff Self-Care

Repeatedly hearing about and witnessing trauma can cause secondary traumatic stress and burnout in staff — exhaustion, numbness, irritability, intrusive thoughts, or cynicism. This is a normal occupational risk, not weakness. Use supervision, peer support, and self-care, and reach out if you're struggling. A grounded, supported staff member provides safer, steadier, more trauma-informed care.

Your wellbeing is part of the work

Secondary trauma is real. Tending to it isn't optional self-indulgence — it's what lets you keep offering safety to clients.

Key Terms

Term	What it means
Trauma	An experience of harm or threat that overwhelms a person's ability to cope.
Complex trauma	Repeated or prolonged trauma, often beginning early in life.
Trigger	A cue that reactivates the trauma response.
Re-traumatization	Care or events that recreate the dynamics of trauma.
Trauma-informed care	An approach that assumes trauma may be present and builds safety and choice.
Secondary traumatic stress	Stress from witnessing or hearing about others' trauma.

Check Your Understanding

1. What is the core shift of trauma-informed care?
2. Name three survival responses trauma can trigger.
3. List three principles of trauma-informed care.
4. What is re-traumatization and how do you avoid it?
5. What is secondary traumatic stress and what helps?

What's Next

Looking ahead

Next, BH-05: De-escalation & Crisis Response covers staying calm and safe when clients are in distress or crisis.