

# CareCertify LLC

## Substance Use Disorder Training Series

SUD-08

# Trauma-Informed & Culturally Responsive Care

## Participant Guide

Substance Use Disorder Training Series · Audience: Counselors · Technicians · Support Staff · Recovery Peers · CE Hours: 1.0

## Safety and Culture Are Part of Treatment

Most people in substance use treatment have trauma histories, and substances are often a way people cope with that trauma. And every client comes with a culture, identity, and history that shapes how they experience treatment and recovery. Care that builds safety and honors culture works; care that ignores them can harm.

This guide covers trauma-informed care, cultural responsiveness, and staff self-care. The shift is the same one at the heart of compassionate treatment: from judging the person to understanding what they've experienced and who they are.

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

- Explain the link between trauma and addiction
- Apply the principles of trauma-informed care
- Avoid practices that re-traumatize
- Practice cultural humility and responsiveness
- Recognize and manage secondary traumatic stress

## Section 1: Trauma and Its Link to Addiction

Most people in substance use treatment have experienced trauma — abuse, violence, neglect, loss, or systemic harm. Substances are often a way people cope with trauma's pain, and trauma and addiction reinforce each other. Recognizing this link shifts the question from 'what's wrong with you?' to 'what happened to you?' — and changes how you respond to a client's behavior and struggles.

## Section 2: Principles of Trauma-Informed Care

Trauma-informed care follows core principles: safety (physical and emotional), trustworthiness (consistency and clarity), choice (offering control), collaboration (sharing power), empowerment (building strengths and voice), and cultural responsiveness (respecting identity and history). You don't need to know a client's trauma history — you assume trauma may be present and structure every interaction to build safety rather than fear.

## Section 3: Avoiding Re-traumatization

Re-traumatization happens when treatment recreates the dynamics of trauma — control, coercion, surprise, shame, or loss of dignity. Older confrontational approaches to addiction can re-traumatize. Instead, explain before you act, offer choices, respect refusals, watch for triggers, and respond to distress by restoring safety. Care that feels safe is care that works.

### **Confrontation can harm**

Shaming or breaking someone down is not effective addiction treatment — it re-traumatizes. Safety, respect, and collaboration produce better outcomes.

## **Section 4: Cultural Humility and Responsiveness**

Cultural humility means approaching each client's culture, faith, language, and identity with curiosity and respect rather than assumptions — and recognizing the limits of your own perspective. Culture shapes how people view substance use, family, seeking help, and recovery. Ask and follow the client's lead, and adapt your approach. Culturally responsive care improves engagement and outcomes.

## **Section 5: Disparities, Historical Harm, and Trust**

Communities differ in their access to treatment, how they're treated within systems, and their exposure to the justice system. Historical and ongoing harm — including how addiction has been criminalized in some communities — shapes whether people trust treatment systems. Be aware of bias, including your own, and meet understandable mistrust with consistency, respect, and follow-through. Equity is part of effective care.

## **Section 6: Language Access and Inclusion**

Clients have the right to understand and be understood. Provide language access — qualified interpreters and translated materials — rather than relying on family members or other clients to interpret sensitive information. Make services inclusive and welcoming across language, culture, identity, and ability. Inclusion isn't extra; it's part of client rights and effective care.

## **Section 7: Integrating Trauma-Informed and Culturally Responsive Care**

Trauma-informed and culturally responsive care reinforce each other — both build safety, trust, and respect, and both center the client as a whole person with a history and an identity. Integrating them means assuming trauma may be present, honoring each client's culture, and adapting care to the individual. Together they transform treatment from something done to a person into healing done with them.

## **Section 8: Secondary Trauma and Staff Self-Care**

Repeatedly hearing about trauma and responding to crises can cause secondary traumatic stress and burnout — exhaustion, numbness, irritability, 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, more trauma-informed, and more culturally responsive care.

### **Your wellbeing is part of the work**

Tending to secondary trauma isn't self-indulgence — it's what lets you keep offering safety and respect to clients.

## Key Terms

Term	What it means
Trauma-informed care	An approach that assumes trauma may be present and builds safety and choice.
Re-traumatization	Care or events that recreate the dynamics of trauma.
Cultural humility	An open, curious, non-assuming stance toward each client's culture.
Cultural responsiveness	Adapting care to a client's culture, identity, and values.
Health equity	Fair access to and quality of care across communities.
Secondary traumatic stress	Stress from witnessing or hearing about others' trauma.

## Check Your Understanding

1. How are trauma and addiction linked?
2. Name three principles of trauma-informed care.
3. Why can confrontational approaches be harmful?
4. What is cultural humility?
5. What is secondary traumatic stress and what helps?

## What's Next

### Looking ahead

Next, SUD-09: Documentation & Treatment Planning covers the records that make treatment accountable and reimbursable.