

# Traditional vs Trauma-Informed Perspectives

Adopting a trauma-informed approach involves shifts in how providers view service recipients' behaviors and their beliefs about how services are provided. For some providers, the shift to a trauma-informed perspective feels well-aligned with how they and others in their organization already operate, and for others, a trauma-informed approach represents a significant culture shift. Provider responses to clients will be shaped by their perspective.

Traditional Perspective	Trauma-Informed Perspective
<b>Siloed:</b> Sees client challenges as separate and discrete (e.g., employment, health, mental health)	<b>Integrated:</b> Sees challenges as inter-related and possible reactions to traumatic life events. Understands that addressing one issue may require attending to others as well.
<b>Judgmental:</b> Takes difficult behaviors at face value and understands them as resulting from individual deficits (what's wrong with you?). Providers may assume behaviors are purposeful and even personal. Negative labels are often applied (e.g., manipulative, lazy, resistant, noncompliant, attention-seeking).	<b>Curious:</b> Considers whether behaviors and reactions may be ways of coping with and adapting to traumatic life experiences. Providers shift to understanding behaviors based on their purpose and as ways of surviving (what happened to you and what do you need?). Negative labels are replaced (e.g., trying to get needs met, in survival mode, triggered).
<b>Compliance/Obedience:</b> Considers providers to be the experts who know what is best for clients. Goals are defined by providers/system and compliance is expected. Providers may be easily offended when clients do not follow set goals.	<b>Empowerment/Collaboration:</b> Considers clients to be the experts in their own experiences. Providers view themselves as partners and see force and coercion as antithetical to healing from trauma. Goals are defined by clients and strengths-based.
<b>Power over:</b> Relationships between providers and clients are based on hierarchy and power sharing is limited – Rigid, rule-based, authority-drive. This includes a hierarchical structure and limited power sharing among staff at the agency as well.	<b>Power with:</b> Relationships are collaborative and power is shared – Flexible, offers choice, client-driven. This includes a value on sharing power among staff in different roles across the agency.
<b>Reactive:</b> Operates in a reactive, crisis-driven manner. No intentional crisis-prevention planning.	<b>Proactive:</b> Focused on noticing patterns, preventing crises and avoiding retraumatization.
<b>Operate from Dominant Culture:</b> Adopts a “one-size-fits all” approach with services designed based on the perspective of the dominant culture.	<b>Cultural Humility:</b> Seeks to understand and convey respect for the diverse cultural values, beliefs, and practices of the clients served and integrates culturally-responsive services.

(some language adapted from Echo's Trauma-Informed Arrow)

## Discussion Questions: Traditional and Trauma-Informed Perspectives

1. Where do you see you/your program using a more trauma-informed perspective? Give examples.
2. Where do you see you/your program using a more traditional perspective? Give examples.
3. Looking at the chart, which shifts from traditional to trauma-informed are easiest to make? Which are most difficult?
4. What supports do staff need to more fully shift from a traditional to a trauma-informed perspective? What would need to change about how the program operates to support this shift?