ADMINISTRATION FOR
CHILDREN & FAMILIES
Office of Family Assistance

Applying Trauma-Informed Practices

in Case Management and Supervision

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Acknowledgement

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Introduction

Approximately seventy percent of people have experienced trauma.[1] Having a trauma response can impact how we engage with family and friends, and at work and school. Effectively understanding and responding to trauma and how it impacts each of us informs responsive human services case management and supervision practices. Building on the [first brief](#) in this series, this brief focuses on providing specific guidance to TANF supervisors and case workers to help create environments that authentically support and empower customers. As advocates for the success of your customers and staff, implementing trauma-informed practices can be one of the most valuable tools you have for promoting effective and positive interactions at all levels.

The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) has noted that trauma-informed practices are those that promote the following principles:[2]

- **Safety:** in all interactions and where all participants must both be and feel physically and psychologically safe.

- **Trustworthiness and Transparency:** that support genuine engagement where staff are actively engaged in transparent, customer-directed interactions.

- **Peer Support:** recognizes the roles peers play in the development and promotion of a hopeful vision of the future.

- **Cultural, Historical, and Gender Considerations:** honor the experiences of historically disadvantaged groups and the importance of authentic identity and where programs actively work to remediate their own biases at the policy, program, and individual levels.

- **Empowerment, Voice, and Choice:** actively seek to diffuse power imbalances (e.g., TANF staff act as the sole decision makers and evaluators of a customer's life) and promote the customer as the architect of their economic mobility journey.

- **Collaboration and Mutuality:** reject the notion of competition between parties and emphasize partnership and mutual benefit.

This practice brief is the second of four resources focused on trauma-informed practices in Temporary Assistance for Needy Families (TANF) programs. Each has been informed by State and Tribal TANF staff and former customers and provides practical tips to TANF staff on supporting and implementing trauma-informed practices to improve collaboration between staff and with customers:

- Brief #1: Laying the Foundation: Trauma-Informed Practices in TANF Programs. This brief is for TANF leadership and administrators to support programs in designing and implementing trauma-informed practices.

- **Brief #2: Applying Trauma-Informed Practices in Case Management and Supervision. This brief is for TANF case managers and supervisors to design and implement trauma-informed practices when working with customers.**

- Tip Sheet: Applying Trauma-Informed Practices for TANF Eligibility Workers. This tip sheet is for TANF staff engaging directly with customers.

- Tip Sheet: Applying Trauma-Informed Practices for TANF Case Workers. This tip sheet is for TANF staff engaging directly with customers.

The next section of this brief provides real-world application strategies for supervisors and caseworkers to implement trauma-informed practices.[3]

Implementing Trauma-Informed Practices: Tips for TANF Supervisors and Case Workers

SAFETY

In a trauma-informed organization, all visitors and staff are and feel physically and psychologically safe. Supervisors and case workers may consider changes to their physical spaces, operations, procedures, and interactions between and among staff and customers to promote safety.

Supervisors can:

- Work with organizational leadership to conduct an environmental audit to identify areas where *physical safety* may cause concern. This might include upgrading the security around access points (e.g., locked doors, staffed entrances), modifying seating arrangements to promote visibility (e.g., not seating a customer with their back to the door), escorting all customers and staff into the building, and installing cameras or other monitoring technology.

Trauma-informed practices are rooted in empathy. They are a model to reduce the stigma that often surrounds mental and behavioral health disorders like depression, harmful substance use, chronic disease, and other effects of trauma. It is important to think about how we are approaching and supporting individuals who have experienced trauma. Rather than asking "what is wrong with you?" a trauma-informed approach would instead ask "what has happened to you?"[4]

• Assess the extent to which processes and practices promote *psychological safety* for customers and staff members.[5] Customers should be free to express confusion or mistakes, accurately report on their needs, and share openly with their case workers. Staff also should feel that they are a part of a culture of collective improvement and be at ease to share concerns, mistakes, or areas of confusion with their supervisors.

Case workers can:

• Actively listen for, validate, and elevate safety concerns which may not directly be named by a customer. TANF programs have a unique and vital role in identifying and responding to risks of intimate partner violence.

• If the customer is not alone, consider ongoing assessment of their safety within the relationship and have a plan to create a calm environment to decrease hyper-arousal of the customer and their partner. Social isolation both exacerbates and conceals potential violence. Case workers should access training to ensure they are able to identify and respond to potential risk without compromising the safety of the customer (see Exhibit 1).

• Establish and maintain predictability to increase a sense of safety.

• Refrain from using a loud voice and avoid minimizing language or euphemisms that may minimize violence. Examples of this type of language include "when push comes to shove" or "twist your arm."

• Replace phrases that cast blame or imply judgement with inclusive, judgement-free terms (see Exhibit 2).

• Expect a psychologically and physically safe workplace with active opportunities to offer feedback about how the organization can improve its trauma-informed culture.

Exhibit 1: The Violence at Home Signal for Help

1. Palm to camera and tuck thumb   2. Trap thumb
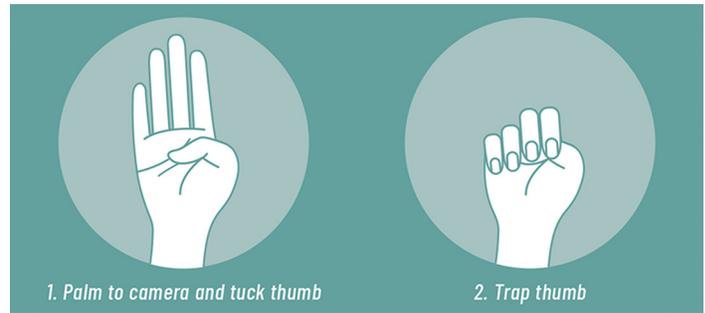
Exhibit 2: Language choices in trauma-informed practice

Instead of	Try
"Look on the bright side…"	"I hear you saying that that experience impacted you…"
"No show"	"Customer may need the chance to reschedule."
"What's the problem this time?"	"What would you like to focus on today?"
"Perpetrator"	"Person who <*behavior*>."
"I'm just trying to help you!"	"How can I best support you?"
"Why would you…?"	"How would you like to proceed?"
"You're using your food benefits on THAT?!"	"I love making choices at the market. How are you feeling about it?"

TRUSTWORTHINESS AND TRANSPARENCY

Like psychological safety, trustworthiness and transparency are bolstered by an approach where interactions among staff and between customers and staff are genuine, honest, fair, and collaborative.

Supervisors can:

- Develop and set realistic expectations with case workers and balance caseloads to allow for full implementation of trauma-informed practices.

- Provide for the psychological safety of staff by modeling trauma-informed practice in daily interactions. For example, take responsibility for mistakes or wrong doings; solicit and respond non-defensively to critical feedback; and maintain good personal and professional boundaries.

- Ensure that decisions about scheduling, resource allocation, caseload, etc. are conducted with transparency, and towards a goal of mutual trust.

- Share information in advance about forthcoming new initiatives, practices, and protocols that may impact staff workloads or approaches.

Case workers can:

- Conduct all interactions with authenticity and honesty. Be upfront about your role and responsibilities when working with customers and what may be out of your control.

- Provide clear information repeatedly about when, where, and by whom services will be provided.

- Be forthcoming if expectations of the customer may change and take time to explain why. Give the customer space to share concerns and ask questions.

- Make promises carefully and keep them when you do make them. Take responsibility if you are not able to follow through.

HISTORICAL, CULTURAL, AND GENDER ISSUES

Customers and staff come to interactions with the context of their identity, lived experience, and community-level experiences. Effective case management practice actively moves beyond inherent biases and rejects embedded stereotypes, creating a culture that "offers gender-responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma."[6]

Supervisors can:

- Continuously participate in and provide opportunities for staff to hear directly from customers and subject matter experts around historical, cultural, and gender issues.

- Build a culture of learning and continuous improvement by facilitating peer sharing and solutioning around cultural and gender issues.

- Support training that goes beyond solely focusing on commonly understood aggressions to conversations and strategies that address inequity in historical, culture, and general issues and that promote cultural humility.

Case workers can:

- Encourage customers to explore potential cultural connections as an avenue for healing. Provide access to multicultural resources, including inclusive imagery, language, and cultural references in media, program information, and examples.

- Acknowledge missteps with respect to bias and inclusivity, which may manifest in unarticulated assumptions about skill sets or priorities, in language or minimizing word choice, or in labeling or restrictive gender or cultural norms imposed on a customer. Avoid making assumptions about "appropriate" employment based on a customer's perceived gender, use the name and pronouns preferred by a customer, work to correctly pronounce names, and be open to correction and customer-direction in word choices, terminology, and expression.

- Validate the lived experiences of customers and refrain from minimizing or attempts to explain.

- If necessary, depersonalize and recognize that the lived experience of the customer is not a judgement of the caseworker. Customers with a history of trauma may use broad, non-specific terms that encompass large groups of people when sharing about their experiences. Recognize this as a tactic for processing the trauma and refrain from "defending" these populations from "unjust criticism" by not taking customer's responses personally.

EMPOWERMENT, VOICE, AND CHOICE

Creating an environment in which a customer is fully empowered to direct their own journey, make genuine choices, and lead the design of their own experiences is essential not only in a trauma-informed approach but to all programs designed to support genuine self-sufficiency. TANF programs have a responsibility to amplify participant voices, create pathways to independence, and avoid centering their own experiences in a customer's journey.

Supervisors can:

- Promote environments that recognize and applaud the unique talents and opportunities staff and customers bring such as through public praise, individual meetings that are focused on the staff member's career aspirations, and assisting staff and customers in planning for success and soliciting feedback to incorporate into organizational practices.

- Build staff capacity around case management practices that are facilitative rather than directive, such as through motivational interviewing, active listening, open-ended journey exploration, customer journey mapping, and vision casting exercises.

- Promote a resilience-based approach that builds on what customers and staff have to offer, rather than responding to perceived deficits.

Case workers can:

- Prioritize the objectives of the customer to empower them to be the leaders of their own journeys.

Implementing Trauma–Informed Practices in Virtual Spaces

- Support or develop protocols that focus on communicating virtually with customers to protect both the staff and customers' confidentiality.

- Offer a virtual lobby or waiting room to ensure all those entering the room are invited participants.

- Turn off or silence other phones and minimize other applications during the conversation.

- If possible, allow the customer to choose the modality (voice, video) of the meeting.

- Remove any potentially triggering imagery or objects from your workspace (e.g., religious items, or having a bed in the background).

- Build customer choices into the decision-making process. Identify opportunities— large and small—that empower the customer as the central decision-maker. Examples of choices might include preliminary or long-term goals, meeting time(s) and location(s), conversational preferences, and meeting norms.

- Recognize the value of presuming competence and capability and treat customers as if they are already successful in making their own choices and directing their own futures.

- Learn to listen for the impact of trauma on self-doubt, fear of failure, and resistance, and then focus on empowerment instead of management or control.

- Offer customers time within interactions to feel comfortable sharing. This could mean pausing long enough for them to speak during an individual meeting or consistently opening opportunities for contributions during goal setting and case management exchanges.

- Help customers craft meaningful goals and break them into manageable milestones. Celebrate milestones meaningfully and genuinely in the manner that resonates with the customer.

COLLABORATION AND MUTUALITY

While social work practice standards warn against dual relationships[7] with customers, where care is provided both by and for case workers, it is possible to have healthy collaboration and mutuality in human services practice—both between customers and case workers and among staff at all levels. Mutual relationships and collaboration demonstrate that healing happens in community and changes the power structure from competitive and antagonist to collaborative and mutual.

Supervisors can:

- Consider a collaboration room where case workers and customers are seated in a circle or other arrangement that moves beyond the power structure connoted by a traditional "across a desk" interaction.

- Review naming conventions of meetings, forms, and other documents to assess whether they recognize the full agency of the customer. Consider changing "appointment" to "success planning session" and renaming "interview" or "appraisal" to "introductory conversation."

- Organize and facilitate peer groups that both support case workers in their work tasks and demonstrate the value and importance of collaboration.

Case workers can:

- Prioritize customer goals and express the importance of collaboration to achieve them.

- Consider how decisions might look, feel, sound, or act for the customer; elevate the customer's lens on the situation over your own and refrain from minimizing a need or expectation they may have because it is not one you would have.

- Maintain appropriate boundaries. Listen empathetically but keep the customer and their experience and needs in the center of the interaction. This may be done by setting expectations for the helping relationship, inviting the customer to develop their plan or goals, and asking "how can I support you?"

Helpful Resources on Applying Trauma-Informed Practice

- Trauma Informed Oregon. (2020). Hosting a Virtual Meeting Using Trauma Informed Principles. Available at https://traumainformedoregon.org/wp-content/uploads/2020/06/TIP-Hosting-a-Virtual-Meeting-Using-Trauma-Informed-Principles.pdf

- Edmonson, A. (1999). Psychological Safety and Learning Behavior in Work Teams. Available at https://web.mit.edu/curhan/www/docs/Articles/15341_Readings/Group_Performance/Edmondson%20Psychological%20safety.pdf

- Blanch, A., Filson, B., & Penney, D (2012). Engaging Women in Trauma-Informed Peer Support. Available at https://www.nasmhpd.org/sites/default/files/PeerEngagementGuide_Color_REVISED_10_2012.pdf

CONCLUSION

Embracing the principles of trauma-informed practice is an important step in becoming a trauma-informed organization. Living those principles in all case management and supervisory interactions requires learning, adopting, and refining strategies and tactics that respect the lived experience of customers and staff alike.

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[2] Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

[3] Strategies suggested in this brief were informed by focus groups and key informant interviews of TANF staff and former TANF customers on implementing trauma-informed practices; Dr. Suzan Song; Melissa Bocash, Program Administrator, Reach Up (TANF), Vermont Agency for Human Services; and the authors' work and experience designing and delivering trainings and written products for human and victim service professionals on this topic. Additional foundational literature on building trauma-informed organizations includes: Building a Trauma-Informed Temporary Assistance for Needy Families Program: An Evaluative Toolkit. Washington, DC: Office of Family Assistance, Administration for Children and Families, U.S. Department of Health and Human Services at https://peerta.acf.hhs.gov/sites/default/files/public/uploaded_files/Trauma-Informed-TANF-Program-Toolkit_508.pdf; Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014 at SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (hhs.gov); ACF's Resource Guide to Trauma-Informed Human Services at Resource Guide to Trauma-Informed Human Services | The Administration for Children and Families (hhs.gov); and, Tubridy, C. Trauma-Informed Case Management, West Central Wisconsin Community Action Agency at https://communityactionpartnership.com/wp-content/uploads/2018/05/Trauma-Informed-Case-Management-by-Corin-Tubridy.pdf

[4] Excerpt from *Resilient Wisconsin: Trauma-Informed Practices.* Wisconsin Department of Health and Human Services. https://www.dhs.wisconsin.gov/resilient/trauma-informed-practices.htm

[5] Psychological safety refers to an environment in which individuals operate authentically, understanding they are free to make mistakes without suffering unduly harsh consequences. See Edmondson, A. (1999). Psychological Safety and Learning Behaviour in Work Teams. *Administrative Science Quarterly, 44 (2)*: 350–383

[6] Gillece, J. and Rae, H. (2017). *Safety: Common Ground* (PPT). Substance Abuse and Mental Health Services Administration. https://www.nasmhpd.org/sites/default/files/IntroSafetyPPT%20-%20UPDATED.pdf

[7] Alexander, Carla & Charles, Grant. (2009). Caring, Mutuality and Reciprocity in Social Worker—Client Relationships. Journal of Social Work. 9. 5-22. 10.1177/1468017308098420.