Trauma-Informed: Making Room for Safety and Choice

Keep this. It's the whole course in writing: where the trauma-informed approach comes from, what it looks like in the peer supporter's role, the three scenes and what helped in each, and when it's about safety. The test is open-handout.

Quick thing before you start. Probably a good idea to check your own agency's ethics and boundaries first. Makes sense, right? That includes confidentiality, supervision and emergency procedures. What's here is general peer support. If your agency does it differently, your agency wins.

How the hour is built

The reading (this handout)	**20 min**
Video: being seen, the framework, three scenes	**13 min**
Your call: three scenarios	**7 min**
Test: 15 questions, 12 to pass	**15 min**
Course evaluation	**3 min**
Your certificate, and putting it in My CEUs	**2 min**
Total designed time	**about 1 hour**

Designed time is the course read and done the way it's laid out. How fast you move through it is up to you.

The reading

Before you begin

This course includes brief scenes involving an uncomfortable conversation, repeated intake questions, and a loud door. No graphic experiences are described. Pause when needed. You are not asked to disclose personal experiences.

What you will learn

You will practice recognizing opportunities for choice, helping people ask questions about services, and responding to discomfort without requesting a trauma history.

The course includes a video, this handout, three tap-only practice situations, and a 15-question test. The course passing score is 12 correct answers.

Where the approach comes from

SAMHSA's 2014 guidance describes trauma through three E's:

- **Event(s):** An event, a series of events, or circumstances.
- **Experience of event(s):** How the individual experiences what happened, including as physically or emotionally harmful or life threatening.
- **Effect:** Lasting adverse effects on functioning or well-being.

People can experience the same event differently. An observed reaction does not establish a person's trauma history or a diagnosis.

The four R's

A trauma-informed organization:

- **Realizes** trauma's widespread impact and understands potential paths for recovery.
- **Recognizes** signs and symptoms in people involved with the system.
- **Responds** by integrating knowledge into policies, procedures, and practices.
- **Resists retraumatization.**

These responsibilities extend beyond an individual conversation to the organization's environment and practices.

The six principles

SAMHSA names:

1. **Safety**
2. **Trustworthiness and Transparency**
3. **Peer Support**
4. **Collaboration and Mutuality**
5. **Empowerment, Voice and Choice**
6. **Cultural, Historical, and Gender Issues**

Practical applications include explaining what happens next, offering meaningful choices, asking about communication and accessibility needs, and checking assumptions about someone's culture, history, or identity.

What this looks like in the peer supporter role

A peer supporter can:

- Listen without pressing for details.
- Share brief, relevant lived experience when it serves the person.
- Explore the person's goals and preferences.
- Help someone prepare questions or practice speaking up.
- Offer agreed assistance with navigating services.
- Connect someone with additional support.
- Raise concerns about the environment or service process.

This course does not prepare a peer supporter to diagnose trauma, investigate traumatic events, or provide trauma treatment.

A person may choose to discuss difficult experiences. Listening does not require directing them into more detail.

Scene one · Curtis goes quiet

What helped: Dom stopped pursuing the family visit and offered available options.

Possible language:

“We don’t have to talk about that.”

“Want to return to what we were working on, take a break, or walk?”

“Would company help, or would you prefer some space?”

Remember: Silence and crossed arms have many possible explanations. Notice the change without assigning a cause.

Scene two · Brianna faces more questions

What helped: Rosa offered to help Brianna understand the process and prepare her own questions.

Possible language:

“Want help asking why this information is needed?”

“Could we ask whether information you already provided can be used?”

“Would you like to practice what you want to say?”

“What would you want me to do if I attend?”

Remember: Do not assume every question is required or optional. Help the person obtain accurate information. Follow privacy requirements before information is shared. Accompaniment depends on the person’s wishes and the program’s process.

Scene three · Leon reacts to a loud door

What helped: Taco checked for an immediate problem, left space, and asked what Leon wanted.

Possible language:

“That was loud. Are you okay?”

“Would you like some room here, or somewhere quieter?”

“Want company?”

Remember: Do not assume a medical concern is a trauma reaction. Serious breathing difficulty, chest pain, or another sign of immediate danger requires the appropriate emergency response.

Safety and confidentiality

An immediate emergency requires prompt action under the agency’s emergency procedures. Do not wait for a particular supervisor to become available.

For other concerns, consult the appropriate supervisor and follow the agency’s process.

Explain what you are doing as clearly as the situation allows. Follow confidentiality requirements and their applicable exceptions. Do not promise absolute secrecy.

Ordinary discomfort does not automatically require an emergency response.

Look at the environment too

Noise, crowding, unclear procedures, unexpected touch, and limited seating choices may affect participation.

Ask what would help. Raise practical concerns through the appropriate process. Protect people’s privacy when discussing improvements.

Any building adjustment must be authorized and maintain required safety functions.

Being seen

Taco describes the course author’s real experience of hearing about a man living on the street whose worst fear was people looking through him. He now makes a point of acknowledging people in that situation.

A respectful greeting can offer acknowledgment without requiring conversation, eye contact, or a response.

A practical check

Before continuing, consider:

- What have I actually observed?
- What am I assuming?
- What information would help this person decide?
- Which choices can I genuinely offer?
- Is there a safety concern requiring action?
- Am I helping in the way the person requested?

Optional private reflection

Choose one practice you could try: explain the next step, ask before joining someone, offer a different seat, or leave more room for an answer.

No personal history or written response is required.

Where this comes from

1. SAMHSA. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.* HHS Publication No. SMA 14-4884.

Foundational source for the three E's, four R's, six principles, and organization-wide approach. The framework appears in the guide's sections on the concept of trauma and a trauma-informed approach, printed pages 7–11.

Official publication PDF

2. SAMHSA. (2014). *Trauma-Informed Care in Behavioral Health Services.* Treatment Improvement Protocol, Series 57.

Supporting reference for trauma-informed service delivery and the distinction between screening, assessment, and treatment. It does not make these fictional scenes diagnostic tools.

Official SAMHSA PDF · NCBI edition

3. SAMHSA. (2023). *Incorporating Peer Support Into Substance Use Disorder Treatment Services.* Treatment Improvement Protocol, Series 64.

Supporting reference for lived experience and nonclinical, strengths-based recovery support. The course's suggested language is original teaching material.

NCBI edition

4. Ohio Administrative Code 5122-29-15. *Peer support services.*

Paragraph B explicitly addresses trauma-informed care, cultural humility, partnership, and informed choice. Paragraph D includes system navigation, linkage, and assistance with crisis interventions.

Official rule

5. Ohio Administrative Code 5122-29-15.1. *Adult, family, and youth certified peer supporter.*

Relevant to certification, supervision, and continuing education. It is not the source of SAMHSA's framework and does not establish approval of this course.

Official rule

The scenes in the course are fictional teaching examples at H.E.L.P., a fictional peer support agency. They are not quotations from these sources and not a validated technique. The suggested language is examples, not a script. Your own agency's policies and supervision always come first. References checked October 22, 2026. Course version: OPS 007 v1.0, 1 hour of continuing education, topic: Trauma-informed care. Provider: Ohio Peer Supporter, made by Thunkbox LLC, Alliance, Ohio, for Ohio certified peer recovery supporters.