The Guiding Principles of Trauma-Informed Care

1. *Safety*
2. *Trustworthiness and transparency*
3. *Peer support*
4. *Collaboration and mutuality*
5. *Empowerment and choice*
6. *Cultural, historical, and gender issue*

What Trauma-Informed Care Looks Like in the Health Office

Safety: Safety, in the trauma-informed approach, is less about the safety of the physical environment and more about the FELT safety of the student. You, as the school nurse or health room aide, may know that you are a safe person and the environment is safe. When using a trauma-informed approach, ask yourself: "How can I help this student know I am safe and the health office is safe?"

This could look like:
- Keeping your facial expression, demeanor, and body language relaxed and welcoming.
- Having an open and relaxed posture.
- Whenever possible, be on the same eye-level as the student by either sitting or crouching, rather than standing over them in a position of authority.
- Consider the health room environment and make adjustments as allowed:
    - Do what is possible to make the temperature comfortable.
    - If the over-head lighting is harsh fluorescents, consider using softer lamps and targeted light as needed. When over-head light is needed, give a quick warning that you will be turning on the brighter lights.
    - If there are regularly occurring noises that may be startling or incessant, consider countering with soft, gentle music.
    - Scents can be triggering for not only allergies or asthma, but also for those students that have experienced trauma. For this reason, it's a good idea to comply with fragrance-free policies.

Trustworthiness and transparency: Building a trusting relationship with a student can have a huge impact on their academic success. Building trust can be done in small ways with transparency.

This could look like:
- Always asking permission and giving a clear description of the touch and reason for the touch before touching a student. Give students the option for alternatives to you touching them. Example: "Is it ok if I raise your sleeve up a little so I can see this rash better?" OR "I need to see this rash a little better, could you raise up your sleeve for me?"

Trustworthiness and transparency (continued)
- Letting students know if there is a situation that requires you to take further action, i.e. disclosure of abuse or suicidal thoughts. Give the student as much information as you can about the process and what to expect (in an age appropriate way). Example: "I'm happy that you trusted me enough to share what happened to you with me. I need to let you know, in order to keep you safe, I have to share this information with the school counselor. There may be some people that want to talk to you more about this. It's important to me that you are safe, and I will do everything I can to help you be safe."

Peer support: Research has shown the benefit of having the support of a peer when navigating stressful situations. Relationships and connections to others are a buffer against traumatic stress.

This could look like:
- Connecting students with similar health diagnoses (after obtaining the appropriate and necessary permissions). Example: Introducing a student newly diagnosed with type-1 diabetes (T1D) to another student diagnosed with T1D to serve as a peer mentor.

Collaboration and mutuality: When we collaborate with students we give them a sense of ownership of their own care and let them know we trust their abilities.

This could look like:
- Consider what parts of a student's regular medical needs could be their responsibility and then ASK the student what their "job" should be in treatment. Example: Allowing the student to initial a form documenting that they took their daily medication; giving the student managing T1D the job of "sticking" themselves for glucose checks.

Empowerment and choice: Like collaboration, empowerment and choice can give students a sense of ownership and responsibility. Offering students choices in their own care can give them a sense of control over a world that can sometimes seem out of control.

This could look like:
- Give simple and appropriate options whenever possible. Example: "This scrape needs to be cleaned before we put the bandage on. Would you like to clean it with this gauze, or would you like me to clean it?"
- Allow students to "guide" treatment (i.e. suggest solutions) whenever possible. Example: "I'm so sorry your stomach is hurting. When this happens, is there anything that usually helps?" Even if what they suggest is not going to be helpful or even doable, you have still heard their voice. Then you can suggest the traditional treatment: "I'm sorry, I don't think we have any chocolate milk shakes here at school. Would you like to nibble on some crackers?"
- Even small choices matter, such as choosing which bandage or ice pack to use.

Cultural, historical, and gender issues: Recognizing the social concerns and hardships some students may face as a result of cultural, historical, or gender issues will help avoid re-traumatizing members of those vulnerable populations.

This could look like:
- Knowing the various cultures of students you serve and making an effort to educate yourself on how those cultural beliefs impact heath room treatment. Example: Understanding the significance of head coverings, such as a hijab, and if/when it is appropriate to ask the student to remove it.
- Understand the importance of gender and gender identity. Respect each student's gender identity. Example: For older students, asking preferred pronouns rather than assuming a student's gender identity.