Trauma sensitive care as a healing practice

Dr. Simona Karbouniaris

Judith L. Herman (2022)

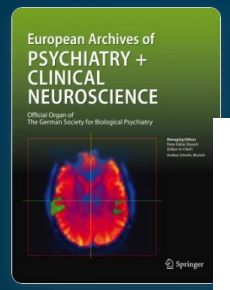
“Traumatic events call into question basic human relationships. They breach the attachements of family, friendship, love and community. They shatter the construction of the self that is formed and sustained in relation to ohers. They undermine the belief systems that give meaning to human experience. They violate the victim’s faith in a natural or divine order and cast the victim into a state of existential crisis” (p. 74).

In: Trauma and recovery

Prevalence

- 48% of all Dutch citizens have experienced mental distress (Nemesis, 2022)
- 70-90% of adults in the U.S. have experienced at least one traumatic event in their lives (N-Cho Behavioral group, 2024)
- Trauma is recognised as a transdiagnostic factor throughout all mental ill-health (Constable et al., 2026; Mc. Laughlin et al., 2020; NESDA, 2021)

Psychological trauma as a transdiagnostic risk factor for mental disorder: an umbrella meta-analysis



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Article | Published: 02 March 2026

The effects of trauma type, age of onset and sex on transdiagnostic psychopathological traits

Toby Constable, Jeggan Tiego, Kane Pavlovich, Nancy Ong Tran, Bree Hartshorn, Jessica Kwee, Kate Fortune, Kate Thompson, Sam Brown, Rebecca O'Neill, James McLauchlan, Maggie Eyers, Roman Kotov, Mark A. Bellgrove & Alex Fornito

Nature Mental Health **4**, 439–450 (2026) | Cite this article

McLaughlin *et al. BMC Medicine* (2020) 18:96
https://doi.org/10.1186/s12916-020-01561-6

BMC Medicine

OPINION Open Access

Mechanisms linking childhood trauma exposure and psychopathology: a transdiagnostic model of risk and resilience

Katie A. McLaughlin[1*], Natalie L. Colich[2], Alexandra M. Rodman[1] and David G. Weissman[1]

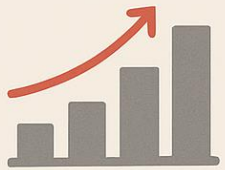
Abstract

Background: Transdiagnostic processes confer risk for multiple types of psychopathology and explain the co-occurrence of different disorders. For this reason, transdiagnostic processes provide ideal targets for early intervention and treatment. Childhood trauma exposure is associated with elevated risk for virtually all commonly occurring forms of psychopathology. We articulate a transdiagnostic model of the developmental mechanisms that explain the strong links between childhood trauma and psychopathology as well as protective factors that promote resilience against multiple forms of psychopathology.

KEY FINDINGS FRO THE ACE STUDY

ADVERSE CHILDHOOD EXPERIENCES

1 ACE SCORE STRONGLY PREDICTS ADULT HEALTH OUTCOMES



The higher the ACE score, the greater the risk

2 DOSE-RESPONSE RELATIONSHIP

Each additional ACE increases the risk of:

- Chronic diseases
- Mental health issues
- Substance abuse
- Risky behaviors

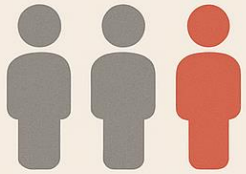
4 ACES AFFECT BRAIN DEVELOPMENT AND COPING

Early trauma was linked to:

- Neurobiological changes
- Impaired executive functioning
- Difficulties in emotion regulation and attachment

3 ACES ARE COMM

2/3 of participants had experienced at least one



4 ACES AFFECT BRAIN DEVELOPMENT AND COPING

Early trauma was linked to:

- Neurobiological changes
- Impaired executive functioning
- Difficulties in emotion regulation and attachment

5 ACES ARE A PUBLIC HEALTH CRISIS

The study reframed trauma as a major public health concern

ACE's (Felitti et al, 1998)

Children who have experienced one or more ACE's have an increased risk for depression or other mental health challenges, substance use disorder, death by suicide, cancer, heart disease, or other health conditions.

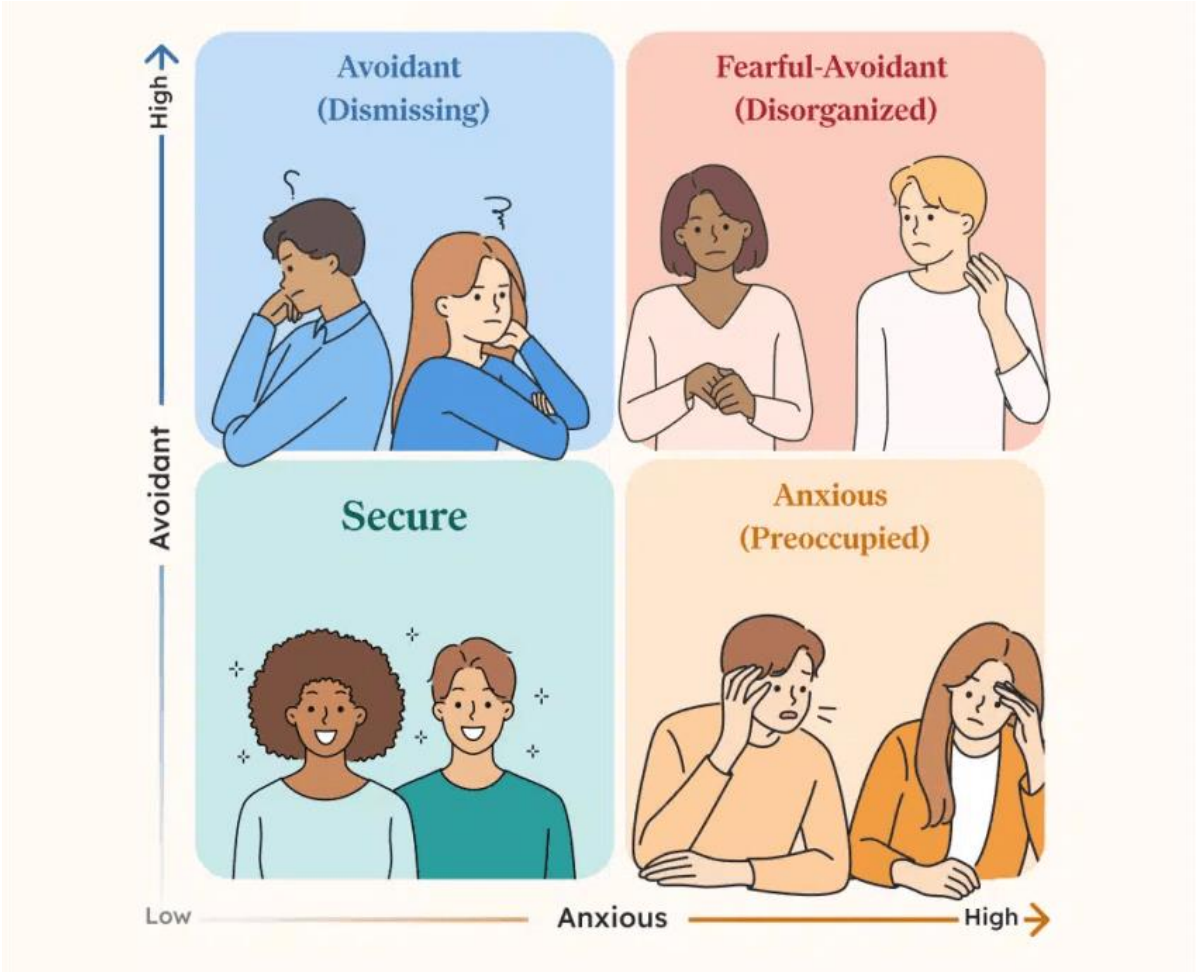
Relational trauma

- ✓ Adverse childhood experience, physical or sexual abuse, neglect, maltreatment, being exposed to war, incosistent parenting etc.
- ✓ Trauma often implies a loss of connection between people
- ✓ Overwhelming
- ✓ Threat of life or integrity
- ✓ Oftentimes it’s not (only) the experience in itself but the impact and aftermath of trauma that leads to disruption
- ✓ People cope differently with traumatic experiences: depending on frequency, duration, type, period in their lifes and resources they have.

Ongoing trauma (visible and not so visible)

Attachment

Attachment styles



Attachment wounding (Schmidt, 2020)

Impact of trauma

- ✓ Physical/biological impact (stress regulation system, immune system and epigenetic disturbances)
- ✓ Psychological impact
- ✓ Social impact
- ✓ Existential and spiritual impact

Why traumasensitive care matters

- Trauma is everywhere, and specifically in mental health sector
- Collective and intergenerational vs. individual trauma
- Attachment and resilience are often overlooked
- If trauma is ongoing: Grounding, relationship, safety first, trauma processing thereafter
- Need for a non-pathologising, human-centred lens
- Prevent re-traumatization

Melillo *et al. BMC Psychiatry* (2025) 25:125
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BMC Psychiatry

SYSTEMATIC REVIEW Open Access

Recovery-oriented and trauma-informed care for people with mental disorders to promote human rights and quality of mental health care: a scoping review

Antonio Melillo[1*], Noemi Sansone[1], John Allan[2], Neeraj Gill[3], Helen Herrman[4,5], Guadalupe Morales Cano[6], Maria Rodrigues[5,7], Martha Savage[8] and Silvana Galderisi[1]

Abstract

Background In several countries, the growing emphasis on human rights and the ratification of the Convention on the Rights of Persons with Disabilities (CRPD) have highlighted the need for changes in culture, attitudes and practices of mental health services. New approaches, such as recovery-oriented care (ROC) and trauma-informed care (TIC) emphasize the users' needs and experiences and promote autonomy and human rights.

Aims To provide an overview of the literature on recovery-oriented care (ROC) and trauma-informed care (TIC) and their relevance to the promotion of human rights and quality of mental health care.

Method We conducted a scoping review by searching the following databases: PubMed, Scopus, PsycINFO. We performed a qualitative synthesis of the literature aimed at reviewing: (1) current conceptualisations of recovery in mental health care; (2) recovery-oriented practices in mental health care; (3) current conceptualizations of trauma and TIC in mental health care; (4) trauma-informed practices in mental health care; (5) the relationship between ROC and TIC, with a particular focus on their shared goal of promoting alternatives to coercion, and on trauma-informed and/or recovery oriented alternatives to coercion.

Results According to prevailing conceptual frameworks, ROC and TIC share many underlying principles and should be regarded as complementary. Both approaches affirm the conceptualization of service users as persons, foster their autonomy and rely on their involvement in designing and monitoring mental health services. Both approaches promote human rights.

A wider consensus on conceptual frameworks, tools and methodologies is needed to support ROC and TIC implementation and allow comparison among practices. Recovery-oriented and trauma-informed models of care can contribute to the implementation of non-coercive practices, which show promising results but warrant further empirical study.

Conclusions Recovery-oriented and trauma-informed practices and principles may contribute to the shift towards rights-based mental health care and to the implementation and successful uptake of alternatives to coercion. Local and international work aimed to promote and test these approaches may provide a contribution to improving

Melillo et al. (2025)

Table 2 Process/domain- based models of personal recovery

CHIME model [50]	
Connectedness	Peer support and support groups, relationships, support from others, being part of the community
Hope and optimism about the future	Belief in possibility of recovery, motivation to change, hope-inspiring relationships, positive thinking and valuing success, having dreams and aspirations
Identity	Dimensions of identity, rebuilding/redefining positive sense of identity, overcoming stigma
Meaning in life	Meaning of mental illness experiences, spirituality, quality of life, meaningful life and social roles and goals, rebuilding life
Empowerment	Personal responsibility, control over life, focusing on strengths
HEART model [51]	
Hope	
Esteem (self-esteem)	
Agency	
Relationships	
Transitions in identity (comprising leaving behind the identity defined by the illness)	
SPICE Model [52]	
Social recovery	
Prosperity (economical, political and legal recovery)	
Individual recovery	
Clinical recovery experience	
Meta-synthesis by Klevan et al. [53, 54]	
Being normal	Participation in normal settings and contexts in the community and in everyday family life
Respecting and accepting oneself	Moving beyond diagnosis, gaining self-acceptance
Being in control	Regaining a sense of mastery
Recovery as intentional	Intentional engaging in the recovery process
Recovery as material and social	Engaging in social and occupational activities, being a citizen, accessing housing and financial resources

Melillo et al. (2025)

Table 3 The 16 principles of SAMHSA's treatment improvement protocol [130]

1	Promote trauma awareness and understanding
2	Recognize that trauma-related symptoms and behaviors originate from adapting to traumatic experiences
3	View trauma in the context of individuals' environments
4	Minimize the risk of re-traumatization or replicating prior trauma dynamics
5	Create a safe environment
6	Identify recovery from trauma as a primary goal
7	Support control, choice, and autonomy
8	Create collaborative relationships and participation opportunities
9	Familiarize the client with trauma-informed services
10	Incorporate universal routine screenings for trauma
11	View trauma through a sociocultural lens
12	Use a strengths-focused perspective: promote resilience
13	Foster trauma-resistant skills
14	Demonstrate organizational and administrative commitment to TIC
15	Develop strategies to address secondary trauma and promote self-care
16	Provide hope by emphasizing that recovery is possible

Melillo et al. (2025)

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Trauma sensitive vs trauma focused

Trauma sensitive	Trauma focused
Importance of working relational, value- based	One person approach/emphasis on protocol fidelity
Keeping in mind attachment styles	Presumed safe attachment
Taking into account attachment wounding as well as trauma wounding	Instrumental/intervention targetting processing of (single) trauma event
Strengths based and building resources, (identify triggers & glimmers)	Desensitize
Body based (‘the body keeps the score’ and the body does not lie)	Often very cognitive or behavior oriented, body as ‘coping’

Adverse or side effects of treatments

- Unexpected, when treatment was offered ‘correct’
- Iatrogenic harm: harmfully offered treatment
- Intentional boundary crossing behaviors of professionals

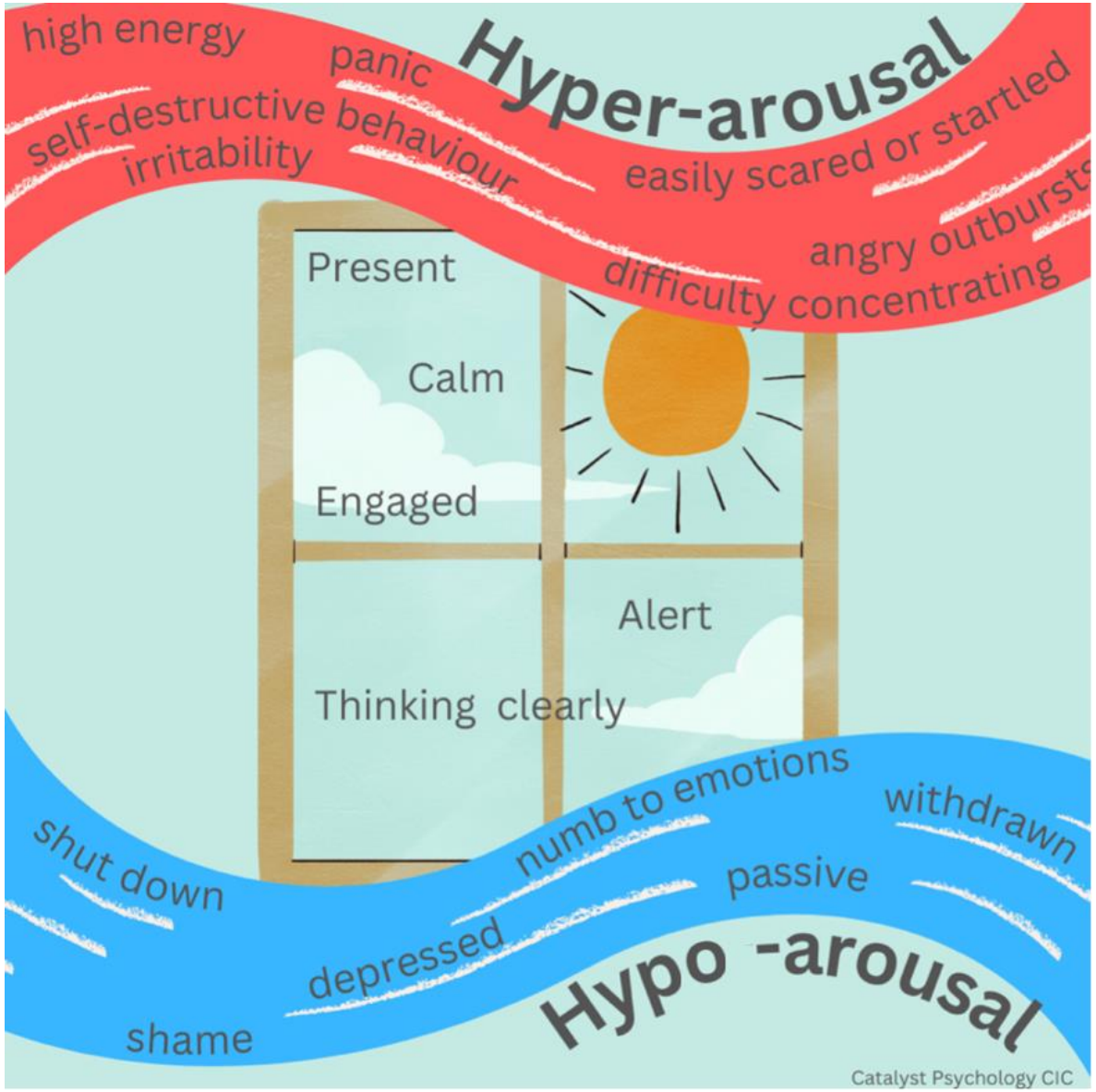
(Houben, 2026)

Core principles Trauma sensitive care

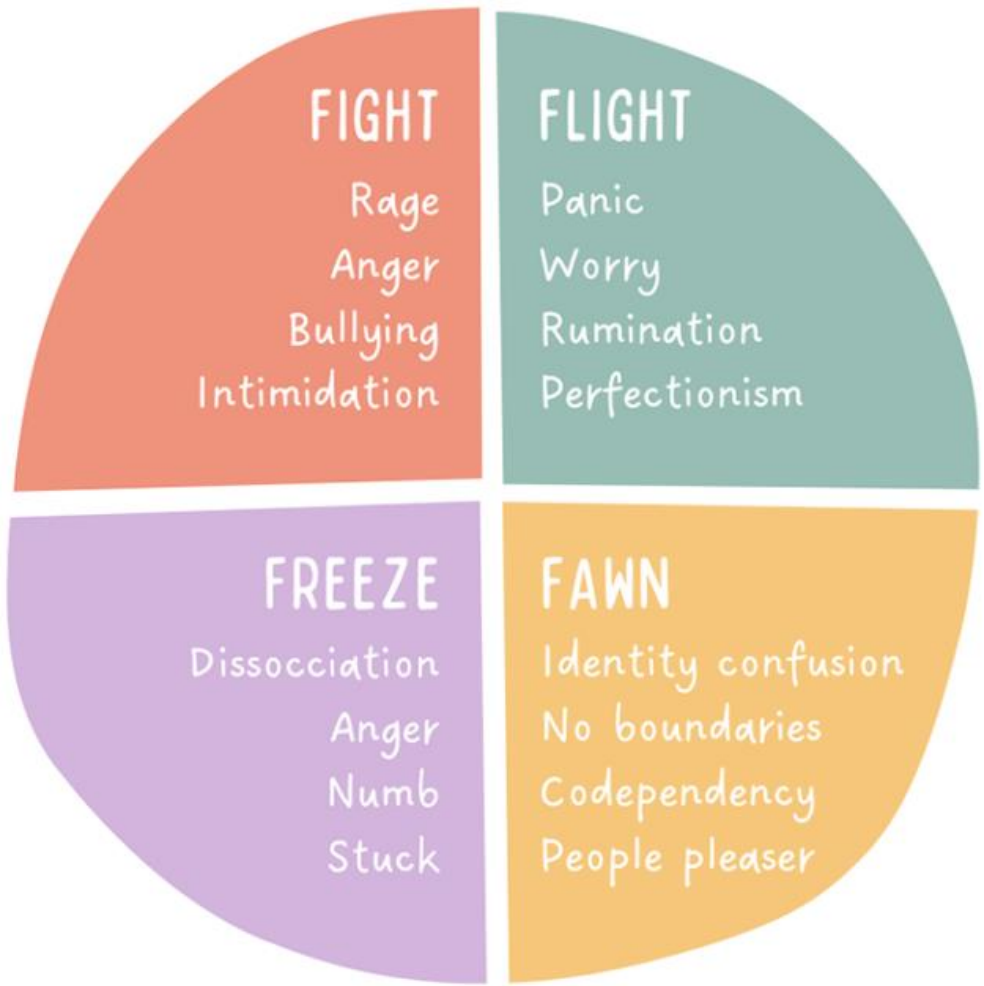
- Safety > ensuring, understanding
- Trustworthiness > connecting
- Choice and collaboration > strengthening
- Empowerment > strengthening

Window of tolerance

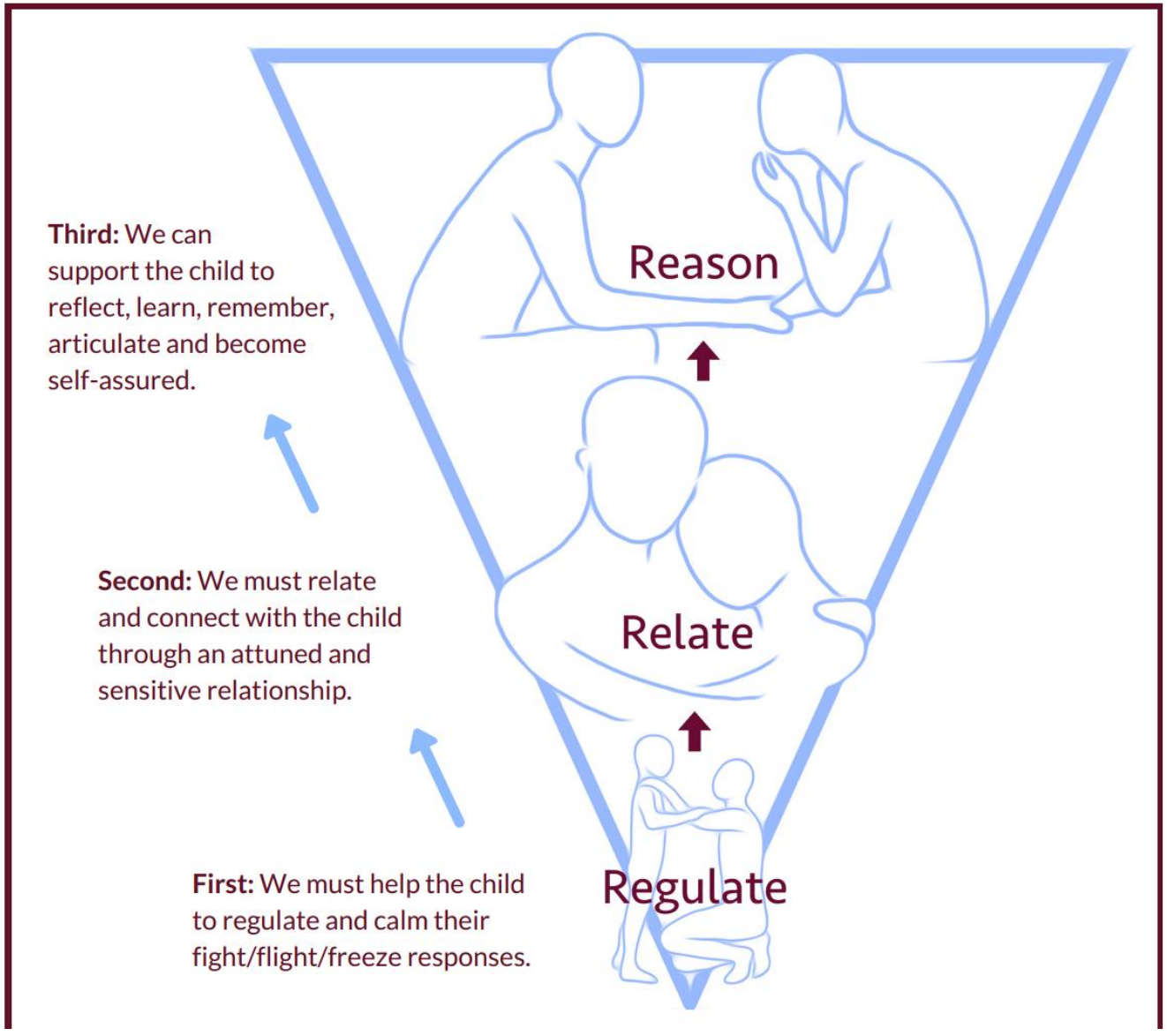
(Siegel, 1999)



TRAUMA RESPONSES - THE 4 F'S



Three R's: (Perry, B.)

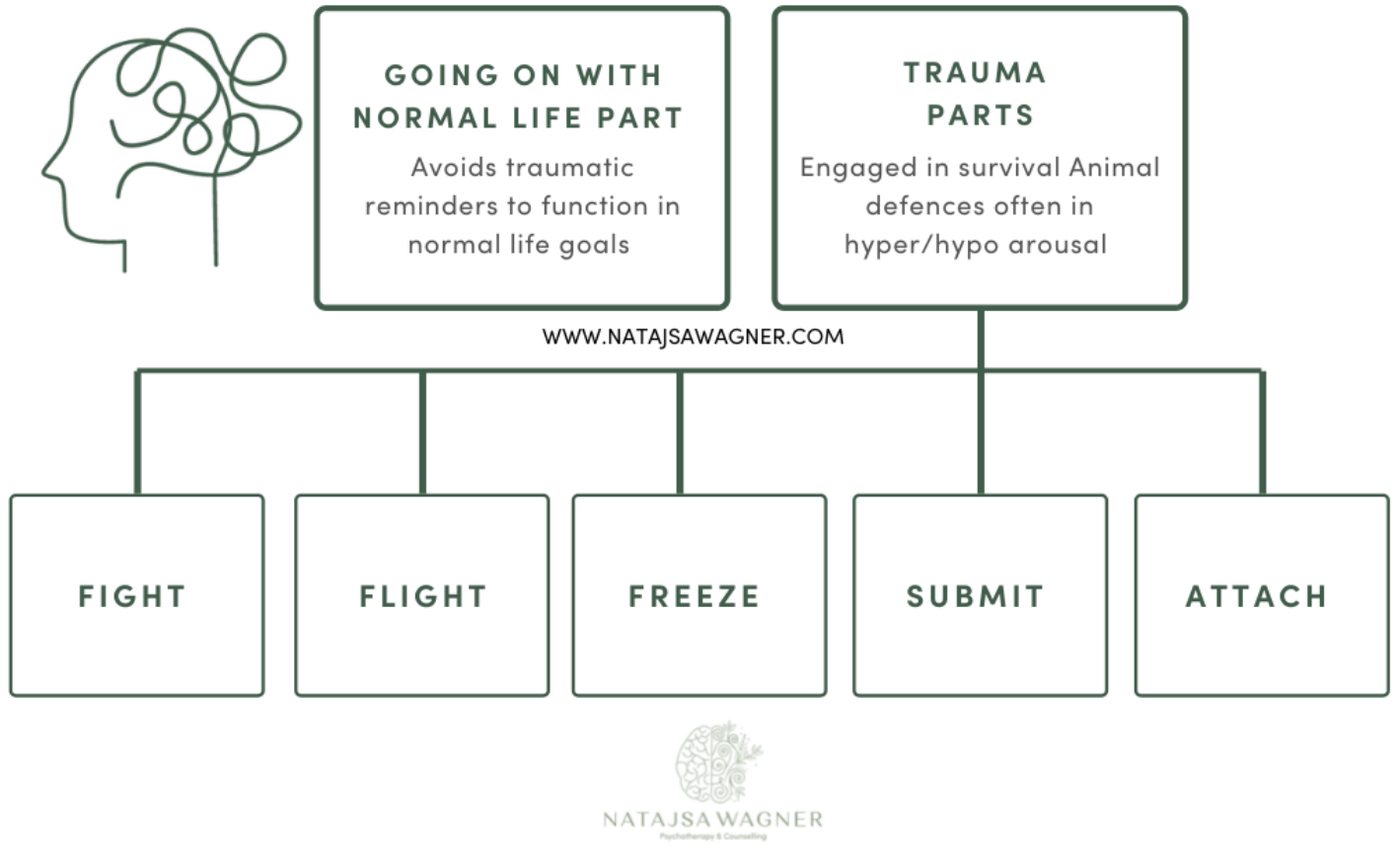


Trauma & identity

- ✓ Loss of self-esteem, negative self-perception, lack of self-confidence, insecure attachment
- ✓ Inner experience of disintegration
- ✓ Impact on relation dynamics, loyalty conflicts (locus of control shift leads to misplaced responsibility)
- ✓ Shame, guilt, self-hatred, self-denial
- ✓ Loss of hope and sense of worth, powerlessness, demoralisation

However, if overcome, resilience and strength (post traumatic growth)

Parts work


GOING ON WITH NORMAL LIFE PART
Avoids traumatic reminders to function in normal life goals
TRAUMA PARTS
Engaged in survival Animal defences often in hyper/hypo arousal
WWW.NATAJSAWAGNER.COM
FIGHT
FLIGHT
FREEZE
SUBMIT
ATTACH
NATAJSA WAGNER

Building internal resources

- Somatic practices, e.g. traumasensitive yoga
- (Guided) imagery, e.g. safe or sacred place or power animal
- Resource team consisting of secure ánd nurturing base
- Creative expression, journaling, arts
- Grounding techniques
- Spiritual practice
- Breathwork
- Meditation

Organising Trauma Sensitive support

- Slow is fast, especially in resource-limited settings
- Build interpersonal and intrapersonal resources
- Psychoeducation on the impact of trauma, e.g. stress regulation
- Orient to the present vs history
- Identify triggers in the environment and interpersonally
- Identify glimmers as well!
- Coping strategies are often a consequence of trauma
- Work within the window of tolerance
- Work with altered states of consciousness, e.g. egostate modalities, meditation, imagery, psychedelics


Glimmers:
The opposite of triggers
Can boost our mental health
Helps us feel grounded & present
Helps us move out of survival mode
Are often free
Cue to our nervous system that we're safe
micromoments in our day that bring joy & soothings
noticing glimmers can reshape our nervous system
@innerglowtherapy

Trauma sensitive practice

Instead of “What’s wrong with you”
‘What has happened to you?’

5 principles: safety, having options, collaborative care, trustworthiness and empowerment

ACE’s and PACE (Protective and Compensatory experiences)

Hold belief & hope in the healing potential

Relationships

- Key harms often occurred in the interpersonal context
- This in-turn impacts our interpersonal functioning and so directly impacts to access support
- Relationships are fundamental to and at the core of recovery
- Healing is achieved through the relationship
- Regaining a sense of mastery is key

Be aware of trauma bonding

- Transference & countertransference
- Dependency and co-dependency
- Be aware of power dynamics
- Be aware of drama triangle (rescuer, persecuter, victim)
- Be aware of Red flags such as ‘love bombing’

Prevent retraumatisation

Table 1. *Retraumatization (Institute on Trauma and Trauma-Informed Care, 2015)*

What Hurts?

A. System (Policies, procedures, "the way things are done")

- Having to continually retell their story
- Being treated as a number
- Procedures that require disrobing
- Being seen as their label (ie., addict, schizophrenic)
- No choice in service or treatment
- No opportunity to give feedback about their experience with the service delivery

B. Relationship (Power, control, subversiveness)

- Not being seen/heard
- Violating trust
- Failure to ensure emotional safety
- Noncollaborative
- Does things for rather than with
- Use of punitive treatment, coercive practices and oppressive language

So we need:

- Safe and attuned connections
- Healing environments

Self care for helpers

- Reflection, peer-supervision, therapy, guidance/coaching
- Peer support
- Self compassion
- Self regulation
- Meditation or similar practice
- Internal and external resources
- Set boundaries and de-brief in time
- Sleep, nutrition, exercise!

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Recovery oriented trauma-sensitive care

Nino Makhashvili and Simona Karbouniaris

CARe

Trauma-sensitive care as healing practice

Self-reflection question

What means safety, having options, collaborative care and trustworthiness and empowerment mean for you?

Traumasensitive care as healing practice

Purpose: Explore broadly how trauma-sensitive care can be applied in different settings

Format: Interactive roundtable discussion

Approach: Shared reflection, practical insights, and peer learning

Key Questions

- What does trauma-sensitive care look like?
- What challenges arise when implementing it in your systems of care?
- How can we move from awareness to action?

Define actions (small groups)

Practice:

- *What does (or would) trauma-sensitive care look like in your day-to-day work?*
- *Do you have any good practices to share and take action?*
- *What changes—small or large—have you seen or tried?*

Challenges:

- *What makes this approach difficult to implement?*
- *What barriers exist in your organization or environment?*

Plenary integration

Closing

- *Share 1 or 2 key insights*
- *Identify 1–2 actionable takeaways per group*