

Person-First Approach to Healing

NCTIC FACT SHEET

In facilitating services that support trauma survivors and consumers through the healing process, person-first language and appropriate engagement are critical to providing effective supports and ensuring that survivors and consumers are not further traumatized. This fact sheet is a guide to language and engagement styles that support the journey to healing and wellness for consumers and survivors of trauma.

IMPORTANT CONCEPTS/ASSUMPTIONS

To truly provide trauma-informed services, one must approach consumers and survivors with an understanding of key assumptions by:

“Starting where the person is” – Seek permission to engage with the person on their terms. Find out what the person finds helpful. Ask if you can help and how you can support the person through self-direction to finding or reclaiming their own voice about their journey. Engagement strategies must be violence-free, threat-free, and coercion-free.

Demonstrating Validation – Accept the person’s experience without judging, devaluing, and/or making discrediting statements.

Promoting Dignity and Respect – Unconditionally accept the person’s worth regardless of circumstances faced in their life and accept what is meaningful to a person, their experiences and the decisions they make.

WHAT HELPS?

Most essential to supporting survivors of trauma is that engagement efforts are guided by the voice of the survivor. The following are key approaches to consider when invited by a survivor to support them in their healing process.

Nurture relationships that promote hope:

Engage in open and welcoming dialogue using terms that are inviting and label-free, and encourage an investment into reclaiming one’s life when promoting supportive activities.

Promote self-directed care that allows the person to select language that is meaningful to them.

Demonstrate cultural competence with an understanding of the attitudes, values, and beliefs relevant to the person’s culture, heritage and expectations.

Be mindful of the holistic dimensions of the experience and be cognizant of how the person’s experience has impacted their journey of recovery/healing.

6/15/07

Demonstrate support using language to promote resilience:

Emphasize the person's abilities, focus on their strengths and expand thinking about the possibilities of growth rather than limitations as a means for promoting the person's own voice in strengths-based partnership.

Actively, and attentively listen by suspending personal interests or judgments and periodically examining checks and balances of the partnership and sources of supports.

Attend to and seek clarification of the meaning of body language used by the person. Be aware of how your body language may affect the person, as well.

Sustain a vested interest in the journey to healing:

Reflect the person's language of choice, understanding that the language used may change as the person heals, and/or as circumstances or perceptions of self change.

Promote empowerment, a means for the person to self-regulate and reinforce one's control over their life. Empowerment may entail a self-inventory of benefits and risks one may face in the journey of recovery and healing and/or a partnership based on experience from the person, peer support, family, etc.

Promote recovery, a growth process to reach one's maximum potential to reclaim one's life.

Facilitate a reclaiming of self – Support a meaningful, vested engagement in a reciprocal communication process between the person and the supporter.

Include education, where appropriate, that empowers the person to make informed decisions about choices. Know one's own limits as supporter and the threshold for abandonment of the person on the journey to reclaim their life.

WHAT HINDERS?

Inappropriate language that:

Patronizes and suggests providing special treatment, assuming special expectations and making special accommodations without the person's request for supports.

Threatens the anonymity and safety of a person.

Erroneous perceptions based on:

Assumptions regarding diagnosis, behavior, or own personal beliefs – instead, assume only the potential for recovery and healing.

Assumptions that the person is not able to decide what helps.

Behavior or non-verbal communications that:

May be perceived as threatening, intimidating or potentially harmful to the person.

Suggests disbelief or disinterest in the person's experience.