Trauma-Informed Vocational Support

For Focus Disability Network Employment Counsellors

Introduction

Trauma is pervasive. It's important to come to this work assuming that trauma is part of many people's story, whether it's ever spoken aloud or not. Being trauma-informed doesn't mean we have to know the details of anyone's trauma, or that we have to treat the person. It does mean that it is essential that pay attention to how our words and actions can either help someone feel safe or unintentionally cause harm.

Trauma-informed practice is about creating conditions where people feel safe enough to connect, regulate, grow, and thrive so they can have a full life including meaningful work. This starts with us, our presence, our awareness, and our commitment to building safe spaces.

When someone has experienced trauma, the path to employment isn't just about skills and readiness–safety, autonomy, confidence, and connection are also important. Trauma-informed vocational support recognizes that people thrive when they feel seen, respected, self-empowered, and able to move at a pace that honours their nervous system.

The work is about walking alongside, building capacity, and advocating for trauma-aware, inclusive workplaces.

Jenn was the writer and developer of the BC Peer Support Training Curriculum (peerconnectbc.ca), created with funding from the Ministry of Mental Health and Addictions and released in 2021. She also authored the Post-Secondary Peer Support Training Curriculum (opentextbc.ca/peersupport). This handout is adapted from those works.

What Do We Mean by Trauma?

When we hear "trauma," many of us think of a specific event. But trauma is not necessarily tied to a specific event. A person is more likely to develop trauma if they feel hopeless, helpless, and alone after a difficult event.

Trauma can be caused by a threat to one's physical safety or psychological safety. Sometimes simply witnessing someone else's harm can also cause emotional and psychological trauma.

The website helpguide.org says, *"It's not the objective circumstances that determine whether an event is traumatic, but your subjective emotional experience of the event. The more frightened and helpless you feel, the more likely you are to be traumatized."*

This is why two people may experience the same event, and one of them can continue life as usual while the other can be left with significant trauma.

Trauma can be:

- **Acute:** one overwhelming event (accident, loss, assault).
- **Chronic:** repeated or ongoing stress (poverty, bullying, illness).
- **Complex:** ongoing harm in relationships with caregivers or trusted people, often early in life.

Trauma lives in the body and can be retriggered later by situations that feel unsafe or out of our control. That's why being intentional about safety, predictability, and choice is so important.

Vicarious Trauma

The term "vicarious trauma" was coined by Pearlman & Saakvitne in 1995. This is indirect trauma that can happen when a clinician/practitioner is constantly exposed, and a witness to other people's trauma. It is different than burnout. Burnout happens when we don't attend to our well-being through restoring and refueling. Burnout can stem from many different things including lack of boundaries and attention to one's well-being.

Burnout comes from chronic stress, overload, and not having enough rest, support, or boundaries. Anyone can burn out in any field. Vicarious trauma is specifically connected to *absorbing the effects of trauma* in others.

The American Counseling Association describes vicarious trauma as a state of tension and preoccupation with the trauma experiences someone else has lived through.

A Quick Look at the Biology of Trauma

The Autonomic Nervous System:

- **The parasympathetic system** helps us rest, digest, and heal. When we feel safe, this system calms the body, lowers stress hormones, and supports recovery and regulation.

- **The sympathetic system** prepares us to survive danger. When it senses a threat (physical or emotional), it floods the body with stress hormones like adrenaline, norepinephrine, and cortisol. These hormones increase heart rate, sharpen focus, and give the body energy to fight, flee, freeze, or fawn.

    - This system is essential in real emergencies, but when it switches on too often, it takes a toll on health: poor sleep, weakened immunity, digestive issues, anxiety, depression, and even heart problems.

For people with trauma histories, the stress response can become overly sensitive**.** The body reacts to reminders of past harm as if the danger is happening all over again. A raised voice, a sudden change in plans, or feeling dismissed can all trigger this response, even if no real danger is present.

Re-traumatization occurs when someone is exposed to a situation that consciously or unconsciously triggers a memory of a previous personal trauma. The body reacts with a stress response that feels as intense as the original trauma.

One of the main goals of trauma-informed practice is that we want to do as much as we can to prevent re-traumatization for people we serve. We can't remove every trigger, but we can reduce harm by being gentle, consistent, and transparent. When someone is triggered, we don't need to ask them to explain themselves. Instead, we can offer calm presence, grounding practices, and reassurance that they have choice in the moment.

The Six Principles of Trauma-Informed Practice (SAMHSA)

Being trauma-informed is essential for all organizations that work with people. It means recognizing the prevalence of trauma and creating environments where people feel safe, respected, and able to show up as they are. And this responsibility belongs to all of us. Trauma-informed practice must be upheld by leaders, receptionists, front-line staff, custodians–every person who shapes the tone and culture of a space. When we are trauma-informed, we are actively creating safety for everyone connected to the organization/program (people supported, staff, family, community members).

When we carry the commitment to be trauma-informed together, we help people move from "What's wrong with you?" to "What happened to you?" and ultimately to "What's possible for you?"

The 6 key principles adapted from SAMHSA:

1. **Safety**
   Don't assume you know what safety means for someone else. Ask what they need to feel safe. Safety includes physical, emotional, social, and cultural safety. Little things matter: explaining clearly what to expect, letting people know about changes ahead of time, keeping a calm tone, and checking in about comfort.

2. **Trustworthiness and Transparency**
   Trauma happens when power is abused and trust is broken. We rebuild trust by being consistent, honest, and transparent. Clarity is essential. We must say what we mean and follow through with what we say. If plans change, explain why. Invite people served into all decision-making that impacts them.

3. **Peer Support**
   Although there are formal peer support programs, in the context of trauma-informed practice principles, we are focusing on the everyday, informal support colleagues can offer each other. This kind of mutual compassion and support helps us stay grounded, share the load, and create a healthier environment for both staff and the people we serve.

   In addition to everyday support, formal peer support programs play a crucial role in trauma-informed organizations. Trained peer supporters bring lived experience, intentional use of self, and a depth of relational skill that can hold space in ways other roles can't. They strengthen the entire system by offering connection, reducing isolation, and modelling recovery-oriented practice.

4. **Collaboration and Mutuality**
   In a trauma-informed organization, everyone, from leadership to front-line and custodial staff, share responsibility for creating safety, trust, and connection. Hierarchies are softened through collaboration and mutual respect, and policies support the well-being of both staff and the people they serve. When staff feel supported and whole, they're better able to foster healing and connection with others.

5. **Empowerment, Voice, and Choice**
   Trauma takes away a person's sense of autonomy and control. Having access to choice is essential. This can show up in how someone chooses or chooses not to participate, when they share, what topics they want to explore, and when they need a break. Collaboration is

shoulder-to-shoulder, not top-down.

6. **Cultural, Historical and Gender Awareness**
   Trauma doesn't happen in a vacuum. It's shaped by societal issues such as racism, colonization, sexism, homophobia, transphobia, and other systemic harms. Be curious and humble about experiences different from your own. Honour people's culture and story; don't minimize or stereotype.

   Trauma doesn't only happen at the individual level; it's also shaped by the systems people live within. Many of the struggles we see in employment work are connected to larger forces like poverty, racism, ableism, colonization, gender-based violence, discrimination, and gaps in healthcare, housing, or education. These conditions can create or worsen trauma, and they often make recovery and stability harder. When we recognize this, we stop blaming individuals for the ways they cope and instead see the strength it has taken to navigate systems that have not always been safe or fair.

   Taking a trauma-informed approach means holding curiosity about the bigger picture, noticing how systemic barriers show up in someone's employment journey, and walking alongside people in ways that honour their dignity, resilience, and lived realities.

What Trauma-Informed Practice Is *(and Isn't)*

It IS:

- Creating environments where safety, predictability, and choice are built into everything we do
- Believing that healing and growth are possible
- Focusing on strengths and resilience
- Seeing behaviour through a compassionate lens while still holding boundaries

It IS NOT:

- Doing trauma therapy (that's for trained clinicians)
- Excusing harmful behaviour, accountability matters
- Just "being nice." Compassion is firm, clear, and boundaried
- A one-time training. It's an ongoing practice that shapes our culture

Assumptions, Biases and Judgement

The way we support people is shaped by how we see the world, including the lens we bring, the assumptions we carry without realizing it, and the quick stories our brains create when things feel uncertain. Our brains are wired for survival, not accuracy, and when we're tired, overloaded, or stretched outside our window of tolerance, we're even more likely to rely on shortcuts, interpretations, and old narratives.

Often, we hear the message that we should be "non-judgemental," but our brains don't actually work that way. Our brains automatically create categories and snap interpretations to make sense of the world. It's impossible *not* to judge. The important work we must do is to notice *when* we've made a judgement, get curious about the judgement, and choose to challenge the story we're telling ourselves.

Our worldview is shaped by so many things, our culture, upbringing, work history, identity, and all the experiences we never actually chose. That worldview becomes the lens we take into every interaction. When we don't pause to notice that lens, it's easy to misread someone. We might assume that a behaviour is "resistance," when it's not. Or we may assume that what worked for us will work for them.

When we are working with people who are already navigating stress, identity, safety, and complicated systems, these unexamined assumptions can unintentionally add pressure or create distance. A trauma-informed approach asks us to slow down, stay curious, and notice the stories our brains are telling us, so we can meet people with respect, openness, compassion, and connection rather than judgement or certainty.

Being trauma-informed asks us to slow down and notice what we're bringing into the interaction:

- *The meaning we attach to someone's behaviour*
- *The expectations we hold about how people "should" show up*
- *The unconscious beliefs shaped by our culture, upbringing, and personal experiences*

It's human nature to judge. But it's important when we are working with vulnerable people, that we deliberately slow down and choose to challenge our assumptions, biases and judgements. We must pause to examine them as they can unintentionally lead to harm or missed opportunities for connection. For people with trauma histories, even subtle judgements can feel like danger.

A trauma-informed approach invites us into curiosity rather than certainty:

- *What happened to this person?*

- *What else might be going on here?*
- *What assumptions am I making?*
- *What does safety look like for this person in this moment?*
- *How is my own nervous system influencing the way I'm interpreting this?*

Trauma-informed practice means zooming out enough to see the conditions a person has had to navigate. Many people have been harmed by systemic issues and barriers. When we hold this wider context with compassion, we can honour the strength, creativity, and survival skills people have used to get through injustices such as racism, poverty, ableism, colonization, and gender-based harm.

A Note on Self-Determination Theory (SDT)

As supporters, it's essential that we are intentional about creating conditions that support people to make choices that feel right for them, feel capable in the process, and move toward their goals at a pace that honours their nervous system–that they don't feel pushed into something before they are ready.

Self-determination theory (SDT) *(Deci & Ryan, 1980s; 2017)* fits naturally with trauma-informed practice, because at its core, it's about what all people need in order to grow, feel motivated, and move toward meaningful goals.

Motivation

Have you ever said, "how can I motivate this person?" The answer is you can't. Sticky motivation comes from within. We can't motivate someone else and have it stick. They need to tap into their own intrinsic motivation.

Self-determination theory describes motivation as a continuum ranging from extrinsic to intrinsic. Extrinsic motivation comes from outside pressures or rewards, while intrinsic motivation comes from meaning, purpose, or genuine interest. Both matter, but intrinsic motivation is what leads to lasting change because it's rooted in a person's values and sense of self. Not all extrinsic motivation is negative, many of us do hard things because they move us toward something we care about. The key is supporting people to move from doing things out of pressure or fear toward doing things that align with their goals, identity, and internal reasons for wanting change.

The Self-Determination Continuum

Amotivation	*Extrinsic Motivation Continuum*				*Self-Determined*
No Motivation	**Fully External**	**Somewhat External**	**Somewhat Internal**	**Internal**	**Intrinsic Motivation**
No interest or motivation to act or do anything	Motivated by getting a reward or avoiding a punishment.	Motivated by guilt, shame, or needing to prove something.	Motivated a little more by external factors, though it feels more internal.	Motivated by an overall goal/value/ desire, even if it's hard	Motivated by the sheen fun and enjoyment of doing something
""What's the point? Nothing I do matters. I don't care."	*"I only went to the training because I'd get a gift card."*	*"If I don't show up, people will think I'm flaky."*	*"I don't love this class, but I know it's important for my future."*	*"This job lines up with what I care about, even though parts of it are stressful."*	*"I lose track of time when I'm painting. I just love it."*
Disconnected, stuck, overwhelmed.	**Driven entirely by outside consequences.**	**Feels like an inner voice, but it's shaped by outside expectations.**	**Feels more like a choice—but still takes effort.**	**Aligned with who you are and what matters to you —even if it's hard.**	**It feels good, meaningful, or interesting—no outside pressure needed.**

SDT tells us that people thrive when three basic psychological needs are supported:

self-determination theory

HUMAN BEINGS HAVE THREE BASIC NEEDS:

COMPETENCE
People need to gain mastery and control of their own lives & their environment. Essential to wellness.

AUTONOMY
People need to feel in control of their own life, behaviours and goals. This is about choice.

RELATEDNESS
People need to experience a sense of belonging and connection with other people.
Feeling cared for by others & to care for others.

Based on the work of Richard Ryan and Edward Deci.

Competence – feeling capable, supported, and able to take manageable steps

Autonomy – having a sense of choice, voice, and control

Relatedness – feeling connected, respected, and not alone in the process

Trauma disrupts all three. It can take away a person's sense of control, shake their confidence, and leave them feeling disconnected or unsafe with others. This means that trauma-informed support is about restoring these three needs in gentle, consistent ways.

When we offer choice, move at a pace that honours someone's nervous system, celebrate small steps, create safety in our relationships, and walk alongside instead of directing, we are supporting autonomy, competence, and relatedness. We are doing the work of self-determination theory every time we help someone feel like their voice matters, their efforts count, and they have someone in their corner as they navigate work and life.

Supporting Yourself

Many vocational counsellors carry their own trauma histories. This can make us deeply compassionate and intuitive, but it also means we need to take care of ourselves as we support others.

- **Know your own window of tolerance**–the zone where you can stay steady and present. Notice when you're tightening, overwhelmed, or numb and checked out.
- **Debrief with a trusted colleague** after a hard interaction. No one is meant to hold this work alone.
- **Use grounding practices** that help you come back to your body, deep breathing, a short walk, stretching, or connecting with someone who feels safe.
- **Be clear about your boundaries and limits** in the role. You can be warm and supportive without overextending yourself,
- **If someone's story activates your own history**, it's okay to pause, step back, or get support.

Boundaries, Scope of Role, and Trauma-Informed Practice in Vocational Counselling

Working from a trauma-informed lens means understanding that boundaries and clarity of role are not just "professional guidelines"–they are part of creating safety. People can only show up, take risks, and move toward employment goals when they feel the ground beneath them is solid.

Vocational counsellors often meet people during seasons of uncertainty, transition, or recovery. Trauma, past or present, shapes how safe the world feels and how easily someone can trust support. When we are clear about what we can offer, what we cannot offer, we create a predictable environment where people don't have to guess. That predictability is safety in action.

Boundaries as Part of Trauma-Informed Practice

In the words of Brené Brown, boundaries are about defining what's ok and what isn't ok. Boundaries help us stay steady, responsive, and grounded in our role. In trauma-informed practice, healthy boundaries clarify what we can hold, what isn't ours to hold, and how we show up for others. They aren't a set of rules for other people. When our boundaries are clear, *they guide us in how we respond* when something doesn't feel right, our boundaries are crossed, or when we're being pulled outside our role. Boundaries guide our own actions so we can stay present and grounded, even when things get hard.

When we don't have clear, healthy boundaries, we tend to swing toward being too rigid (pulling back, shutting down, becoming overprotective) or too porous (over-helping, taking on too much, feeling responsible for another person's emotional world).

Healthy boundaries communicate things like:

- *"I can walk alongside you, but I can't carry this for you."*
- *"I am here in this role, and you don't have to take care of my feelings."*
- *"Here's what I can offer, and here's where I'll help you connect with someone else."*

These kinds of boundaries create predictability, which is essential for people whose nervous systems have learned that relationships can be unsafe or inconsistent. Being trauma-informed means staying within our scope and responding from a place of clarity rather than overwhelm or fear.

Healthy boundaries help us show up with warmth, presence, and consistency, without losing ourselves or slipping into roles we can't sustain.

Scope of Role: Staying in Our Lane with Compassion

Vocational counsellors, we accompany people through employment goals, workplace challenges, and periods of instability. We may hear pieces of someone's trauma story, because work, identity, and safety are deeply connected.

However, our job is not to diagnose, treat trauma, or provide therapy.

Our job is to walk alongside someone as they take steps toward meaningful work while honouring their autonomy, pacing, and nervous system.

A trauma-informed scope of role includes:

- Focussing on goals connected to employment, daily functioning, skill-building, and stability
- Supporting self-determination and choice, rather than steering someone toward what we think is best
- Not digging into or uncovering trauma stories, even if someone hints at them
- Redirecting gently when conversations drift into therapeutic territory
- Helping people access additional supports when something is outside our scope (therapy, clinical care, crisis support, addictions treatment, housing advocacy, etc.)
- Staying aware of our own activation, noticing when we're outside our window of tolerance and need to pause or consult
- ***It's really important to know when it's time to refer someone to a mental health professional. Be aware of local resources.***

It's essential that we are warm, kind, and fully human while still holding clear boundaries. In fact, steady boundaries make your warmth feel safer and more trustworthy.

Why Boundaries Protect *You* as the Worker

Vocational counsellors can be personally affected by trauma and can carry their own histories. This lived experience can make us deeply compassionate, but it can also mean our nervous systems get activated without us realizing it. Without boundaries, it's easy to fall into over-helping, rescuing, or trying to be everything for someone.

A trauma-informed stance requires us to stay aware of:

- Our capacity
- The needs of our own nervous system
- Our limits
- The signs we're slipping into roles we cannot and should not sustain

When we overextend, we're modelling self-abandonment. Boundaries allow us to stay steady.

When Referring Out Is Trauma-Informed

Sometimes people need more than vocational support. Referrals are compassionate. A clear, respectful referral communicates:

"Your needs matter, and you deserve the right kind of support, that I am not able to provide."

Trauma-informed referrals include:

- Explaining why something is outside your scope
- Supporting the person to navigate the system if that feels overwhelming
- Offering to collaborate with other providers (with consent)
- Staying connected to employment goals while other supports come into place

The goal is to make sure no one is left alone with a need you cannot ethically hold.

Holding Space Without Digging into Trauma

Holding space is one of the most powerful things we can offer. It means being present with someone's experience without trying to fix it, analyse it, or unpack the past. In trauma-informed work, holding space is *not* abandoning people, it's actually the opposite. It's creating a safe, steady environment where someone doesn't have to perform, justify, or retell their story in order to be supported.

Many people we meet carry experiences that feel too overwhelming, too private, or too raw to articulate. Or perhaps they want to share it, and when they do–they feel raw and exposed afterwards. Our role is not to draw out or fix the trauma. **Our goal is to provide safety, predictability, and choice.**

This means paying attention to what's happening in the moment, slowing things down, and offering

compassion and stability without stepping outside our role. When we are trauma-informed we choose to focus on creating safety, being predictable in how we show up, and offering choice. When we stay present without pushing for details or trying to fix anything, people can feel supported and valued: that is the heart of holding space.

Holding space might sound something like:

- *"I can see this touches a deep place, and I want you to know that I'm here with you. We don't have to go back into the details together, but we can focus on what support would help you feel steady right now, and I can support you to connect with someone who can go deeper with you if you want that."*

- *"It makes sense that this feels extremely heavy. What do you need right now? How can I support you in this moment?*

When we stay grounded, curious, and compassionate, we create the conditions where someone can regulate their nervous system, feel seen, and take the next step that feels manageable to them. We're not pulling them into the past, we're supporting them in the present.

This approach honours both the person's dignity and our scope of role. We don't process trauma, but we also don't turn away from people who are hurting. We stay alongside them, offer steady connection, and ensure they have access to the right kind of support if and when they choose it.

A Trauma-Informed Foundation

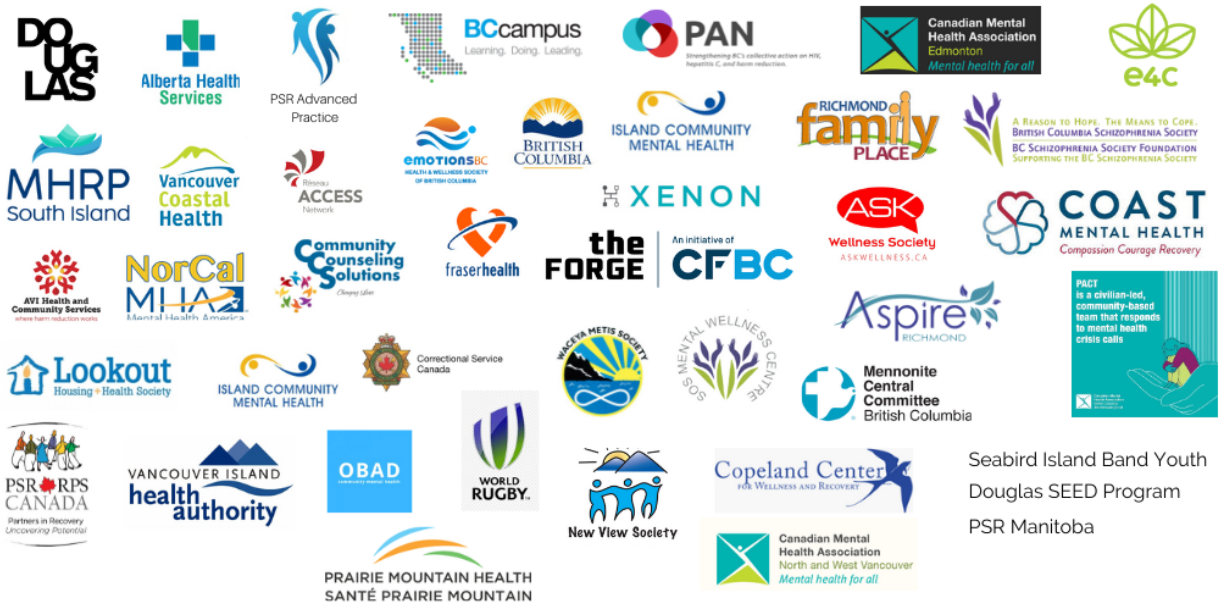
At its heart, trauma-informed practice is about safety, predictability, and choice. Boundaries are part of the foundation of safety.

Clear roles, compassionate limits, and intentional pacing help people stay in their window of tolerance so they can learn, grow, make decisions, and move toward meaningful work. And they allow you to do this work sustainably, without burning out or slipping into roles you aren't meant to carry.

About Jenn Cusick

- Jenn has worked in various roles within community mental health since 1994.
- She began her consulting, curriculum development, and training business in late 2014.
- Jenn has expertise in peer support. She has trained peer supporters across Canada for many organizations within the mental health, substance use, and HIV/AIDS community.

Jenn Cusick is a seasoned professional with 30 years of experience in community mental health. In 2014, she founded Luminate Wellness, specializing in transformative training experiences. Her expertise lies in self-determination, self-nourishment, appreciative inquiry, leadership, and compassionate curiosity, with a focus on developing strong values-based cultures. Jenn's notable contributions include writing the nationally recognized **BC Peer Support Worker Training Curriculum** and receiving an international education award for her work on **the Post-Secondary Peer Support Training Curriculum**. Jenn is skilled at facilitation and meeting diverse groups where they are at. Jenn adapts trainings to meet the specific needs of group participants. *Some organizations Jenn has worked with:*



References

Cusick, J. (2020, November 22). *Provincial Peer Support Worker Training Curriculum (16 modules)*. Peer Connect . https://peerconnectbc.ca/courses/peer-support-training/

Robinson, L., Segal, J., & Smith, M. (2020, February). *Emotional and Psychological Trauma.* HelpGuide.org. https://www.helpguide.org/articles/ptsd-trauma/coping-with-emotional-and-psychological-trauma.htm.

American Counselling Association. (n.d.). *Fact Sheet #9*. https://www.counseling.org/docs/trauma-disaster/fact-sheet-9--vicarious-trauma.pdf.

Defining Vicarious Trauma and Secondary Traumatic Stress. TEND®. (2018, May 24). https://www.tendacademy.ca/resources/defining-vicarious-trauma-and-secondary-traumatic-stress/.

Graham, J. (2017, January 17). *Identify Stress and Vicarious, Secondary Trauma.* Ausmed. https://www.ausmed.com/cpd/articles/stress-trauma-nurses.

SAMHSA's Trauma and Justice Strategic Initiative. (2014, July). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. National Center on Substance Abuse and Child Welfare. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf.

Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57*. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Marschall, A. (2023, May 1). *Vicarious trauma: The cost of care and compassion.* Verywell Mind. https://www.verywellmind.com/vicarious-trauma-the-cost-of-care-and-compassion-7377234?utm_source=chatgpt.com

Ginwright, S. A. (2022). The four pivots: Reimagining Justice, Reimagining Ourselves. North Atlantic Books