

THE BEHAVIOUR INSTITUTE

Diploma in Trauma-Informed Psychotherapy

UNIT 1 • CORE READING 4 OF 6

04

Trauma-Informed vs. Trauma-Specific

Two related but genuinely different things, often confused with one another

What This Document Covers

As trauma-informed language has spread widely across mental health, education, and social care, an important distinction has often been lost along the way: the difference between a trauma-informed approach and trauma-specific treatment. This document draws that line clearly, since confusing the two leads to real problems in practice.

Trauma-Informed: A Universal Foundation

As covered in Documents 1 and 2, being trauma-informed describes a way an entire service, or an individual practitioner, operates — grounded in safety, trust, collaboration, choice, and cultural awareness. Critically, this applies universally, regardless of whether a specific client's trauma history is known, disclosed, or even directly relevant to why they're seeking help. A GP surgery, a school, an addiction service, a general counselling practice — all of these can and arguably should be trauma-informed, even though most of the people they serve are not there specifically to process trauma.

Trauma-Specific: Targeted Treatment

Trauma-specific treatment, by contrast, refers to therapeutic approaches and interventions specifically designed to treat trauma and its direct psychological consequences — PTSD, Complex PTSD, and related presentations. This includes modalities like Trauma-Focused CBT, EMDR, Somatic Experiencing, and others, all of which we'll cover in real depth in Unit 4. These approaches require specific training, and are applied deliberately, with informed consent, when trauma processing is the identified clinical goal.

Put simply: trauma-informed is the environment and stance within which care happens; trauma-specific is a particular kind of care, chosen deliberately, for a particular clinical purpose.

Why the Distinction Matters

Confusing these two concepts causes real problems in both directions. Treating trauma-informed principles as if they constitute trauma treatment can lead services to believe they're adequately addressing trauma simply by being welcoming and non-judgemental — genuinely valuable, but not the same as delivering the specific, targeted intervention someone with diagnosed PTSD may actually need to recover. Conversely, treating trauma-specific technique as a substitute for a trauma-informed foundation can produce a strange and ultimately unhelpful combination: technically correct EMDR or TF-CBT delivered within a rigid, disempowering, insufficiently safe environment, which can undermine the treatment's own effectiveness.

Pause and Consider

Think of a service or professional relationship in your own life — not necessarily therapeutic — that felt genuinely trauma-informed in how it operated, even though its actual purpose had nothing to do with trauma treatment specifically. What made it feel that way?

A Story to Make This Real

Consider a composite scenario drawn from patterns seen across community mental health settings. A general counselling service prided itself, accurately, on being trauma-informed — warm intake procedures, genuine choice in scheduling, a calm and predictable physical environment, and staff trained thoroughly in the six principles covered in Document 2.

A client, “Owen,” 41, came to the service after years of unexplained anger outbursts that were beginning to affect his marriage. Through several sessions of supportive, trauma-informed general counselling, Owen felt genuinely heard and safe — arguably for the first time in a clinical setting — but his outbursts continued largely unchanged. It eventually became clear, through careful history-taking, that Owen had a specific, unprocessed traumatic memory from a serious workplace accident a decade earlier, and that his anger functioned as a hyperarousal response directly connected to that unresolved trauma.

At this point, the trauma-informed foundation Owen had already experienced became genuinely valuable groundwork — he trusted his counsellor, and felt safe enough to engage with something more targeted. But what Owen actually needed next was trauma-specific treatment: in this case, a referral to a practitioner trained in EMDR, specifically to process the workplace accident memory itself. The warm, trauma-informed environment had made Owen feel safe enough to be honest about what was happening — but it was not, on its own, sufficient to resolve a specific, encoded traumatic memory. Both pieces were necessary, and neither replaced the other.

How They Work Together

The most effective real-world model treats these as complementary layers, not competing options. A trauma-informed foundation creates the safety and trust that make trauma-specific work possible in the first place — someone is far more likely to engage meaningfully with targeted trauma processing within a relationship, and a service, that already feels genuinely safe. And trauma-specific treatment, delivered within a trauma-informed frame, is considerably more likely to be effective, and less likely to cause harm, than the same technique delivered without that foundation.

This course reflects that layered structure directly: this unit builds the trauma-informed foundation; Unit 4 introduces the trauma-specific approaches built on top of it.

What's Next

The next document introduces a related, practical concept: universal precautions — the working assumption, underneath trauma-informed practice, that trauma may be present even when it hasn't been disclosed.

A Few Things to Take With You

- Trauma-informed describes how a service or practitioner operates universally, regardless of whether trauma is the presenting concern
- Trauma-specific refers to targeted treatment approaches designed specifically to process trauma and its direct consequences

- Confusing the two can lead services to believe warmth alone constitutes treatment, or lead practitioners to apply trauma-specific technique without an adequate foundation
- The two work best as complementary layers — a trauma-informed foundation makes trauma-specific work both more accessible and more effective

Before You Move On

- In Owen's story, what did the trauma-informed foundation actually provide, even though it didn't resolve his symptoms on its own?
- Can you think of a situation where trauma-specific technique might be delivered without an adequate trauma-informed foundation? What might go wrong?
- How would you now explain the difference between these two concepts to a colleague who used them interchangeably?