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**Q: If I want to make my program more “trauma-informed” how should I begin?**

**A:** In making your program more trauma-informed, you may want to develop a brief training for all staff (clinical and support staff) about the impact of trauma on consumers’ lives. Staff will be less likely to inadvertently retraumatize a consumer if they understand some basics about how trauma can change a person’s beliefs, behavior and attitudes. Depending on the size and structure of your organization this training can be done during new personnel orientation or by a clinician during staff meeting time. We begin our training with a 40 minute video *Women Speak Out* which presents prevalence data about abuse and shows some of our consumers talking about the impact of trauma and what’s helped in their healing and recovery. We then have a discussion so that staff can share their reactions and have time to explore some of their beliefs about abuse and its impact. Then the trainer uses some teaching points illustrated in the video to make sure staff learn some basics about trauma dynamics. (Given the prevalence of trauma in our society, some staff will also be trauma survivors – whether they disclose it or not. This training can help them become more aware about how their personal experiences may impact how they think about and respond to trauma survivors in the work setting).

We would also suggest you examine your policies and procedures by asking yourselves some questions such as: How do you handle emergencies when a consumer’s behavior is out of control? How can you help a consumer calm down and get grounded without violating any boundaries? What do you ask when screening for abuse during intake? Do you ask for a lot of detailed information about abuse experiences? This may trigger distress for a consumer, and also may be perceived as intrusive questioning, especially if the information does not seem to impact what services are recommended or offered. While you may need to know about immediate danger concerns such as current domestic violence, and whether the consumer feels the impact of abuse is still affecting his/her life, you do not need to ask consumers for detailed information about each type and episode of abuse.

Also ask yourself about the role of consumer choice in your system. How much of a role does the consumer have in choosing services and service providers? Does what the consumer wants get as much respect and priority as what the service providers recommend? There are many other areas to explore, but these are some places to begin.

To truly transform your agency into a trauma-informed service system you need to step back, consider and evaluate all components of your system from an underlying belief that violence and victimization play both large and complex roles within the lives of most consumers in mental health and substance abuse services. For more information about trauma informed services, see the monograph *Using Trauma Theory to Design Service Systems*, edited by Maxine Harris and Roger Fallot (Jossey Bass, Spring 2001).