Ask the Expert: Trauma-Informed Care

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Webinar Resources

Q&A Responses

Q: How do advocates or similar professionals work through secondary or vicarious trauma? How does this play into Trauma Informed Care within the field?

A: *This is such a great question and the answer is lengthy. First, watch the webinar on managing secondary trauma for details. However, a short answer would be as follows: we are ALL susceptible to vicarious trauma and therefore all need to be working on developing resilience. This means attending to self-care in the moment as well as after work, building resilience as a team, and building features of resilience in our organizations (e.g., psychological safety, meaning in work, innovation, autonomy, etc.)*

Q: When would you as a therapist feel it is a good time to start EMDR or Brain Spotting so you don't trigger the client?

A: *The amazing thing about these techniques is that the client doesn't have to verbalize the trauma, so it is less triggering, however, it is really important that the client has some stability and/or resources available for support. So, there are many times where you would delay trauma resolution work and instead work on building stability and skills.*

Q: Would we be at a disadvantage or advantage in providing trauma informed care if we ourselves have experienced the same kind of trauma? Should we be passing these types of cases off to another person?

A: *Always at an advantage. And use the trauma-informed approaches with yourself as well! Get good supervision so you feel supported and communicate frequently with your team. 80-90% of everyone we work with has experienced trauma, so we need to develop our skills around this.*

Q: Many of us who work in this industry have experienced trauma in our personal lives. Although we have received therapy we may still find that we experience those limbic system responses. What do you recommend for those of who working in this industry and are occasionally triggered?

A: *Great question and we all get triggered. First step is to be aware of your triggers and recognize what happens for you when you are triggered. Then develop skills to manage your responses like grounding, self-talk, healthy coping, journaling, gratitude, social support, mindfulness, etc.*

Q: Are vape pens considered substances, as they are addictive?

A: *Yes, very addictive and contain nicotine. In some instances, people will put THC or other substances in their vape pens.*

Q: Thank you for acknowledging us that are not a therapist. I am a probation officer for a mental health court. I am always very careful about being prepared for the outcome of a conversation with my client to assure my client feels safe and mentally healthy before I leave. Will you please highlight the skills again for me and provide an example of how to manage racing thoughts?

A: *Yes, for racing thoughts, the steps are: notice the thought, stop the thought, challenge the thought, replace it with an affirming thought.*

Q: How do you assist a client when you the worker are traumatized yourself and have not gotten over your trauma completely?

A: *Yes, excellent questions and good awareness. Start with you. Start with developing your ability to manage your triggers and it will help you stay present for the client.*

Q: I have been learning a lot about the role of cortisol in the brain and its impact. In this book they talk about changing our language from "trauma" because as you stated they may not remember the "trauma" and it's our response to the trauma and the ability to come back to "baseline". Therefore, they talk about reframing the conversation about how cortisol can highjack the brain and our responses. Just wondering your thoughts?

A: *Yes!! Cortisol is huge and implicated in our fight/flight/freeze responses.*

Q: I work in child welfare. What is your recommendation for assisting parents in understanding the trauma that their children may have encountered due to their parenting decisions. Not asking that the parents take accountability, just that they understand how the home environment, their drug use etc. could be causes of trauma. Wondering how to explain this and address the safety concern without re-traumatizing parents.

A: *Huge issue. I would recommend starting with talking about adverse childhood experiences with the parents and providing them resources. Here is a helpful resource: https://www.acesconnection.com/blog/handouts-for-parents-about-aces-toxic-stress-and-resilience; https://developingchild.harvard.edu/resources/aces-and-toxic-stress-frequently-asked-questions/ and https://www.cdc.gov/violenceprevention/aces/index.html*

Q: Where would you recommend I get my EMDR training? I am currently an LCSW.

A: *Yes, you do need specialized training - https://www.emdria.org/emdr-training-education/emdr-training/*

Q: What if a person is denying/minimizing the event?

A: *Start on developing a strong relationship and increase safety so the client feels comfortable taking responsibility.*

Q: Don't you think it takes time for trust to happen? I've experienced people peeling the onion as safety is earned. Also, I think many people who do the work may take these things personally. ""You lied to Me."" When in fact, it has nothing to do with them.

A: *Yes, it absolutely does! And yes, their behavior has very little to do with us.*

Q: There are so many different "types" of trauma- what are some best practices to serve impacted persons in group settings who may have experienced different types of trauma?

A: *All of what we talked about applies. Watch the trauma-informed care webinar for additional information.*

Q: When making referrals for therapy, is it necessary to refer to a therapist certified in TF-CBT? It seems like many therapists can develop an empathic relationship, etc.?

A: *Ideally, refer to people with experience in these areas. But if you don't have anyone with experience, you are right that many therapists can develop strong empathic relationships.*

Q: Good resource for learning more about this "Hope" that Robyn speaks of?

A: *https://hopescore.com/*

Q: Do you have any other reading recommendations on how to learn to reduce cortisol or how to ground themselves?

A: *https://www.healthline.com/health/grounding-techniques and https://www.medicalnewstoday.com/articles/grounding-techniques#methods*

Q: So, I am not sure if this is a question that I can ask, but if you find a client is really struggling with emotional regulation (for example cannot stop crying, easily irritated, quick to panic), do you know ways a non-therapist can help?

A: *Yes! Start with grounding techniques, then have the person name the emotion and develop the ability to catch it sooner in the escalation process.*

Q: This is often spoken from the perspective of a probation officer or someone working with offenders. I have a question regarding working with victims. Our job as prosecutors or police officers almost require us to dig into their trauma and force them into their trauma. There are times we have to push them. How do we balance being trauma informed while still obtaining the evidence we need for successful prosecutions?

A: *This is tough for sure, I so appreciate you asking this. Start by acknowledging that this will be difficult. Take breaks. Provide resources for victims. Provide fidgets or anything people can use to help self-soothe.*

Q: What can we do to support community care?

A: *Develop psychological safety. Provide training for teams. Have time for team development. Support building awareness of triggers for self and others in the team. Develop ways to support each other. Reach out if you need support, we have TA opportunities to help teams.*

Q: I have trouble drawing boundaries. Would you suggest that I not get involved with trauma?

A: *I would suggest starting with working on good boundaries. We need boundaries in every aspect of our lives, with friends, in relationships, at work, with our partners, our kids or other people's kids, and with clients whether or not they have trauma. So, start with working on your boundaries and then see what you think.*

Q: Are there any key strategies you would recommend for adapting your response when victims share their trauma?

A: *"Yes! Remember that people do not HAVE TO share their trauma. In fact, there might be times when it is retriggering, so they shouldn't share. You could say, ""I'm sorry to interrupt you and I can see you are about to share something really huge with me. I so appreciate that you trust me, and part of my job is to help you find the resources you need. So, I am going to connect you with a therapist who can help you unpack this in a way that is most supportive for you."" Alternatively, you could say, ""As you tell me this story, I will pause you multiple times to make sure you are still grounded and feel okay, because sometimes sharing our stories can make things worse in the moment and my job is to help you stay safe." Watch the trauma-informed webinar for more information.*

Q: How do you recognize when someone is dealing with trauma and needs a trauma informed response vs someone who did not feel an experience was trauma?

A: *Excellent question. Watch for hyperarousal, withdrawal, confusing story, jumping around in the story, volatile emotions, numbness, emotional incongruence. When the person talks, you will notice these responses.*

Q: I think this was touched on earlier, how does one utilize trauma informed (being empathic and compassionate) and balance that with holding our patients accountable…accountable for any emotional damage or physical damage they may have caused?

A: *Yes! Excellent and both need to happen. Just because I understand (empathy) doesn't make it okay (accountability). We still hold the expectation, we just first make space to understand and then we move to figuring out together how the person can still meet the expectation and/or take accountability.*

Q: How do you care for someone that is emotionally ""numb"" to trauma?

A: *In very similar ways. Start with compassion and empathy; prioritize the relationship; create a ton of safety; and, keep gently inviting the person's emotion.*

Q: How should you approach a child who is dealing with trauma and does not want to participate in services to address the trauma he or she is experiencing?

A: *With children, trauma work is less direct. It is more through relationship, play, games, using dolls as representations, etc.*

Q: Can you touch on trauma with Juveniles, is there a huge difference in dealing with juveniles/trauma than adults? Asking as a Juvenile Probation Officer.

A: *The good news is that their brains are still developing so the healing and recovery happens faster. Working hard to train the skills they need to manage their thinking and emotions is the best bet. We have a webinar on social emotional skills and another webinar on CBT both of which would be incredibly helpful to you.*

Q: I am a Counselor, I work with the Iowa department of correctional Service. I think there is confusion about how to use the TIC approach.

A: *There frequently is, let us know how we can help your organization as we have TA opportunities available.*

Q: Besides EMDR are there any other therapies that are showing promise in helping individuals deal with trauma?

A: *Yes, lots. Seeking Safety is a great curriculum to use. Any CBT is also incredibly helpful.*

Q: What are some signs to look for to identify that someone is responding in a way informed by past trauma?

A: *Excellent question. Hyperarousal, withdrawal, confusing story, jumping around in the story, volatile emotions, numbness, emotional incongruence.*

Q: Do you need specialized training to implement EMDR? Where is the training offered if so?

A: *Yes, you do need specialized training - https://www.emdria.org/emdr-training-education/emdr-training/*