

Trauma informed queries and requests- some reflection questions and food for thought- for new in-depth exploration please refer to my “A Treasure box for creating Trauma-informed organizations book” (Dr Karen Treisman).

I get a lot of requests and enquiries about delivering “trauma informed” training. Trauma-informed is such an umbrella term and often used as a buzz word and a tick box exercise. I don’t know what this request means when I receive it. Here are a few things to be mindful of (by no means exhaustive or prescriptive- the list could go on and on) and to reflect on to support getting the optimal support.

- When you say trauma informed this is a huge area and broad term. What type of trauma do you mean or are you referring to? E.g. relational trauma, developmental trauma, medical trauma, cultural trauma, secondary and vicarious trauma, war trauma, intergenerational trauma, single event trauma etc. Of course, there is also interlayering and intersectionality of these however this takes time and there are different trainings, different models, different approaches, different interventions for different traumas (as well as common themes and similarities). Trauma informed practice does need to start with understanding and the theories of trauma- in order to integrate theories and ideas of trauma into the work people need an understanding. Trauma-informed is not the same as learning about the ACE study or ACEs. Equally a short course on understanding trauma doesn’t make someone trauma-informed, it is a short introduction to understanding trauma.
- What are the specific aims and focus? For example, understanding developmental trauma, the potential impact of a certain type of trauma on the brain, on our beliefs, on our sensory world, on speech and language, on the relationship with social justice, and so forth. Or is the focus on other equally important areas such as trauma informed language, trauma informed team meetings, trauma informed physical environments, trauma informed medical examinations, trauma informed endings, trauma informed focus around direct work tools such as emotional regulation tools? the list goes on and on. Often, they layer onto each other depending on what level and commitment and need there is. As an example, I do a 2 hour, half day, or whole day workshop on language from a trauma perspective. Of course, what you get in the full day is far more in depth and allows for much more discussion. People/teams then offer follow this up with consultations, thinking spaces, reviews of language in documents, posters, meetings etc.

- What is needed within the context and setting? Whilst there may be commonalities and baseline concepts. For example, what a midwife might benefit from knowing is likely to be different to a teacher which will most likely be different to a security guard which will most likely be different to a social worker etc. Are you looking for an overview, a basic intro understanding, in depth etc- what change do you want to see? what is the driving force? What is needed to be able to move forward?
- Do you mean also understanding the trauma informed values training? E.g. safety, collaboration, strengths, transparency etc. This is a core part of TI practice. Or are you wanting actual training to put these things into practice? (Need to understand them first). Then consider something like safety is multi layered (e.g. cultural safety, relational safety, moral safety, emotional and psychological safety, physical and environmental safety, moral and ideological safety, felt safety and so forth). This also will differ on area for example, safety in talking about feelings through to safety in recruitment through to safety in environment etc).
- Are you talking about trauma specific interventions or practices or trauma informed? These can be very different needs depending.
- Are you talking about on an individual level such as within interactions or around trauma informed systems and organisational change? Including considering traumatising systems and trauma inducing and re-traumatising processes. Staff well-being and collective care. This is a key area in trauma-informed practice.
- Has there been thought as to what support will be in place for those who are distressed or triggered during or after the training? Also, do people know what will be covered and what to expect?
- You have mentioned a journey are you trying to move towards being more trauma sensitive, trauma aware, trauma informed, or trauma responsive? (This might differ at an individual, team and system level and nuances within these). It is important to have a sense of one's aims and direction of travel, and the level of commitment.
- What are the goals, aims and objectives of the training and of what might happen afterwards? How will training be embedded and infused? How will people move from knowing to doing, being and feeling? What else is in place to layer, enrich, and infuse the learning? How does it fit in with or conflict with existing models? What will be done to keep the momentum up? (all concepts discussed in my organisational book).

- Who will be attending and what messages does this give to others? (e.g. leaders, changemakers, practitioners, business support, HR etc). How will this training be called and communicated? (Including not false promises about what can be achieved in a short space of time). How will people's time be protected including what they are expected to do before, during, and after (e.g. not having to leave for 2 hours for a meeting, or constantly answer emails, or go on a night shift after training).
- What has been done already? How does this interlink, jar, conflict, compliment, layer with what has is happening?
- How long do you have? It is very hard to do something meaningful in a short time! The difference of a short session to having time to embed, reflect, explore, practice etc. Need to be realistic about what can be covered in time created. It is not realistic to expect to cover complex topics in short spaces of time- if a short slot- better to pick one focused area or part of trauma then try to squeeze and squash in. Also will it be a series of workshops?
- Will it be layered and embedded through other actions including refresher training, in team meetings, in supervision, in reflective practice, in plans, in consultation, in resources provided, in policies, in panels and much more? If there are in house clinicians for example will they attend so they can infuse the ideas into day to day conversations and spaces. Training is often just the springboard, a starting platform, a space to get some buzz and shared language.
- How will the training model the model? E.g. be multi-sensory, on time, regulating, nurturing, mindful of language etc.