

### **Activity: Strengths Based Questions**

The history that you provided suggests that you've accomplished a great deal since the trauma. What are some of the accomplishments that give you the most pride?

What would you say are your strengths?

How do you manage your stress today?

What behaviors have helped you survive your traumatic experiences (during and afterward)?

What are some of the creative ways that you deal with painful feelings?

You have survived trauma. What characteristics have helped you manage these experiences and the challenges that they have created in your life?

If we were to ask someone in your life, who knew your history and experience with trauma, to name two positive characteristics that help you survive, what would they be?

What coping tools have you learned from your \_\_\_\_\_ (fill in: cultural history, spiritual practices, athletic pursuits, etc.)?

Imagine for a moment that a group of people are standing behind you showing you support in some way. Who would be standing there? It doesn't matter how briefly or when they showed up in your life, or whether or not they are currently in your life or alive.

How do you gain support today? (Possible answers include family, friends, activities, coaches, counselors, other supports, etc.)

What does recovery look like for you?

### **Staff And Agency Issues That Can Cause Re-Traumatization Include:**

- Failing to screen for trauma history prior to treatment planning.
- Challenging or discounting reports of abuse or other traumatic events.
- Using isolation or physical restraints.
- Using experiential exercises that humiliate the individual.
- Endorsing a confrontational approach in counseling.
- Allowing the abusive behavior of one client toward another to continue without intervention.
- Labeling behavior/feelings as pathological. • Failing to provide adequate security and safety within the program.
- Limiting participation of the client in treatment decisions and planning processes. • Minimizing, discrediting, or ignoring client responses.
- Disrupting counselor–client relationships by changing counselors’ schedules and assignments.
- Obtaining urine specimens in a nonprivate setting.

### **Addressing Re-Traumatization - Strategies For Social Workers:**

- Anticipate and be sensitive to the needs of clients who have experienced trauma regarding pro-gram policies and procedures in the treatment setting that might trigger memories of trauma, such as lack of privacy, feeling pushed to take psychotropic medications, perceiving that they have limited choices within the program or in the selection of the program, and so forth.
- Attend to clients’ experiences. Ignoring clients’ behavioral and emotional reactions to having their traumatic memories triggered is more likely to increase these responses than decrease them.
- Develop an individual coping plan in anticipation of triggers that the individual is likely to experience in treatment based on his or her history.
- Rehearse routinely the coping strategies highlighted in the coping plan. If the client does not practice strategies prior to being triggered, the likelihood of being able to use them effectively upon triggering is lessened. For example, it is far easier to practice grounding exercises in the absence of severe fear than to wait for that moment when the client is reexperiencing an aspect of a traumatic event. (For more information on grounding exercises, refer to *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*; Najavits, 2002a, pp. 125–131.)

◦Recognize that clinical and programmatic efforts to control or contain behavior in treatment can cause traumatic stress reactions, particularly for trauma survivors for whom being trapped was part of the trauma experience.

◦Listen for the specific trigger that seems to be driving the client's reaction. It will typically help both the counselor and client understand the behavior and normalize the traumatic stress reactions.

◦Make sure that staff and other clients do not shame the trauma survivor for his or her behavior, such as through teasing or joking about the situation.

◦Respond with consistency. The client should not get conflicting information or responses from different staff members; this includes information and responses given by administrators.

### **Activity: Organizational Commitments**

- All staff trauma-informed
- Clear and consistent -- check with the client that they understand the on-call measures
- To make sure that all staff is briefed on the case
- Assessing for trauma