



Trauma-Informed Care: Asking the Right Questions By Gordon R. Hodas

Introduction

There is a wise Chinese proverb that says, "He who asks a question is a fool for five minutes; he who does not ask a question remains a fool forever." Apart from the specific information to be gained, asking a question creates a sharing relationship and reciprocity with the other party. The person being queried is, through this simple process, validated as having valuable information that can inform or even enlighten the questioner.

Nevertheless, valuable though asking questions might be, it is not enough to promote empowerment. Questions that are deficit-based (e.g., "Why do you mess up all the time") reinforce negativity and demoralization, not hopefulness. For questions to be helpful in mental health and human services – in fact, to be *therapeutic* – they need to be framed in a strengths-based manner or at least elicit curiosity in a non-blaming way.

The use of appropriate questions is nowhere more important than in working with survivors of trauma. Such individuals likely feel betrayed and unsupported, and are slow to trust. Moreover, if the trauma was severe and persistent, self-efficacy has been compromised, replaced by an overriding sense of inadequacy. Effective trauma interventions, embodied in an overall trauma-informed approach to relationships and not just in trauma specific treatments, need to establish reciprocity by asking the right questions. In what follows, we consider how trauma-informed care promotes recovery by asking the right questions.

An Important Shift in Perspective: From "What's Wrong?" to "What Happened?"

We are all indebted to the work of Sandra Bloom and the formulation of her colleague, Joe Foderaro, who years ago identified the benefit of asking "what happened to you?" as opposed to "what's wrong with you?" (Bloom, 2015). Even though a person is not functioning optimally, focusing on what is wrong with him reinforces pathology and implies that the deficit is intrinsic and immutable. In addition, asking "what's wrong with you?" indirectly conveys blame and a sense of disapproval. None of this helps to mobilize the individual, and more likely will exacerbate distress.

Asking "what happened to you?" does not deny the reality of struggle and impairment, but creates an entirely different context and dynamic. Such a perspective can catalyze positive self-reflection, as illustrated below by an individual trauma survivor:

Some of my struggles are a product of forces I could not control, and may not even have recognized at the time. I don't have pathology; I'm injured. This could have happened to anyone. Injured people naturally experience distress, and need time to heal.

The focus on injury is not just normalizing and face-saving; it also promotes hopefulness. While "what's wrong with you?" promotes a sense of permanence, the metaphor of injury evokes the expectation of healing.

One additional benefit of an injury perspective involves the realization that some maladaptive behaviors represent active efforts to cope with injury and with terrifying life circumstances. Individuals at risk of harm often become hypervigilant and hyperaroused. Such responses may not be compatible with social ease and warm displays of empathy, but they can help ensure safety in the face of danger.

Professionals can ask themselves “what happened to this person?” as part of an internal reflective process, and, at the appropriate time, can also pose the question directly to the individual. Looking at a person’s behavior through a “trauma lens” serves to contextualize the behavior within the broader framework of her life experience. With use of a trauma lens, maladaptive behavior can be better understood, and can perhaps change more easily over time. Moreover, behavior understood to serve a purpose is less likely to be viewed pejoratively. Reimagining one’s life in this way helps strengthen self-efficacy, and can be an important step in the process of transformation.

One More Question to Ask

As important as the shift from “what’s wrong?” to “what happened?” is, I believe that the process is incomplete. Reframing the meaning of the past is important, but the focus remains on the past. The real task for the trauma survivor goes beyond rethinking the past. It involves moving forward in the present – confronting immediate challenges, discovering opportunities for meaning and growth, and healing from injury.

To be sure, we need to continue to discard the idea that there is something “wrong” with individuals struggling with the legacy and reality of trauma. We also should continue to foster recognition that such individuals are injured as a result of what happened to them and are not defective. In fact, when viewed through a trauma lens, their responses make sense and may even be seen as heroic. But one more question is needed, in order to link the past to the present and future.

My proposal is to routinely follow up the question of “what happened to you?” with one additional question. It is a question that focuses everyone on the

challenge of moving forward. It also reinforces the partnership inherent in the therapeutic relationship.

The new question broadens the trauma lens further towards recovery. The expansion of the paradigm shift is illustrated through the following schema:

- Discard, “What’s wrong with you?”
- Ask, “What happened to you?”
- Now ask one more question, “What needs to happen *right now*, and how can I help?”

References

Bloom, S (2015). Source/citation for what happened to you instead of what’s wrong with you. State Public Systems Coalition on Trauma (SPSCOT). spscot@gwo.net by membership, July 1, 2015.

[Hodas, G \(2013\). The trauma-informed checklist. Children’s Mental Health Matters. \(10\), April 2013.](#)

Gordon R. Hodas, M.D. is a child psychiatrist consultant for the Pennsylvania Office of Mental Health and Substance Abuse Services.