



Trauma-Informed Principles as a Source of Validation for Human Service Professionals

By Gordon R. Hodas, M.D.

Introduction

In order to remain an effective helper – whether as a therapist, child welfare worker, juvenile probation officer, or educator – professionals need to find ways to maintain their morale when interventions are not sufficient to enable some desired goals to be achieved. For example, some youth with mental health challenges may require residential treatment (an RTF) despite the use of intensive community-based mental health services. Some juveniles, despite being closely supervised, may still reoffend and be placed in a juvenile facility. Some parents, despite their efforts and that of the child protection worker, may still have their child removed from the home. These are all disappointing outcomes. How can the helping professional cope with such occurrences and continue to fulfill her designated role effectively, rather than yielding to either self-blame or cynicism? Below are some suggestions, built around the theme of trauma-informed principles as a source of validation and renewal for the helper.

Recognizing the “lay of the land”

Adults who choose to work in mental health and human services need to appreciate the high risk status of many of the youth and families they serve. Such recognition can help protect against overreaction to disappointing events, and instead lead to appropriate review with the supervisor, resulting in new insights and professional growth.

The value of trauma-informed care at the agency level

We know that the likelihood of professional demoralization is lessened when staff receive effective training and supervision, and when the agency is tight-knit and supportive. As described by Bloom, creator of the Sanctuary model used in Pennsylvania and elsewhere, the provision of trauma-informed care within an agency culture can promote a sense of shared community, with increased staff participation and retention.

The value of trauma-informed care at the individual helper level

For good reason, we celebrate successes, but we also need ways of remaining centered when things go awry. One source of staff renewal often involves asking ourselves if our efforts have been consistent with an accepted standard of ethical conduct. When we can respond positively to this question, we are better able to accept the mixed outcomes and remain confident in our role as helper.

Trauma-informed principles constitute universal guidelines for positive, respectful interactions within a helping relationship. Provision of these principles does not guarantee a positive outcome for all identified goals, but provides a key precondition for positive outcomes. Applicable trauma-informed principles, as identified by Falloot and Harris, involve the following: *safety, trustworthiness, collaboration, choice, and empowerment.*

I believe that implementing the above principles with youth and families, in large and small ways, has long-term therapeutic impact, even when certain identified treatment or service goals are not achieved. For individuals who have experienced or are at risk of experiencing trauma, *safety* matters, as does having a *trustworthy* helper. Being afforded the opportunity to make *choices* and participate *collaboratively* in decision-making is in sharp contrast to being coerced and dictated to. Having one's strengths validated and being encouraged to use one's voice and self-advocate serve to promote *empowerment* and a greater willingness to think constructively about the future.

In addition, trauma-informed care can also disarm an individual, and can ameliorate the sense of distrust created by past adverse experiences, including such experiences with professionals. Two brief examples come to mind:

- Devon Richardson was an eight-year-old boy with autism and developmental delays, whose mother had previously been blamed for her child's limitations. When Devon attended a school for students with special needs, Ms. Richardson worked closely with school staff and community-based mental health professionals to try to stabilize her son's dangerous behaviors. Despite these efforts, Devon continued to place himself at risk, and was removed from the school and admitted to an RTF. Five years later, Devon's mother reappeared with her son at the same school for another intake. She explained that,

over the ensuing years, she had remembered how well school staff had treated Devon and her, and so she had advocated for son's return.

- Maya Williams, a 20-year-old student reported to have extreme levels of anger and aggression, was referred to the school psychiatrist for evaluation. Seen with her school counselor and asked to share only what she was ready to talk about, Maya poignantly related a series of traumatic events that she felt had left her vulnerable to both depression and unintended behavioral outbursts. In response to the psychiatrist's comment about her courage, Maya appeared surprised but unmistakably pleased, and this initiated a positive relationship.

Discussion

Everyone needs to experience respect and validation, and this need is heightened in those who have experienced multiple traumas and adversities in their lifetime. The provision of trauma-informed care not only increases the likelihood of positive treatment or service outcomes. Independently, it also provides long-term benefit to the youth and family, and to the involved professional. As important as the attainment of specific identified goals may be, professionals cannot allow themselves to rise or fall according to the specific outcomes that occur with every youth and family. For the professional, being trauma-informed represents a valuable source of professional validation and renewal.

References

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