

# Walking the Walk

## Modeling Trauma Informed Practice in the Training Environment

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**ONE OF THE KEY COMPONENTS** of building organizational capacity for trauma informed practice is professional development. Staff needs training to gain basic understanding about trauma, its prevalence and impact on individuals, families, communities and organizations; what it means to be trauma informed; and specific skills and techniques for providing services in a trauma informed manner. It is not enough, however, to just “inform” professionals about trauma in our efforts to establish a trauma informed workforce. It is essential that in the process of providing professional development and workforce training we imbed and model principles of trauma informed practice in the training environment. These principles include:

- **Creating Safety**
- **Maximizing Opportunities for Choice and Control**
- **Fostering Connections**
- **Managing Emotions and Promoting Self-Reflection**

Following are some suggestions for how these principles can be integrated into the professional development experience.

### **Creating Safety**

#### **Inform participants about traumatic material**

Many workshops and courses on trauma and trauma informed practice include examples of traumatic events. Some of these can be graphic and may elicit an overwhelming emotional response in a participant, even trigger a traumatic memory. Informing participants ahead of time about the type of traumatic material that will be presented (e.g. videos, audio clips, excerpts, case studies) and providing them with an opportunity to engage in the material at their own comfort level establishes safety from the onset of the training. For example you might say:

“In today’s workshop there will be visual, audio and written case examples of children who have witnessed domestic violence. Some of you may find this information very upsetting, even overwhelming. Please take whatever measures you need to take care of yourself such as tuning out, leaving the room, talking to one of us at a break or any other self-care/safety strategies that help you to feel safe.”

### **Establish Ground Rules/Guidelines for the training**

Participants can develop their own set of guidelines or the trainer/facilitator can present some pre-established guidelines and ask for additions, revisions etc...

### **Create Emergency Self-care plans as an activity**

Have participants use 3X5 cards to write down three to five things they can do for themselves when things get tough. Provide examples (e.g. breathe, listen to a particular song, walk around, call a friend) See <http://www.socialwork.buffalo.edu/students/self-care/developing-emergency-plan.asp>. (this activity can also be used with adult and child (ren) clients and consumers)

### **Provide opportunities for respite from the traumatic material in the workshop.**

Timothy Black (2006) notes that laughter can be antithetical to trauma. Build in some fun exercises in your training day. Have toys or art supplies on the tables that participants can use as they choose. Have slides with beautiful pictures of natural settings; include funny cartoons and/or soothing and uplifting music.

### **Maximizing Opportunities for Choice and Control**

A second key aspect of trauma informed care is providing clients and consumers with opportunities to re-establish a sense of control over their lives. This principle can also be modeled in the training environment.

Begin by letting participants know that they may choose to participate or not participate in any activity offered in the workshop or course. Some people, for example, feel very anxious when they are asked to participate in a public way (e.g. role plays, get called on involuntarily). Encourage people to stretch themselves a bit to maximize their learning opportunities but always respect individuals’ choices not to engage in certain activities.

Allow participants to control their exposure to specific traumatic material included in the workshop or course. As particular material is about to be presented include a brief description of what it will include such as: “This next short video clip will portray a young child listening to his father verbally and physically abuse his mother.”

## Fostering Connections

Psychologist Howard Bath (2008) identifies connections as one of the three pillars of trauma informed care. As such it is imperative that trauma informed programs engage in a variety of activities that help clients and consumers forge and re-establish positive connections with others. This principle can also be modeled in the training environment. Provide opportunities for participants to connect with one another through activities such as community meetings (which can also be used with consumer/clients) small group or dyad exercises, and ice breakers. Additionally, sending a contact list with phone numbers and e-mails to all who attended can promote post-workshop connections. Buddy exercises where participants exchange a work plan based on the training and a commitment to check-in on progress in the future can both foster connection as well as bolster the transfer of training to practice.

## Managing Emotions and Promoting Self-Reflection.

Emotional dysregulation and lack or loss of self-awareness are two of the most pervasive impacts of trauma. Restoring these abilities is key to trauma recovery. Providing professionals with opportunities to engage in activities that help them identify and manage their own emotions as well as reflect on their actions can enhance their ability to sensitively address these issues with their clients/consumers.

Specific techniques for identifying one's own emotions during the training day can include a "how are you feeling today?" question as part of a community meeting or posting a "feelings" thermometer in the room and reminding participants to check it after various activities posing the question: "Where are you now on the feeling thermometer?"

Opportunities for self-reflection can be built in to training through a variety of activities. Create a "Pause and Reflect" worksheet which asks participants to begin the workshop by reflecting back on one particular client/consumer whose behavior challenged them. Keeping in mind this same client/consumer, have participants pause after segments of the workshop and reflect on what they might do differently faced with a similar situation in the future. Other exercises that provide opportunities for reflection are activities which ask participants to clarify their values and attitudes. Dyad discussions which ask questions such as "What life experiences contributed to your choice to become a {current profession}?" can elicit deep and reflective conversations.

## Conclusion

Finally, enhance your efforts to attend to and integrate these core principles of trauma informed practice in the learning environment by being transparent about what you are doing and emphasizing the parallel process of these activities. For example, tell participants that you are modeling and giving them techniques for creating their own safety so that they can provide this opportunity to their clients/consumers. Not only will these strategies promote the integration of trauma informed practice, they are consistent with principles of adult learning and will result in dynamic and enriching professional development experiences for your audience.

## References

- Rinfrette, E. (n.d.). Developing Your Emergency Self Care Plan. Retrieved March 7, 2011, from University of Buffalo School of Social Work: <http://www.socialwork.buffalo.edu/students/self-care/developing-emergency-plan.asp>
- Bath, H. (2008). The three pillars of trauma informed care. *Reclaiming Children and Youth*, 17-21.
- Black, T. (2006). Teaching trauma without traumatizing. *Traumatology*, 266-71.

**MULTIPLYING CONNECTIONS** is a cross-system collaborative aimed at building capacity for trauma informed practice. Our mission is to translate the research on the impact of trauma on early childhood development into better practice through professional development and organizational policy change. The training principles outlined in this article are imbedded in "Becoming Trauma Informed" a foundational curriculum developed by the Multiplying Connections Collaborative. Information about Becoming Trauma Informed and other resources and tools to promote trauma informed practice can be found on the collaborative's website: [www.multiplyingconnections.org](http://www.multiplyingconnections.org).

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