

# Questions Asked During Live Webinar Broadcast on 7/10/19

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## *Gender Responsive Trauma Informed Care: The First 72 Hours*

Presenter: Charlene Sears-Tolbert, Ph.D. (A.B.D.),  
MA, CAP, ICADC

**Our participants are required to attend AA meetings. Some of them, who have significant trauma and abuse from religious entities, are very resistant to this How do I approach the judge to let them know that not everyone can participate in AA? Even though it claims it's not religion based, there is a lot of talk of religion including reciting the Lord's Prayer that my people are uncomfortable with.**

A:  
Propose an alternative to the judge. This could be a support group, aftercare group, etc.

**I think this issue of how to ask about trauma upon admission is critical. Please give us as much information about how to do that. Thanks.**

A:  
Only a trained clinician should ask the client about trauma (this information is usually captured in the psychosocial assessment or the ACE questionnaire). Trauma Informed Care is an organizational approach to become sensitive to the trauma of persons served and resist re-traumatization. A more clinical workshop would cover "treating trauma".

**Are there degrees of trauma?**

A:  
One could argue there is a continuum of trauma from minor to severe. However, because of the personal and subjective nature of trauma it is difficult to categorize by degrees. Complex Trauma (C-PTSD) is the response to prolonged, repeated exposure to traumatic events without a clear means of escape and is often seen as the most severe trauma.

**Does Charlene recommend the SAMHSA TIP 57 publication on "Trauma-Informed Care in Behavioral Health Services"?**

A:  
Yes

**In the Action Plan, what did you mean by identify a trauma champion?**

A:  
A Trauma Champion is an individual that has knowledge of trauma and its impact along with the importance of prioritizing trauma sensitivity in all aspects of organization function and culture. The trauma champion is the key person in the organization to support and promote change in policies, practices, and staff development. Continuously evaluating services through a trauma informed lens and bringing awareness to challenges and barriers.

**Gender Informed, for women who are clients, ...can we consider using terms more current such as people who**

### **identify as women/female/femme?**

**I believe it's important to be inclusive of our women who are MTF Trans, as well as other sexual identities. It's simple shift in language use. Do you ask what pronouns/name your client prefers?**

**A:**

This is a great point and worthy of consideration and adopting where feasible. The most recent organization I worked with was a Department of Corrections residential program and did not ask this question.

**All agencies in our area present a form about suicide risk, a short questionnaire, as soon as they walk in for care (health clinic, counseling, just going for vaccines) especially those seeking treatment resources. The client may be handed off from Outreach to counseling to treatment team to doctor to facility intake to caseworker to next round of the same and they ALL have the same form handed to them. If you're reminded constantly about that trauma.. and then asked to discuss it because of policy... how can we meet policy requirements without re-traumatizing the client?**

**It becomes so invasive and they may have already dealt and recovered... is this happening in other states?**

**A:**

We had that problem in the past but Electronic Health Records and Electronic Client Database are assisting with this issue because in most case the information only need to be entered once and pre-populate other forms. If your agency does not have the electronic resources available, this is where training, policies and practice changes become important and this has to come from the top (governance/administration).

**Do some people not remember for sure or know if they were sexually abused as a child?**

**A:**

Yes, this is a protective factor for a great number of childhood sexual survivors. There are now scientific explanations on how the frontal lobe shuts down during the experience of the unimaginable trauma blocking any words, explanation, or memory of the event.