



Talking With Clients About Trauma – Q&A

WREP Brief #1

It is important as a workforce development professional to learn how to supportively talk with your clients about traumatic life experiences. There are many reasons why workforce development professionals don't ask their clients about whether they have experienced or are actively coping with potentially traumatic events. These reasons range from a subconscious need to avoid asking uncomfortable questions, that could lead to clients revealing painful events and emotions, to concern about one's capacity to appropriately address any trauma that is revealed.

You do not need to become a therapist to support clients coping with trauma. However, you do need to know how to ask about difficult events that may have happened in their lives in ways that are not re-traumatizing, and how to provide a supportive response in the moment.

To effectively identify clients who are coping with trauma, you will need to ask sensitive questions and utilize a screening questionnaire. Most people do not openly self-report their traumatic experiences unless they feel like it is safe to disclose the information.

The following information was adapted from the Blue Knot Foundation's 2018 extensive guide titled, [*Talking about Trauma: Guide to Conversations and Screening for Health and Other Service Providers*](#).

Workforce Development Professionals Often Do Not Screen for Trauma Because:

- ❖ They underestimate the impact of trauma on physical and mental health on workforce clients.
- ❖ Relevant questions are not part of the standard intake procedure.
- ❖ They lack knowledge about how to respond to any information received.
- ❖ They are concerned that clients may get upset.

- ❖ They believe that treatment should focus solely on *presenting* symptoms rather than their possible origin.
- ❖ They are concerned that a treatment may be required which they can't provide.
- ❖ They believe that any substance abuse issues should be treated prior to the treatment of other issues.
- ❖ There is not enough time to assess and explore trauma histories or symptoms.
- ❖ Workforce development professionals, and other staff members, may have their own untreated trauma-related symptoms.

Clients Often Do Not Disclose Their Prior Trauma to Workforce Development Professionals Because:

- ❖ They fear for their emotional and/or physical safety, either immediate and/or subsequent.
- ❖ They may not trust the person/service or fear that they will be judged. People who have experienced complex interpersonal trauma often struggle to trust.
- ❖ They may be feeling distressed and ashamed.
- ❖ The client may not view their experience as traumatic (i.e. client does not identify with the word/s 'trauma' and/or 'abuse').

The following questions are common when thinking about how to engage in conversation with a client whom you know, or suspect may have experienced trauma. As the responses indicate, even in busy and diverse service settings, applying trauma-informed principles can make these conversations less uncomfortable and more supportive than you might expect.

Is it really a good idea to discuss trauma with my workforce development clients? I am worried that it will be awkward or intrusive.

Yes, it is a good idea to discuss the discuss trauma and the effect of trauma with your clients. It is normal to feel apprehensive about raising such a challenging topic. Sensitivity to the way in which you approach and conduct the conversation increases the likelihood that it will go well. When you are coming from a trauma-informed perspective, your client is likely to respond positively.

If I can't help someone myself, should I avoid having a conversation?

No. However, it is also normal to feel inadequate to the task. Yet talking about trauma does not require you to 'do' a lot, much less to *solve* the situation. It is often sufficient simply to express concern about a person's well-being (which could be of great assistance in itself). Depending on the person's response, additional action may or may not be necessary, and can be undertaken if required.

What if my client rejects my concern?

Your client may dismiss your concerns or referrals. This does not necessarily mean that your concern is misplaced. The client may be feeling overwhelmed and may struggle to respond to even a gentle inquiry. They may even be hostile.

Being trauma-informed means being aware of the impacts of stress on the body and brain. It also means that you understand that people with experiences of trauma have had their trust violated and may treat even your gentle conversation with suspicion.

A defensive reaction may make sense considering the person's prior experience. That does not mean you won't feel uncomfortable. If your client rejects your concerns – especially, if they do so abruptly and are agitated – it is advisable to apologize to them.

The following would be a trauma-informed response in this circumstance:

"I'm sorry that I've upset you. If you ever want to talk, please know I'm here to listen."

Offering to follow up at a time which is convenient for the person (which would also allow them time to reflect and avoid being taken by surprise) could also be advisable if you feel able to do this.

If you have expressed your concern in a trauma-informed manner, and the person has become annoyed or shut down, it is possible that their dismissal of your concern is indeed trauma-related and that there are grounds for your continuing concern.

For this reason, respectfully asking a second time may be helpful. If your concern is dismissed a second time, you should not push and let them open up to you when they are ready.

What if the person I am speaking to becomes angry or upset?

Discussing trauma can cause people to feel distressed and even angry. Many of us are uncomfortable in the presence of anger. However, we can learn appropriate ways to deal with it. Unless we do, we will avoid having the conversations we need to have.

The following tips for understanding and responding to anger will help:

- it is common considering what your client's experiences may have been.
- it does not mean you made a mistake discussing the situation - their anger is unlikely to be about you.
- it does not mean you should immediately terminate the conversation.
- do not tell them to 'calm down', which has the opposite effect for many people.
- tell them you are sorry they are upset. This is not the same as accepting responsibility for causing their upset.
- tell them it was not your intention to upset them.

- don't take their anger personally.
- apologize if you believe you should (e.g. 'I'm sorry if I came across as intrusive').
- suggest that you take a short break ('How about we pause for a bit?').
- provide them with some reassurance that it is 'okay to be angry'. Let them know that you're still there to support them.

What if the person insists there's nothing wrong?

If you still feel concerned despite being reassured there is nothing wrong, trust your intuition. If you don't feel the person is okay despite their saying otherwise, you may well be right. It is difficult for people who experience trauma to access help and to trust that it is safe to do so. The trauma-informed response is to ask a second time and to indicate your availability and willingness to listen.

What if a person tells me they are experiencing family violence?

Although your conversation will not instantaneously change their situation, compassionately listening to what they say provides a major form of support.

Good listening, without distraction or interruption, can validate a person's experience. We often undervalue listening because it is sometimes wrongly viewed as the opposite of action. Perhaps we should reverse the familiar advice of 'don't just stand there – do something!' to 'don't just do something – stand there (and listen)!'

Often clients do not want advice. They may simply want to be heard. It is important to focus on the person, on what they are telling you, and to listen carefully. It is also important not to jump to any conclusion or action other than to provide a supportive and validating presence.

What if I fear my client is returning to an unsafe situation?

You need to distinguish between your general concern for the client's safety and any immediate risk. In situations of immediate risk, you need to act urgently to address any safety concerns as needed.

Any reference to trauma can unsettle a person. Do not assume that the person is fine to return to business as usual even if it seems there was no real concern or if they appear to be fine. In this case, simply asking 'are you okay?' may be all that is necessary.

If, however, the person is returning to an untenable living space (either one they have told you about or one you suspect) you should make a referral to a trustworthy referral partner.

What if the person tells me about their trauma but wants me to promise that I won't tell anyone?

If you are the first person they have told, they may panic that their secret is out. They may feel high anxiety after disclosing their trauma, even if they are also glad and relieved that someone knows. Research confirms that a person's responses to their own disclosure can be mixed.

It is generally unwise to agree not to tell anyone else. But you need to take care in communicating this to the person (who may regard it as a betrayal). Care also needs to be taken when conveying to appropriate others the information you are given. In some cases, there may be dire repercussions of disclosure, and fears of the secret being out may be realistic.

Have a gentle conversation around the need for trustworthy supports, which enlists the person's preferences around who and what these should be.

What if I cannot cope with what the person is telling me?

If you begin to feel overwhelmed and cannot cope with what a client discusses with you, it is okay to refer them to someone who can help.

You are not providing a counseling session. You can provide a comforting response and then make a referral. Some examples of responses are below:

'I'm so sorry this has happened/is happening to you. It appears you need a place where you can discuss your experiences in more depth.

The safest place to do that would be with an experienced counselor or therapist. Can I help you find someone who you could talk to?'

You do not need to be perfect or have all the answers to begin discussing trauma with your workforce development clients. Utilizing a trauma screening tool is a good way to initiate a conversation about trauma and begin helping clients heal so they can succeed in the workforce. **See below** for example trauma screening questions.

Trauma Screening Questions That Can Integrated into The Client Intake Process **After An Initial Trusting Relationship Has Been Developed.**

More screening resources available in the Blue Knot Foundation's 2018 extensive guide titled, [Talking about Trauma: Guide to Conversations and Screening for Health and Other Service Providers](#).

GENERAL PHYSICAL AND EMOTIONAL WELL BEING

1. How would you describe your overall physical health?

Good _____ Ok _____ Poor _____ Additional Comments _____

2. How would you describe your overall emotional health?

Good _____ Ok _____ Poor _____ Additional Comments _____

3. Have you had any experiences which may have affected your health?

Yes _____ Maybe _____ No _____ Unsure _____ Additional Comments _____

4. Have you had any particularly painful experiences in your life? (i.e. that took you time to recover from or you may not be fully recovered from)

Yes _____ Maybe _____ No _____ Unsure _____ Additional Comments _____

5. Do you have ways of helping yourself feel better when you're upset?

Yes _____ Somewhat _____ No _____

If yes, do they work 'in the moment' but sometimes cause problems for you later on?

Yes _____ Maybe _____ No _____ Unsure _____ Additional Comments _____

6. Do you think people who know you can tell if you're upset?

Yes _____ Maybe _____ No _____ Unsure _____ Additional Comments _____

7. Was there someone you could go to if you were upset when you were a child?

Yes _____ No _____ Additional Comments _____

8. Is there someone you can speak to now if you're upset?

Yes _____ No _____ Additional Comments _____

If yes, do you have general, regular contact with this person when you are not upset?

Yes _____ No _____ Additional Comments _____

9. Do you experience, or have you ever experienced depression?

Yes _____ Maybe _____ No _____ Unsure _____ Additional Comments _____

10. Do you experience, or have you ever experienced anxiety?

Yes _____ Maybe _____ No _____ Unsure _____ Additional Comments _____

11. Do you often feel spaced out, shut down, or unreal?

Yes _____ Maybe _____ No _____ Unsure _____ Additional Comments _____

12. Have you ever had a problem with alcohol or drugs of any kind? (i.e. include prescription medication as well as non-prescription drugs)

Yes _____ Maybe _____ No _____ Unsure _____ Additional Comments _____

CURRENT ATTITUDES AND BEHAVIORS

13. Which of the following statements best describes your views about sharing problems and asking for support?

- (a) ___ The support of others is vital and I have no problem either asking for support or offering it
- (b) ___ I find it easier to offer support than to ask for it
- (c) ___ I need and ask for support more often than I am able to give it
- (d) ___ I tend not to ask for support and I'm ok with that
- (e) ___ I tend not to ask for support and wish I found it easier to do so
- (f) ___ Seeking support seems like a weakness to me

14. Which of the following statements best describes your view of yourself?

- (a) ___ Generally stable with the normal ‘ups and downs’
- (b) ___ Generally stable but sometimes reactive when stressed
- (c) ___ Fairly stable but very reactive when stressed
- (d) ___ My moods seem to shift a lot for no obvious reason
- (e) ___ I don’t have a stable view of myself

ADVERSE EXPERIENCES AND VERY STRESSFUL LIFE EVENTS

Below are 15 questions that you can ask your clients about adverse events they may have experienced. Begin with the “CLIENT Q” question and if appropriate, follow up by asking the “STAFF FOLLOW-UP.”

Client Q:	1. Do you feel unsafe in your current neighborhood? No _____ Yes _____ What the neighborhood you live in growing up? No _____ Yes _____
Staff Follow-Up	Please share more about your experience, if you are willing to share more.
Client Q:	2. Did you or do you currently have any challenges with depression, anxiety or other mental illnesses? No _____ Yes _____ What about your parents/caregivers growing up? No _____ Yes _____
Staff Follow-Up	Please share more about the situation, if you are willing to share more.
Client Q:	3. Did you or do you currently have any challenges with alcohol or drugs? No _____ Yes _____ What about your parents/caregivers growing up? No _____ Yes _____
Staff Follow-Up	Please share more about the situation, if you are willing to share more.

Client Q:	4. Have you ever felt that you were treated badly or unfairly due to your race or ethnicity? No _____ Yes _____
Staff Follow-Up	Please share more about the incident(s), if you are willing to share more.
Client Q:	5. Have you ever had a life-threatening illness and/or were in a life-threatening accident? ? No _____ Yes _____ If yes, how old were you? _____
Staff Follow-Up	Please share more about the illness, if you are willing to share more.
Client Q:	6. Was physical force or a weapon ever used against you in a robbery or mugging? No _____ Yes _____ If yes, how old were you? _____
Staff Follow-Up	Please share more about the incident(s), if you are willing to share more.
Client Q:	7. Are there times when you currently have to cut the size of meals or skip meals because there is not enough money in the budget for food? No ___ Yes _____ What about while you were growing up? No ___ Yes _____
Staff Follow-Up	Please share more about the situation, if you are willing to share more.

Client Q:	8. Have you ever been in foster care or without the care of your parents while growing up? No _____ Yes _____
Staff Follow-Up	Please share more about your experience, if you are willing to share more.
Client Q:	9. Has a parent, romantic partner, or family member repeatedly ridiculed you, put you down, ignored you, or told you were no good? No _____ Yes _____
Staff Follow-Up	Please share more about the incident(s), if you are willing to share more.
Client Q:	10. Has an immediate family member, romantic partner, or close friend died because of accident, homicide, or suicide? No _____ Yes _____ If yes, how old were you? _____
Staff Follow-Up	Please share more about the incident(s), if you are willing to share more.
Client Q:	11. When you were a child, did a parent, caregiver or other person ever slap you repeatedly, beat you, or otherwise attack or harm you? No _____ Yes _____
Staff Follow-Up	Please share more about the incident(s), if you are willing to share more.

Client Q:	12. As an adult, have you ever been kicked, beaten, slapped around or otherwise physically harmed by a romantic partner, date, family member, stranger, or someone else? No _____ Yes _____
Staff Follow-Up	Please share more about the incident(s), if you are willing to share more.
Client Q:	13. Have you ever been present when another person was killed? Seriously injured? Sexually or physically assaulted? No _____ Yes _____ If yes, how old were you? _____
Staff Follow-Up	Please share more about the incident(s), if you are willing to share more.
Client Q:	14. Has anyone (parent, family member, romantic partner, stranger, or someone else) ever sexually assaulted you? No _____ Yes _____ If yes, how old were you? _____
Staff Follow-Up	Please share more about the incident(s), if you are willing to share more.
Client Q:	15. Have you ever been in other situation(s) where you were seriously injured, or your life was in danger, or it was extremely frightening or horrifying (e.g., involved in military combat or living in a war zone)? No _____ Yes _____ If yes, how old were you? _____
Staff Follow-Up	Please share more about the incident(s), if you are willing to share more.

Adapted from the [Expanded ACES Questionnaire](#) and the [Stressful Life Events Screening Questionnaire](#).