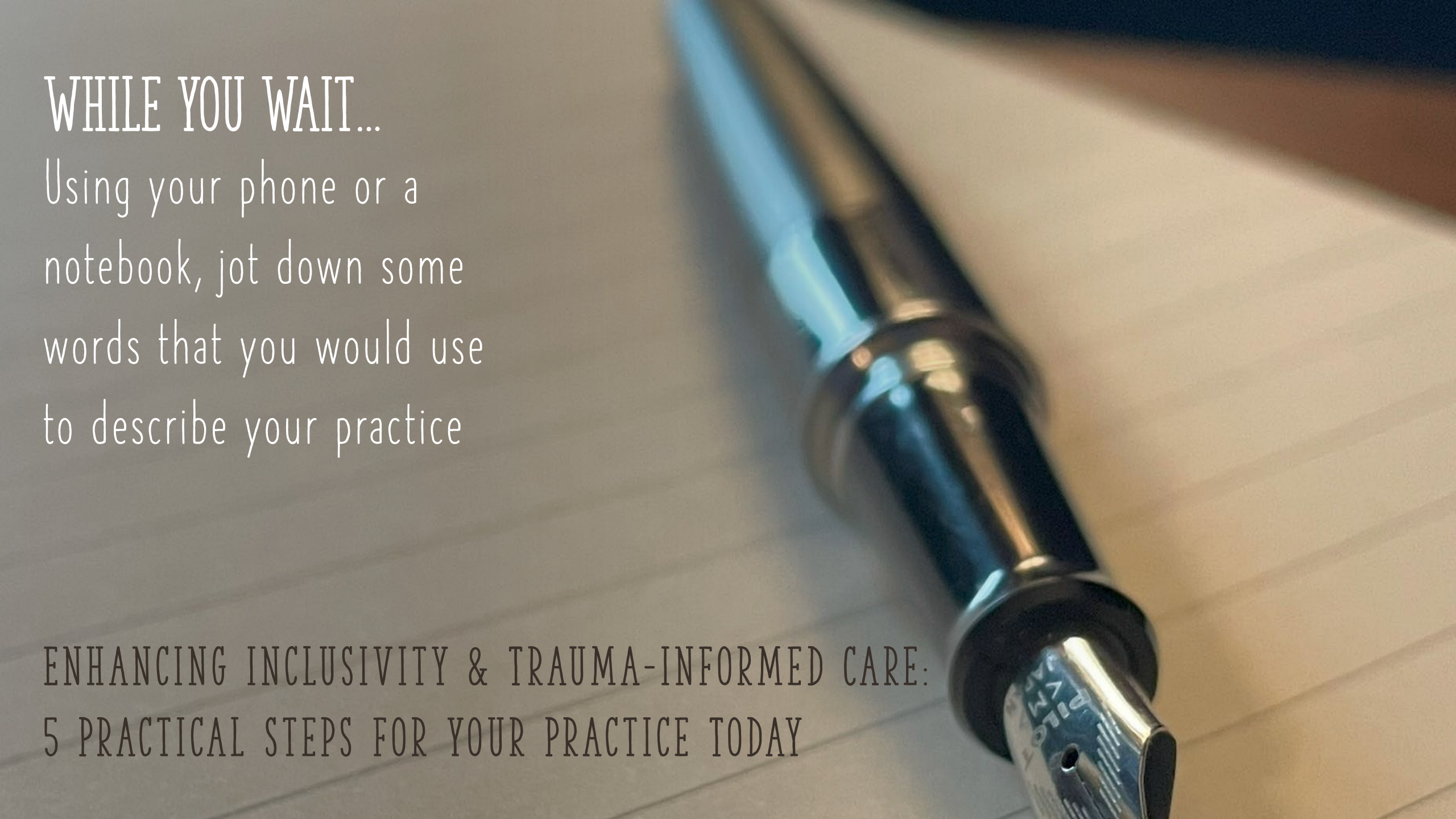

WHILE YOU WAIT...

Using your phone or a notebook, jot down some words that you would use to describe your practice

ENHANCING INCLUSIVITY & TRAUMA-INFORMED CARE:
5 PRACTICAL STEPS FOR YOUR PRACTICE TODAY

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Stacy A. Pinto, PhD, LPCC, NCC

Jillian M. Blueford, PhD, LPC, NCC, CT, FT

2025 American Counseling Association Annual Conference & Expo

OFFER SUPPORT: ZEBRA YOUTH

SAIGE

Society for Sexual, Affectional, Intersex, and Gender Expansive Identities

ABOUT US

Stacy A. Pinto, PhD, NCC, LPCC, CSC

She/They

Clinical Associate Professor,

University of Denver

Clinician & Consultant,

Alpenglow Counseling & Consultation

ABOUT US

Jillian M. Blueford, PhD, NCC, LPC, CT, FT

She/Her

Clinical Associate Professor,

University of Denver

Clinician & Consultant,

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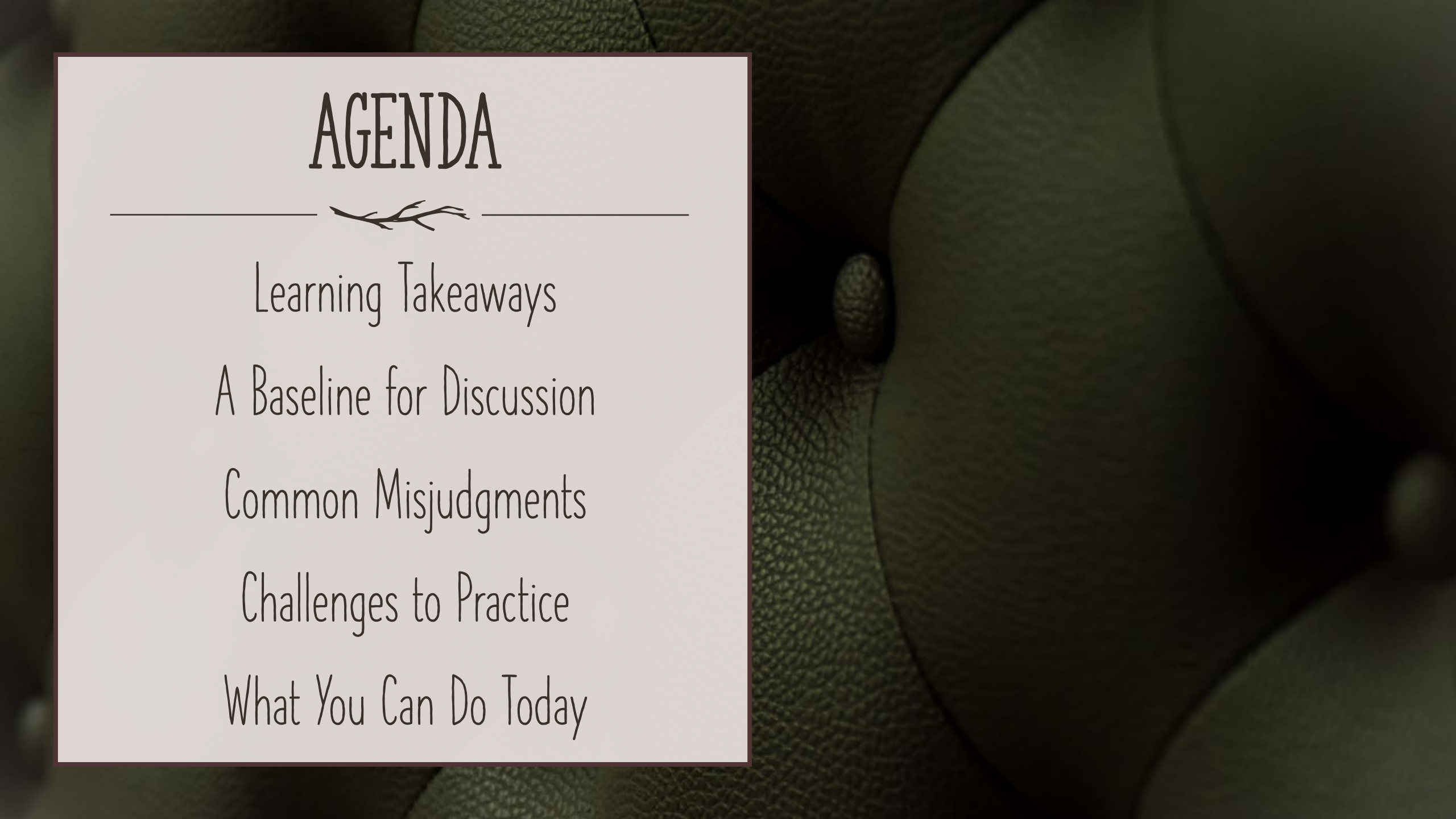
ABOUT YOU



AGENDA

Learning Takeaways

A Baseline for Discussion

Common Misjudgments

Challenges to Practice

What You Can Do Today

LEARNING TAKEAWAYS

1. Identify common missteps related to delivering inclusive, trauma-informed counseling services.
2. Discuss challenges of delivering inclusive, trauma-informed counseling services.
3. Articulate actionable steps that can be immediately implemented toward building your ability to deliver inclusive, trauma-informed counseling services.

A BASELINE FOR DISCUSSION

LET'S REFLECT

Time to revisit those words that you would use to describe your practice...

LET'S REFLECT

- Why do you do this work?
- What is your trauma lens?
- What assumptions are you making about your clients, related to trauma and identities?
- Are you focused on the client's need or how it is being expressed?

YOUR DEFINITION OF...

trauma?

trauma-informed?

inclusive?

TRAUMA

"Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." (SAMHSA, 2024).

Trauma-Inducing

- A setting that not only lacks safety but also is *actively* unsafe.
- Tends to be deficit-focused, centering on highlighting the problem.

Trauma-Indifferent

- A setting that does not consider trauma in policies or practices.
- Tends to compartmentalize social-emotional experiences from other areas of life.

Trauma-Informed

- A setting that incorporates some knowledge about trauma and related strategies.
- Tends to incorporate social-emotional practices with other areas of life.

Trauma-Invested

- A setting that is committed to acting on knowledge about trauma toward enhancing overall safety and incorporation of the WHOLE individual to promote success.

TRAUMA-INFORMED

(Souers & Hall, 2018)

INCLUSIVE

Approaches, such as services and language, that acknowledge and are sensitive to diversity and differences, convey respect, and promote equal opportunity.

OUR WORKING DEFINITIONS

Let's discuss differences between our definitions and yours.

COMMON MISJUDGMENTS

COMMON MISJUDGMENTS (I.E., MISSTEPS)

- "I need to gather details about my client's trauma to provide trauma-informed counseling services."
- "It's best to wait until a client shares about a traumatic experience to become trauma-informed."
- "I will not be impacted, personally or professionally, by my client's trauma."
- "All clients who carry certain identities have experienced similar trauma."
- "I can rely on westernized materials, like the DSM 5-TR, to inform my treatment plans."

(Blanch et al., 2012; Knight, 2019; Pooley, 2022)

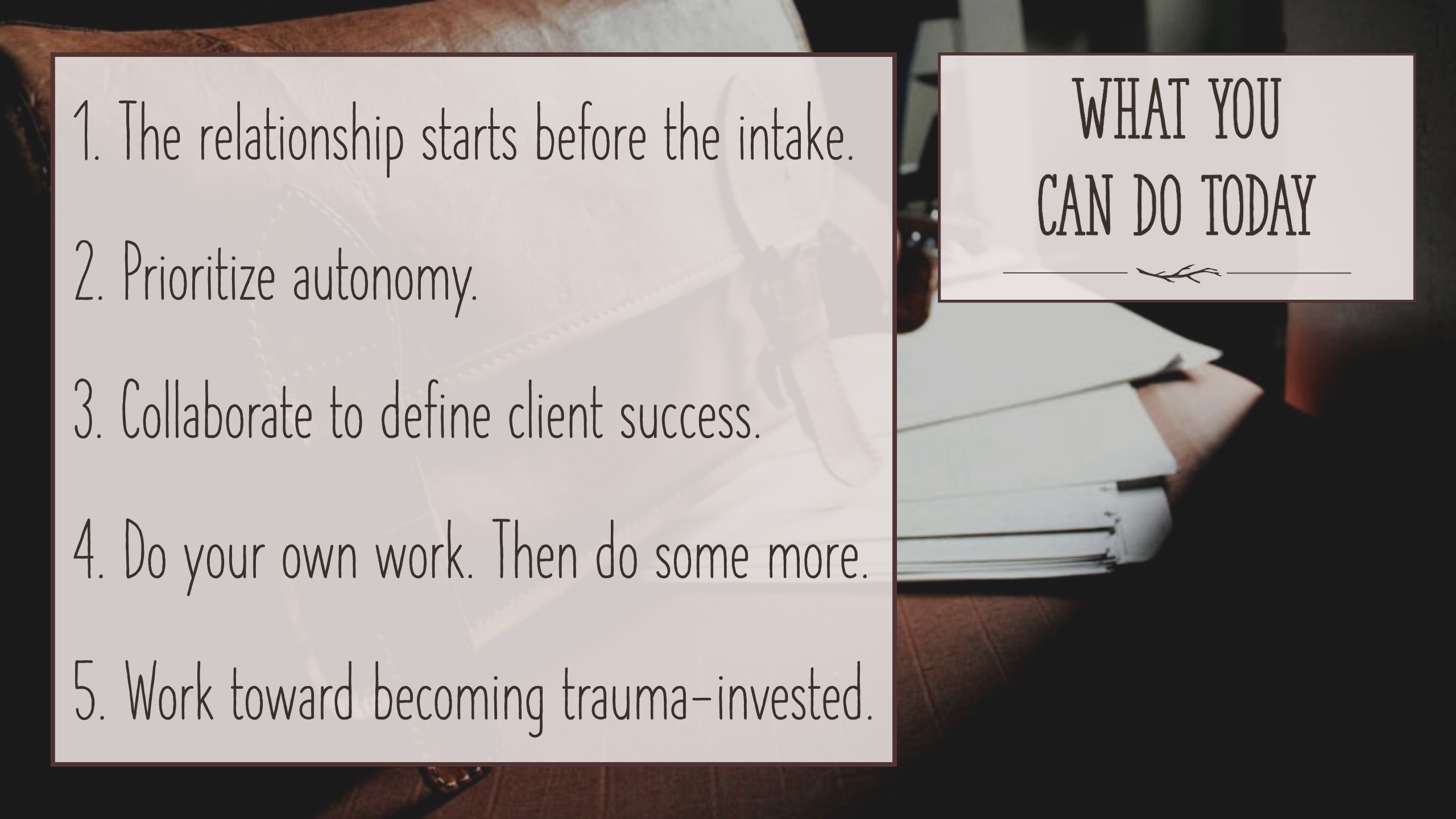
CHALLENGES TO PRACTICE

CHALLENGES TO PRACTICE

- Insurance
  - Can dictate number of sessions
  - Require a diagnosis that may not align with presenting concerns
  - Limited billing codes for trauma-informed services
- Political Climate
  - Exposure to ongoing crises makes it challenging to process trauma when the exposure is continuous
  - Legal limitations
  - Anxiety about funding, insurance coverages
  - More client need than counselors available
- Location
  - Shorter time-frame to build a strong relationship
  - Privacy may be limited
  - Lack of integrated behavioral health
  - Accessibility to services
- Limited Training
- Vicarious Trauma

(Menschner & Maul, 2016; Reeves, 2015)


WHAT YOU
CAN DO TODAY



WHAT YOU CAN DO TODAY

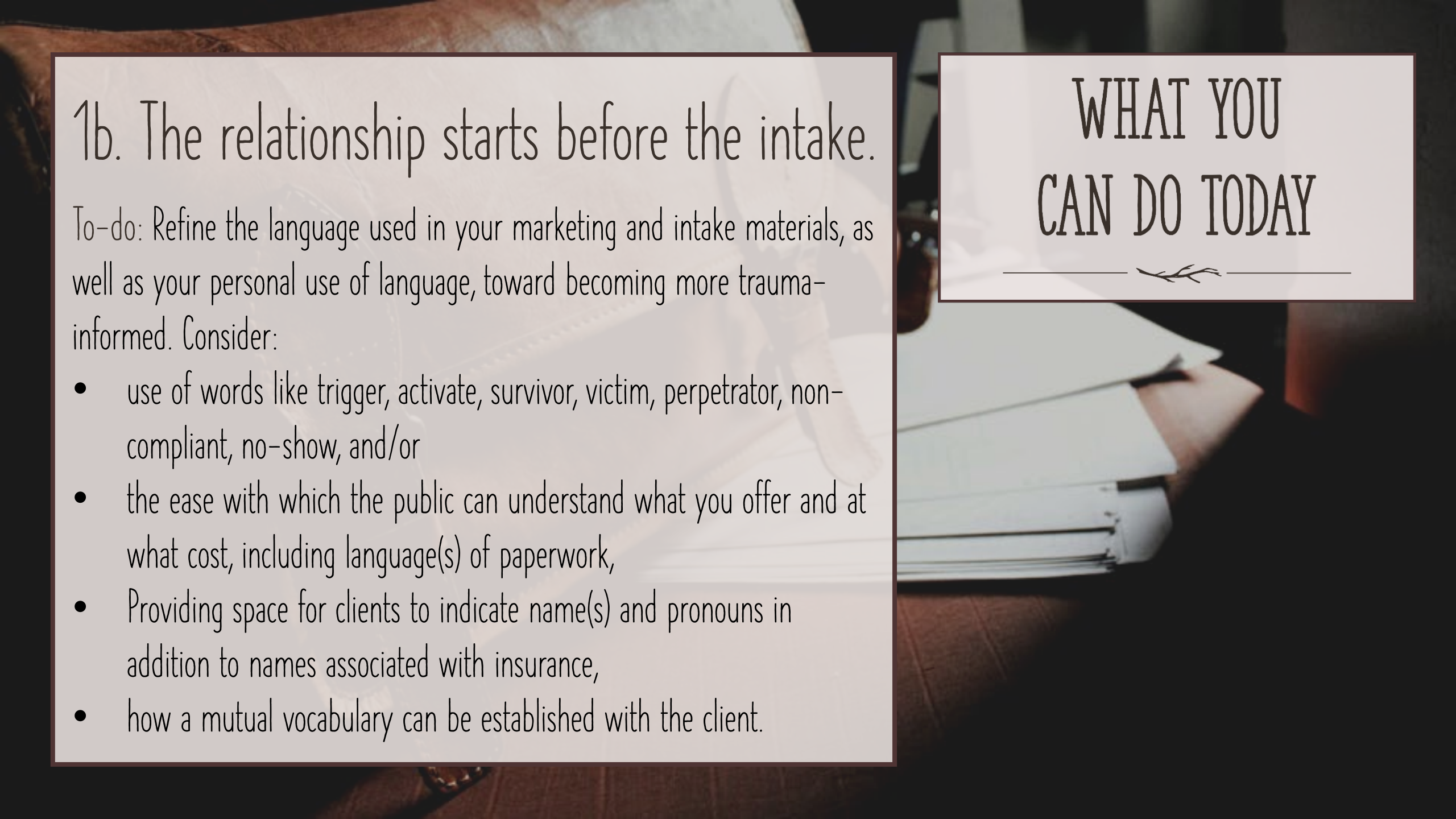
1. The relationship starts before the intake.
2. Prioritize autonomy.
3. Collaborate to define client success.
4. Do your own work. Then do some more.
5. Work toward becoming trauma-invested.

WHAT YOU CAN DO TODAY

1a. The relationship starts before the intake.

To-do: Review your marketing and intake materials to ensure the use of inclusive, trauma-informed language and demonstrate trust and transparency. Consider:

- the physical environment (e.g., parking, lighting, signage, neighbors) or virtual environment (e.g., your location, potential interruptions) and provide expectations to clients,
- what you must know during consultation calls (not the time to dive into trauma),
- what assumptions are being communicated (e.g., language, images) via your materials, and/or
- asking a colleague to review your materials and provide feedback.

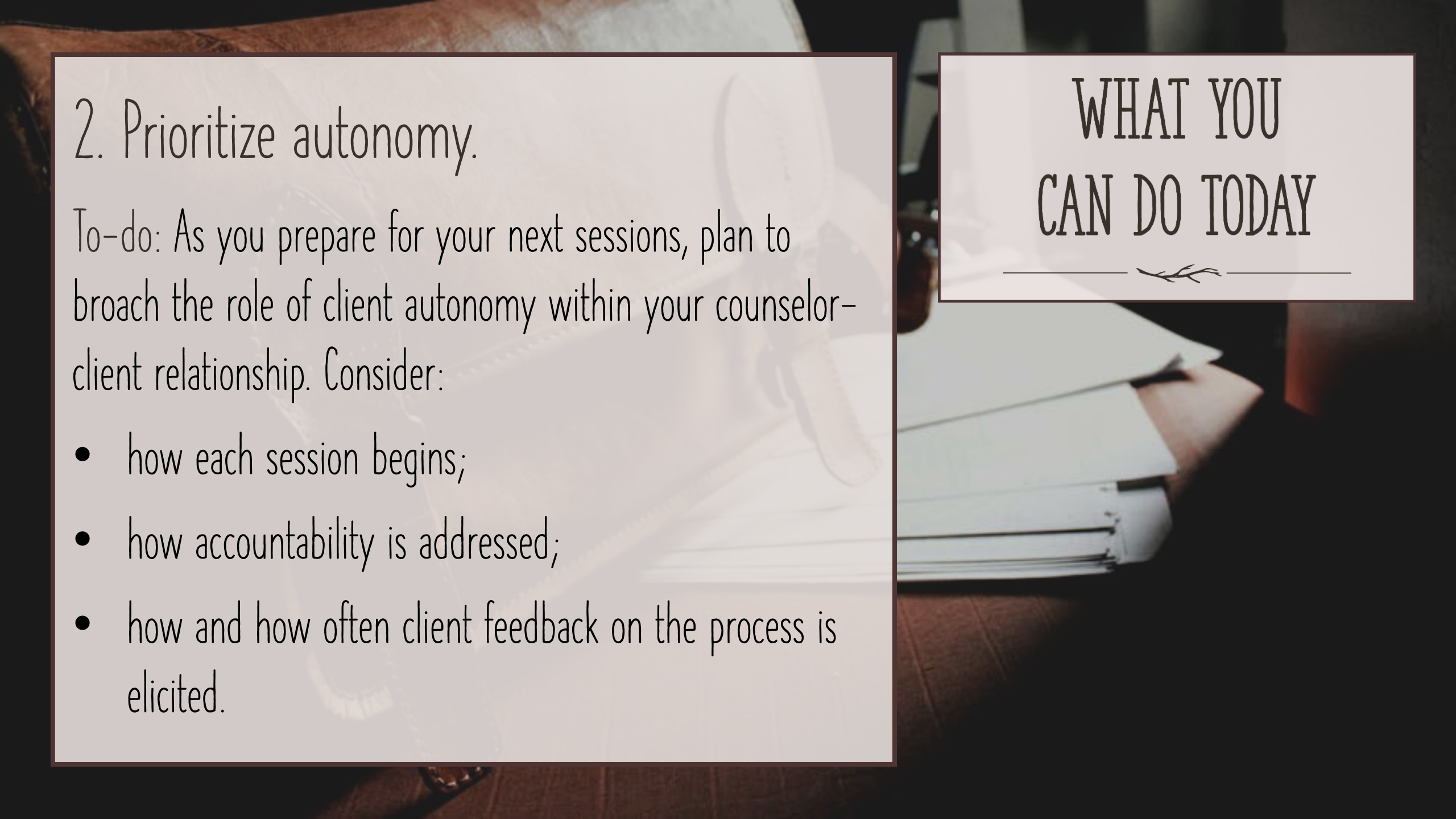


1b. The relationship starts before the intake.

To-do: Refine the language used in your marketing and intake materials, as well as your personal use of language, toward becoming more trauma-informed. Consider:

- use of words like trigger, activate, survivor, victim, perpetrator, non-compliant, no-show, and/or
- the ease with which the public can understand what you offer and at what cost, including language(s) of paperwork,
- Providing space for clients to indicate name(s) and pronouns in addition to names associated with insurance,
- how a mutual vocabulary can be established with the client.

WHAT YOU CAN DO TODAY

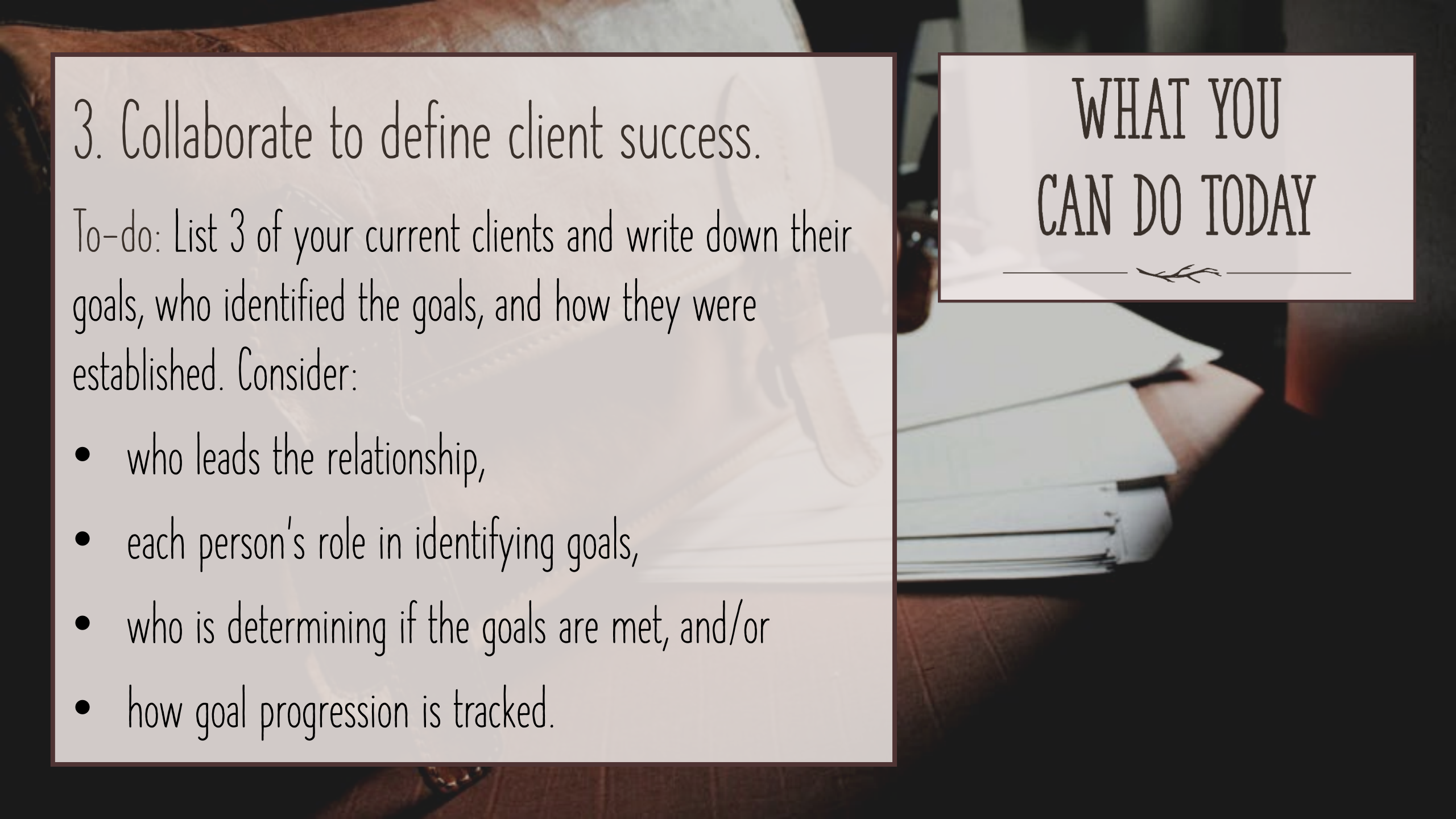


WHAT YOU CAN DO TODAY

2. Prioritize autonomy.

To-do: As you prepare for your next sessions, plan to broach the role of client autonomy within your counselor-client relationship. Consider:

- how each session begins;
- how accountability is addressed;
- how and how often client feedback on the process is elicited.

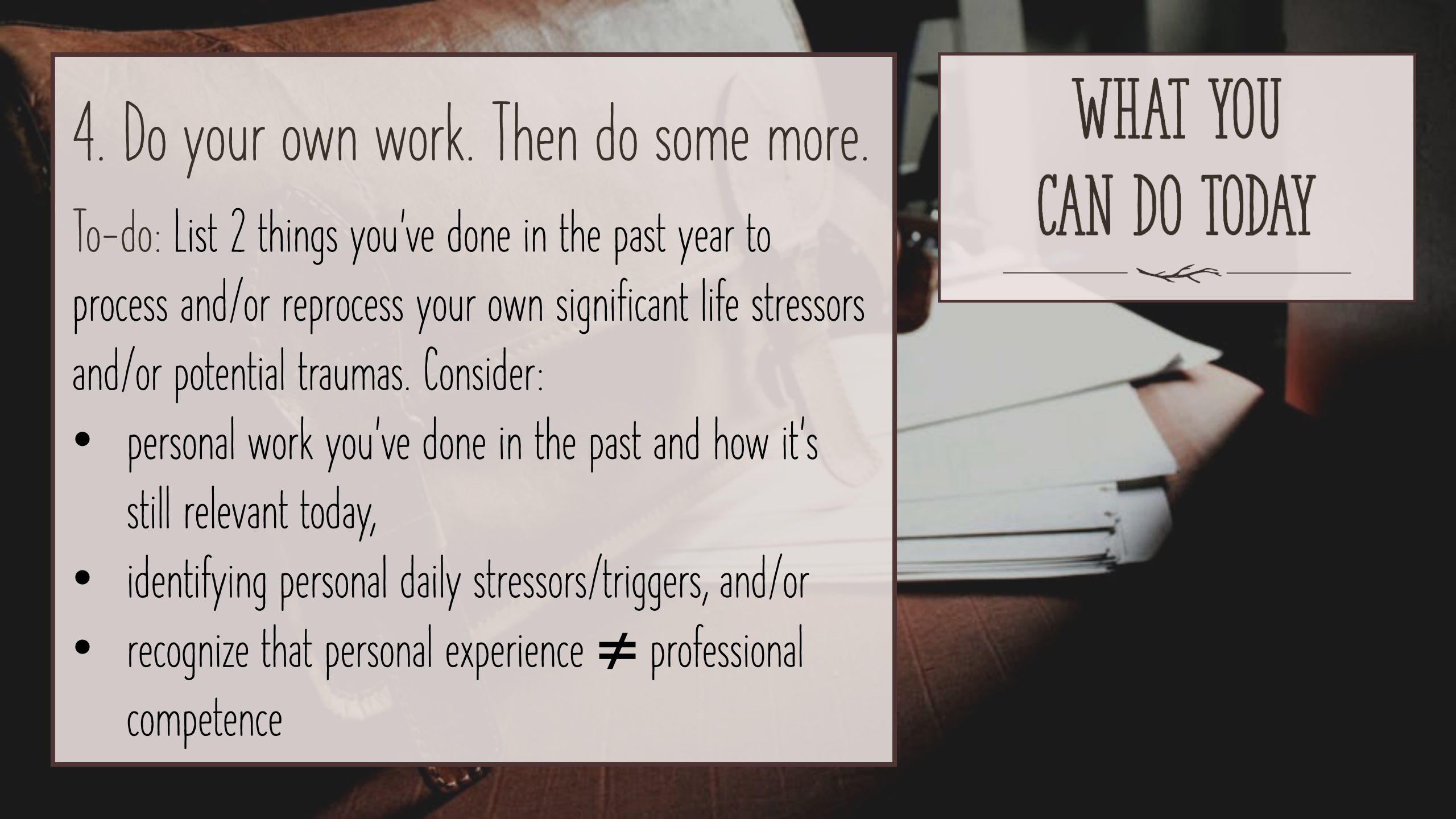


WHAT YOU CAN DO TODAY

3. Collaborate to define client success.

To-do: List 3 of your current clients and write down their goals, who identified the goals, and how they were established. Consider:

- who leads the relationship,
- each person's role in identifying goals,
- who is determining if the goals are met, and/or
- how goal progression is tracked.



WHAT YOU CAN DO TODAY

4. Do your own work. Then do some more.

To-do: List 2 things you've done in the past year to process and/or reprocess your own significant life stressors and/or potential traumas. Consider:

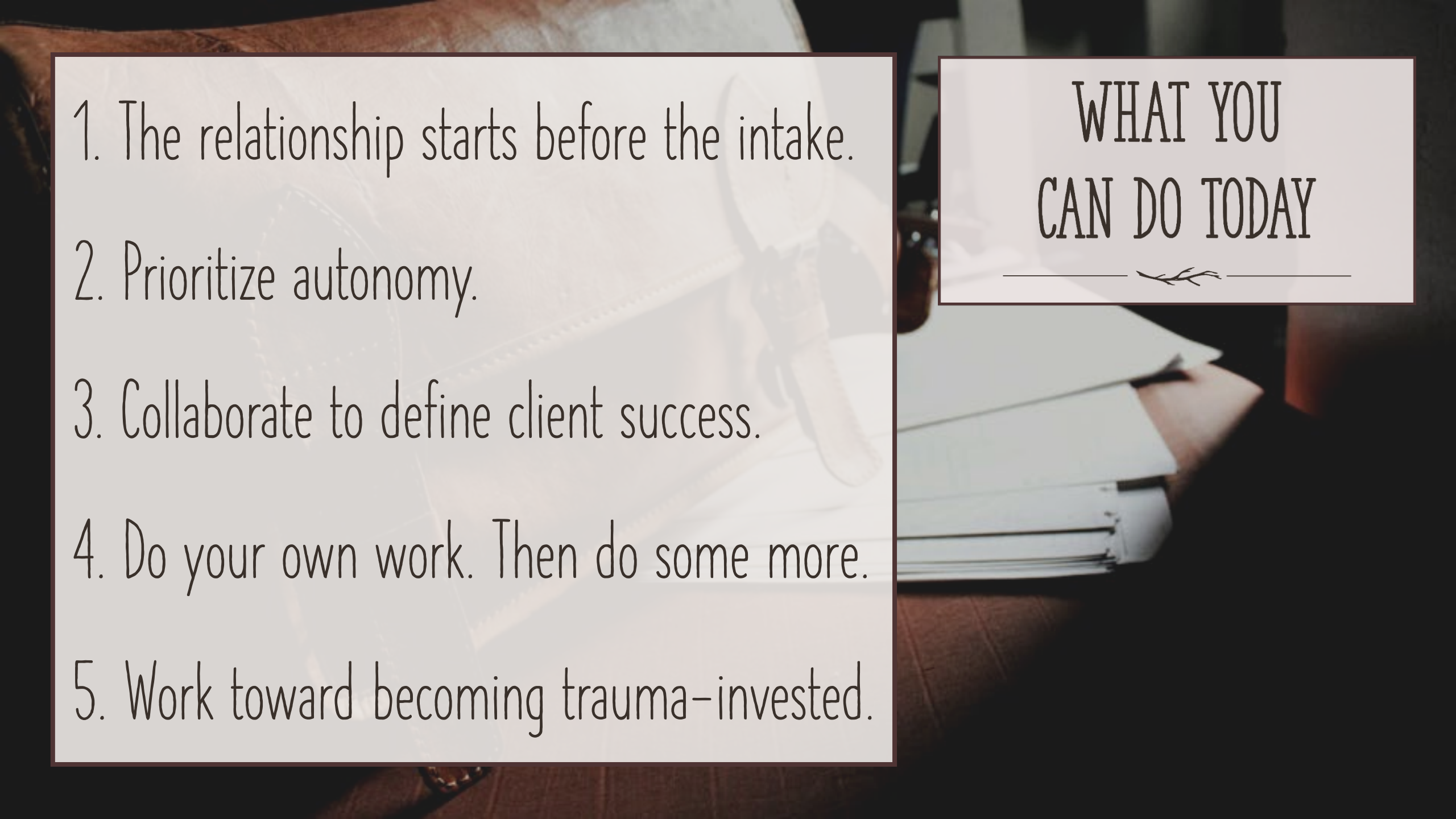
- personal work you've done in the past and how it's still relevant today,
- identifying personal daily stressors/triggers, and/or
- recognize that personal experience ≠ professional competence

WHAT YOU CAN DO TODAY

5. Work toward becoming trauma-invested.

To-do: Identify a book, a training, a conference, or a colleague that you would identify as trauma-invested and pursue it. Consider:

- what your trauma-related priority is,
- how you might identify a worth-while resource/event,
- the identity diversity of individuals facilitating your professional development, and/or
- the source of any hesitation that you may feel.



WHAT YOU CAN DO TODAY

1. The relationship starts before the intake.
2. Prioritize autonomy.
3. Collaborate to define client success.
4. Do your own work. Then do some more.
5. Work toward becoming trauma-invested.


Other ideas?


QUESTIONS?

SELECT REFERENCES (FULL REFERENCE LIST AVAILABLE UPON REQUEST)

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THANK YOU!

Stacy Pinto

Stacy.Pinto@du.edu

Jillian Blueford

Jillian.Blueford@du.edu

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