

## Talking about Trauma when conducting the CANS/ANSA/FAST

Some portions of the assessment can be more difficult to talk about than others, specifically the trauma domains. However, learning about what an individual has been through, and how it may be affecting them now, is vital to guiding how we work with an individual or family. The following includes tips and strategies for gathering this information in a safe and trauma-informed manner, which can be applied according to your own communication style.

### What Is Trauma?

A trauma is a scary, dangerous, or violent event or series of events that overwhelm the individual's ability to cope. The event may have happened to that individual directly, or the individual perceives a real possibility that it could. It is experienced as something life changing and potentially life threatening to the individual or someone close to the individual.

Even though we try hard to keep ourselves and our loved ones safe, dangerous events still happen. This danger can come from outside of the family (such as a natural disaster, car accident, school shooting, or community violence) or from within the family, such as domestic violence, physical or sexual abuse, or neglect. Often times as a result of such experiences, the nervous system keeps us prepared for when danger may reoccur, and stands guard ready to respond quickly to triggers (even when others do not perceive these triggers as dangerous). Individuals may feel unsafe, anxious, and fearful after a trauma - even many years later. Trauma reactions can include a wide array of emotional and physical symptoms, relationship problems, and efforts to numb the pain through substance abuse.

#### Why do we talk about Trauma?

##### After the Conversation:

- Make sure the information is communicated to the relevant team members.
- Make sure a referral is made when appropriate. (Just because someone has experienced trauma, doesn't mean they need therapy. If the individual still seems upset by the trauma or to have a hard time talking about it and dealing with it, s/he would benefit from a referral to a mental health professional who specializes in trauma).
- Take care of yourself. Seek supervision if you are feeling overwhelmed or affected following a trauma conversation.

#### Common Barriers to Talking about Trauma:

- Wanting to wait until you get to know the individual or build a rapport.
- Trying to get the information without having to say the words.
- Fear of getting an inconsistent story from multiple reporters.
- Fear of hurting your relationship.
- Fear of upsetting/triggering/re-traumatizing the client.

"Anything that's human is mentionable, and anything that is mentionable can be more manageable. When we can talk about our feelings, they become less overwhelming, less upsetting, and less scary. The people we trust with that important talk can help us know that we are not alone."

— Fred Rogers

# Talking About Trauma

## Setting the Tone:

- Explain your role.
- Maximize physical/emotional safety. (Make sure person is in a safe and private environment and in a state of mind where they feel safe and comfortable speaking about sensitive topics).
- Explain *why* you are asking about trauma.
- “Normalize” the conversation (“We are asking all families these questions. A lot of individuals/families have had experiences that have affected them, and often times it still hurts or bothers them”).
- Let the client know what will happen with the information they give you.
- Take your time. If you feel like it is a good use of your time, he/she is more likely to feel the same.
- Explain that there are no right or wrong answers.
- Demonstrate that it is OK to talk about difficult things/memories. Do not skim over difficult items on the assessment.
- Focus on strengths and resilience.
- Acknowledge it can be difficult to share personal information with someone you don’t know well.
- Thank them for sharing.

## Conversation Tips:

- Keep your communication honest and simple, using common language - Describe trauma using every day terms.
- Consider using the assessment as a starting place for conversation.
- Explain that you won’t need all the details and that they are able to start by saying ‘yes’ or ‘no’ and go from there.
- Start with general questions, allow them to drive the conversation – emphasize it is ok to give as much or as little information as they feel comfortable giving.
- Say that it is OK to let you know when they don’t want to say any more.
- “Have you had any of these experiences?”
- “Do any of these experiences still bother you today?” (Adjustment to Trauma/Post-Traumatic Reactions)
- Sometimes individuals lack the language to express what has happened. Simply asking the question may help with this.
- Talking to family not only about what they went through, but how they got through it (this conversation may be a good window into what strengths/resources the individual possesses).
- Normalize the individual’s reactions. When something scary or traumatic happens, it might change the way we feel, think, or act. These changes can be positive – we might get braver. But often people have difficulties after something traumatic occurs, for example, they can find it hard to support each other or meet the needs of the children.
- If someone is sharing a lot and you feel “out of your depth”, you can offer to connect with a trauma mental health specialist to explore further. (“I’m glad you are sharing this with me. Is this something you would like to talk about further with someone who specializes in talking about trauma?”)
- **Do not pressure individuals to talk about trauma if he/she is not ready. (The tool/process is not more important than the relationship).**

Sources: “Application of the CANS in Trauma Informed Service Planning” Training: Kisiel 2011; Child Welfare Trauma Training Toolkit, 2<sup>nd</sup> Edition, 2014; Hendricks, Allison, 2015; “Strategies and Innovations in using CANS – Trauma & FANS – Trauma in Practice”. Kisiel, St. Jean, Kiser, Connors, 2014; Substance Abuse and Mental Health Services Administration, [www.samhsa.gov](http://www.samhsa.gov); NCTSN.org, 2014; “Trauma-Informed Treatment Planning with the CANS: What is it, How to do it and Why it’s worth the Effort.” Fehrenbach, Kisiel, Maj, Ocampo. 2011.