

**8/19/2008**

**“Trauma-Informed Services” presented by Gabriella Grant  
Facilitation by Alicia Najera & Jerry Solomon, PhD**

**Attendees:** Art Anton, Bill Manov, Bonita Mugnani, Carol Sedar, Carol Williamson, Cecile Mills, Dane Cervine, Darrie Ganzhorn, Deborah Helms, Diane Cohan, Emily Marsh, Ginny Gómez, Guy Grant, John Wright, Linda Betts, Lorraine Cahn, Mariea Boisa, Mary Schindler, Mary Cross, Norma Paige, Susan Warrens, and William Boisa

There was a group discussion following Gabriella Grant’s presentation focusing on “outcomes”. Here are their ideas:

**Outcomes – Group 1**

1. To have alternatives to medication and physical restraint, including holistic model
2. To have better selection and training of service personnel
3. Teachers educated to recognize trauma in children
4. Providers better able to diagnose trauma
5. Create a warm line to deal with crisis prevention and acute distress intervention
6. Create a user friendly internet (local service) to help consumers find assistance
7. Create a vehicle for early detection for PTSD and depression for returning veterans
8. Providing pro bono psycho therapy services to returning veterans

**Outcomes – Group 2**

1. LESS Trauma
2. Training for DBHU staff
3. All members of the community educated on Trauma
4. Parenting classes to include Trauma
5. Services show collaboration – client oriented
6. All providers to know and understand Trauma impact
7. Educate all personnel in school settings (from admin, support staff & teachers)
8. Educate all medical personnel (to include admin, support staff, nurses, & doctors)
9. Jargon free treatment plans from DMH/Medi-Cal
10. Education for foster parents/families
11. Peers available in same age group and cultural background educated in Trauma
12. Media involvement providing ads/billboards/radio/TV regarding Trauma
13. Society (people) will know how to listen and not react

**Outcomes – Group 3**

1. Bullet proof communication
2. Use holistic model alternatives to medication
3. Much better training and selection of staff that provide services
4. Training for teachers and parents
5. Provide advocacy phone (warm line) to minimize effect of mental health trauma struggle
6. Maximize TV/Internet outreach

7. Special bracelet for those who experience PTSD
8. Creation of a peer-driven support group for people who have experienced trauma
9. Master website (user friendly/local)
10. Produce bite-sized education opportunity on Trauma for the general public – business card, TV, internet
11. Veterans – early detection
12. Assessment comes first – act as if possibility that everyone has experienced trauma
13. Everyone has experienced ageism, sexism, racism – Normalize shared experience and not pathologize it
14. Training emphasized - client seeking services is who should define the problem (client center services)
15. Focus on what the client says is the issue
16. Transform to trauma-informed services would be a huge accomplishment (all providers)
17. Not be crises driven
18. Continue services after the crises
19. Check in on people when they're doing well
20. Helpers in past trained to seek problems not strengths
21. Emphasize wellness not pathology and labels
22. Trainings by non-profits in trauma-informed services throughout community
23. Making adequate resource guides so referrals are appropriate
24. Increasing collaboration among agencies
25. Families with lived experiences used to tell their stories
26. Put prevention out there so trainers are invited to daycare, schools
27. Posters & other media in community