



NATIONAL COALITION *for* HOMELESS VETERANS

“Trauma-Informed Care for Veterans Experiencing Homelessness: Building Workforce”

Guarino, Kathleen M., Rose Clervil, and Corey A. Beach / [Full Report](#)

Quick Takeaways:

- Veterans experiencing homelessness are often dealing with associated or related trauma. Trauma-informed care is a model which is grounded in understanding trauma that seeks to avoid retraumatization.
- The key to implementing organization-wide trauma-informed care is to train the entire workforce in trauma-informed care, not merely specialists and management.
- Avoiding secondary trauma, trauma experienced by staff in the course of their duties, is vital to maintaining the health of an organization.

Study:

Trauma-informed care is a framework which focuses on the safety of both providers and clients, and seeks to avoid retraumatization through flexible, client-driven services. This can take many different forms. It is important that an organization’s staff is well-trained. This report discusses some of the issues an organization must consider when training its staff as part of implementing trauma-informed care in order to effect a change in workplace culture.

The key to building workforce capability is to provide training to *all* staff. Administrators and support staff often have as much or more contact with traumatized clients than clinicians and managers, and should understand how trauma and trauma-informed care should inform their actions. Organizing this training can take various forms, from organization-wide training, which ensures that the entire organization has the same understanding, to smaller groups and team meetings, which allow for more personalized and specialized training. A one-off training will not suffice; ongoing training, supervision, and constant review of procedures and actions are necessary to ensuring that all staff in an organization understand and correctly use trauma-informed care.

Providers who serve traumatized clients can often develop trauma of their own due to the difficulty of their work. This can lead to burnout in the short-term and disillusionment in the long-term. For the health of both the individual providers and the organization, it is incumbent that an organization and its managers recognize secondary trauma, provide guidance and counseling to providers, and encourage supportive self-care such as taking breaks and using vacation time.

Conclusion:

While many providers and organizations fear that trauma-informed care is too difficult and costly to implement, the long-term benefits of trauma-informed care extend to both staff and clients. Clients can receive more meaningful services, while staff are provided with more support and training in dealing with a client population, such as homeless veterans, who often deal with trauma. Implementing trauma-informed care requires staff-wide training and regular follow-up.

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