This sounds pretty clinical; how can you expect all staff to perform clinical interventions? While the understanding of how trauma impacts individuals is at the root of many clinical methodologies, you need not be a clinician to understand how to provide compassion, understanding, and support. Over time, role protection, ethics, liability concerns, and personal preference has widened the gap between clinical professionals and organization personnel who spend hours with youth and families on a daily basis. TIC operates from a foundational perspective that it takes everyone to make a difference because Professional youth care workers, middle managers, case managers, and other personnel are not ex-pected to provide clinical interventions, create treatment plans or assess for diagnosis. However, if these personnel are not trained to spot warning signs, respond therapeutically to potential conflicts, and inter-vene in helpful versus harmful ways, everyone's job is much more difficult.

Not everyone has experienced trauma. How does operating from a Trauma Informed Care per-spective impact others? A common misconception is that TIC assumes that all youth and families receiving services have been victims of some form of trauma. You know the reality. Many of our youth and families have significant neglect, abuse, and violence in their histories. However, the benefit of understanding trauma is to know that an individual approach is needed to assess, plan, and respond to need. If your organization is as-sessing for trauma, it helps prepare youth staff for moving forward with case planning. If a youth or fam-ily does not identify traumatic events as a contributing factor to services, there are still numerous bene-fits to receiving services in an organization that is sensitive to all aspects of the impact of biology, experi-ence, and the environment on the way we see the world.

Not all staff will "buy in" to Trauma Informed Care. What do we do? You are 100% right. With any programmatic or organizational change, there will be those both for and against it. Change is a challenge in the best of circumstances and many staff, especially those who have operated in the same roles for many years, may say, "If it isn't broke, don't fix it." The issue with this per-spective is that youth and families today are different from 10, 20, or 30 years ago. We know more now and we have more research to support what we know and how we should intervene in the lives of oth-ers. Thirty years ago, there was not a widespread need to test for HIV. Now, universal precautions and awareness of pathogens is a mandatory part of every training model. Leaders in your organization must come together and agree that meeting the specialized needs of youth and families is why your organiza-tion exists and is the foundation of your organization's mission. Each day, we learn more about how to provide services in new, evidence-based ways. We also know that generational differences among staff will impact how behavior is perceived and interventions are planned. Addressing these differences, in conjunction with sharing new information, is the best way for building consensus in the team.