



**AFFORDABLE HOMES &
COMMUNITIESSM**

Trauma 101: Awareness & Response

Presented By:

Stefanie Bass: Assistant Director
of Resident Service; Social
Services

Welcome!

Introduction

- Safe Space
- Trauma Defined
- Forms of Trauma
- Equity vs. Equality
- Trauma Symptoms

Break

- Trauma Sensitive Strategies
- Building Resiliency
- Techniques for Challenging Behaviors (short video)
- Intervention Techniques

Breakout Groups

- Resources
- Putting it All Together and Takeaways



**AFFORDABLE HOMES &
COMMUNITIESSM**

Taking Care of Ourselves

It's okay to ask for help!
1-800-273-TALK (8255)

The 3 E's of Trauma (SAMHSA 2014)

Experiences

Trauma refers to experiences that cause intense physical and psychological stress reactions.

Events

It can refer to a single event, multiple events, or a set of circumstances.

Effects

Experiences by an individual as physically and emotionally harmful or threatening and that has lasting adverse effect on the individual's physical, social, emotional, or spiritual well-being.

FORMS OF TRAUMA

Violence

Witness/exposure to violence

Abuse

Neglect

War Zone & Refugee Experiences

Traumatic Grief

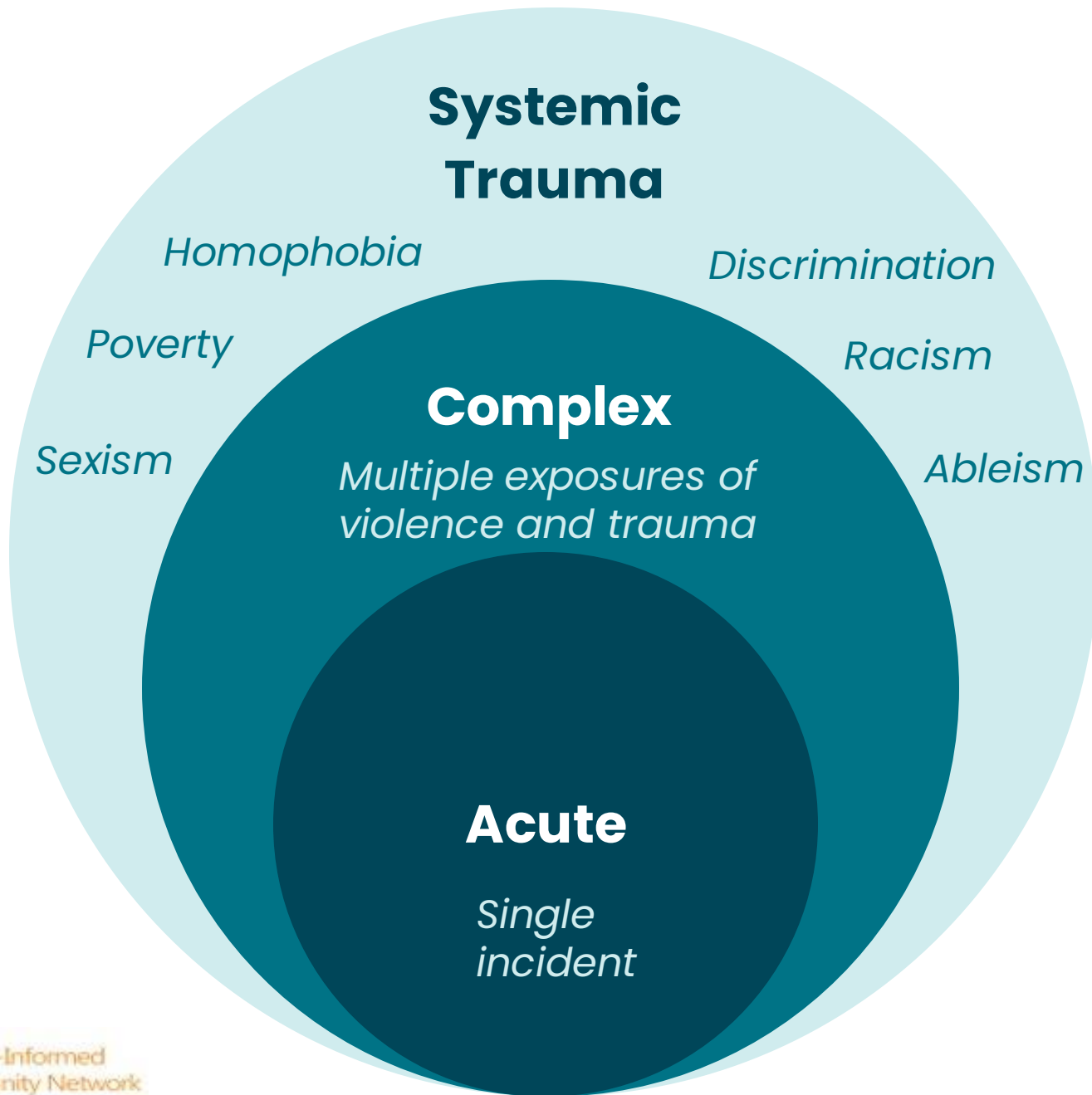
Terrorism

Immigration Experiences

Medical Trauma

Natural Disasters

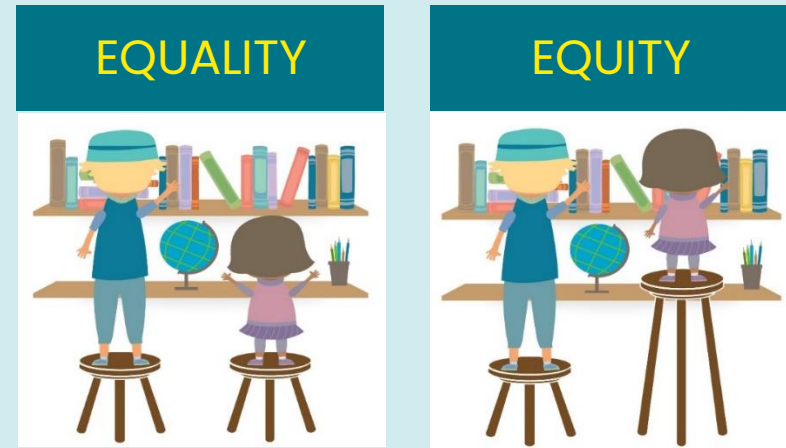
Military Experiences



EQUITY AND OPPORTUNITY STRUCTURES: Identifying and Addressing Barriers to Equitable Opportunity for All Youth and Families

Consider the access that individual youth and their families have to these critical community and environmental resources. How can we boost access or remove barriers to these opportunity structures?

- Recreation & Community Centers
- Communication/Tech/ Wifi Access and Training
- Positive Guidance/Community Support System
- Early Childhood Education
- Health, Mental Health, and Substance Abuse Prevention/Treatment Services
- Healthy Food Access- Food Insecurity & Food Deserts
- Education
- Transportation
- Environmental
- Clean air and water, pollutant/lead-free
- Affordable Housing
- Safety
- Justice



TRAUMA SYMPTOMS

Reactions to trauma can be short term or long term, and can include:

Emotional: Identification, Expression, Regulation [overwhelmed]

Physical: Physiological response [Survival Mode—Freeze, Fight, or Flight (can't sit still)]; Somatic complaints [stomach aches] /

Relational or Social: Attachment, ability to connect, trust, friendships

Spiritual: Hopeless

Behavioral: Hyper, aggressive, impulsive (risk taking, "defiant," or acting out behavior), withdrawn ("compliant")

Cognitive: Brain development, memory loss, confusion, inability to concentrate

Self-Concept: Sense of self, self-worth, self-esteem

THE ADVERSE CHILDHOOD EXPERIENCE (ACE) STUDY

WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:

BEHAVIOR				
Lack of physical activity	Smoking	Alcoholism	Drug use	Missed work
PHYSICAL & MENTAL HEALTH				
Severe obesity	Diabetes	Depression	Suicide attempts	STDs
Heart disease	Cancer	Stroke	COPD	Broken bones

Relationship between early childhood trauma and health and well-being problems later in life.

Source: World Health Organization



ACEs = Adverse Childhood Experiences

WHAT DOES IT MEAN TO BE TRAUMA-INFORMED?

A program, organization, or system that is trauma-informed:

Realizes the widespread impact of trauma and understands potential paths for recovery;

Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;

Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and

Seeks to actively resist re-traumatization

A trauma-informed approach can be implemented in any type of service setting or organization.

A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting or sector specific:

- Safety.
- Trustworthiness and transparency.
- Peer support.
- Collaboration and mutuality.
- Empowerment, voice, and choice.
- Cultural, historical, and gender.

Break time



TRAUMA SENSITIVE STRATEGIES FOR DIRECT SERVICE PROVIDERS

1. Make eye contact (as culturally appropriate) and be genuine.
2. Provide reminders/follow up.
3. Don't take it personally.
4. Take breaks.
5. Practice cultural competence/promote racial and social equity.
6. Empower and provide choice whenever possible.

Being resilient meant feeling:

- Safe.
- Capable.
- Lovable.

Experiencing and overcoming adversity builds resiliency in survivors. It is important to recognize that people who experience trauma can come out stronger and more resilient than they otherwise might have been.

What people who have experienced trauma need in order to recover:

- A sense of safety.
- Information and healthy coping skills.
- Hope and optimism.
- A sense of connection/supportive relationships.

PREVENTING CHALLENGING BEHAVIORS

Offer choices whenever you can. Avoiding power struggles is KEY!

Focus on PROBLEM SOLVING over punishment. Help children and youth come up with ways to control their own behavior.

Be aware of your own physical presence, tone of voice, volume, body language, etc. Generally avoid physical touch, and work hard to maintain an even tone of voice and neutral body language.

Have a game plan for how you can offer children and youth a safe place to calm down if they need it.

If appropriate for your setting, devote program time to teaching children and youth skills to identify and manage their emotions. Kids need to learn coping skills to manage situations that become overwhelming. Follow the links on this site for lots of ideas <http://www.pbisworld.com/tier-1/teach-coping-skills/>.

PREVENTING CHALLENGING BEHAVIORS

Focus on building positive and caring relationships with children and youth.

Remember that ALL youth have strengths and assets that can be built upon through relationships with caring adults like YOU. To learn more about RESILIENCE and what you can do to help build it, check out: <http://www.search-institute.org/content/40-developmental-assets-adolescents-ages-12-18>

Make sure that your setting is one where children and youth feel physically and psychologically SAFE.

Create predictable structure, and stick to it. Routines are VERY helpful.

Make transitions to new activities or spaces calm and predictable.

Use Positive Behavior Intervention and Supports (PBIS) as your default. Praise publicly, redirect privately! www.pbis.org

WHEN CHALLENGING BEHAVIOR STRIKES!

Be mindful of your physical presence and tone of voice, as you may be triggered by aggressive, disrespectful, or otherwise challenging behavior. The person you are interacting with needs YOU to remain calm.

Use active and reflective listening. Don't interrupt.

Think about what might ACTUALLY be happening to trigger the behavior. Ask questions about what is going on in a compassionate manner.

Validate their thoughts and feelings and offer them choices. This will help the person regain control. They can remove themselves from the situation or otherwise manage the unacceptable behavior. Calmly request that they choose from one of several workable options.

Offer food or water or suggest some basic relaxation techniques like deep breathing to help bring them back to the moment.

Avoid judgment and offer advice and reassurance sparingly. Focus on providing choices so that the person can feel empowered to help THEMSELVES.

Remember that their behavior is not driven by logic. They are in flight, fight, or freeze mode, and survival responses are taking over. Try some de-escalation techniques to help them manage their aggression and calm down.

Nine De-escalation Skills for Dealing with Patrons

[Calming & De-escalation
Strategies \(youtube.com\)](#)

Validate and Normalize

- “It makes sense that you are feeling this way.”
- “Help me understand how you feel.”
- “Let’s talk about ways I can help you if you are ready.”
- “I’m sorry that happened. This is not your fault.”
- “I care about you. How can I help?”
- “I am here for you when you are ready for help.”

Provide an environment where people can talk safely about their experiences and be reassured that their reactions are normal.

INTERVENTION TECHNIQUES: DEVELOPING A SENSE OF CONNECTION & SUPPORTIVE RELATIONSHIPS

Factors that can increase resilience include:

- Focus on strengths.
- For youth: a strong relationship with at least one competent, caring adult.
- For everyone: feeling connected to others & a strong support system.

Know your role

Talk with supervisor if you are unsure how to respond.

Know when to refer.

If someone experiences symptoms that significantly impair their ability to function over a period of several months, referral to a mental health professional experienced in trauma treatment is recommended.



Breakout Groups



Putting it all into practice!

Scenario 1

A student that you work closely with has started to miss meetings and is very on edge and distracted when they do show up. They eventually disclose that their parent is going through cancer treatments. How would you respond using a trauma-informed lens?

Scenario 2

At a busy community event, a student is visibly upset and shares with you that they are currently experiencing domestic violence at home. How do you respond using a trauma-informed lens?

Scenario 3

You are at home, and the mail carrier (MC) is approaching your house. Your dog accidentally gets out and starts barking at the MC. The MC jumps back and starts screaming at you once you step outside to get your dog. They throw the mail on the ground and walk away. How could you interpret this situation using a trauma-informed lens?



**AFFORDABLE HOMES &
COMMUNITIESSM**

Resources for Service Providers

Virginia

- Arlington Violence Intervention – Doorways Crisis Line – 703-237-0881
- Arlington Emergency Mental Health Services (24/7) – 703-228-5160
- Arlington DHS Aging & Disability Services – 703-228-1700
- Arlington DHS Child and Family Services – 703-228-1500
- Alexandria City DHS 703-746-5700
- Alexandria City Crisis Line 703-746-3401
- Fairfax Domestic and Sexual Violence (24/7) 703-360-7273
- Fairfax Emergency Mental Health (24/7) 703-573-5679



**AFFORDABLE HOMES &
COMMUNITIESSM**

Resources for Service Providers

Maryland

- Sexual Assault & Domestic Violence Intervention Hotline for Baltimore – 410-828-6390
- Baltimore Emergency Mental Health Services (24/7) – 410-433-5175
- Baltimore Crisis Response – 410-433-5175
- Baltimore DHS Adult Protective Services – 410-361-5000
- Baltimore DHS Child and Family Services – 410-361-2235

RESOURCES- HOTLINES



National Suicide Prevention Lifeline

- 1-800-273-TALK (8255)
- suicidepreventionlifeline.org

Crisis line 24-hour Service Hotline

- 703-527-4077 or text "CONNECT" to 85511
- prsinc.org/crisislink/services/

Virginia Statewide Abuse and Neglect Hotline

- Adults – 888-832-3858
- Children – 800-552-7096



**AFFORDABLE HOMES &
COMMUNITIESSM**

**Takeaways
+ Questions?**



THANK YOU 😊

Stefanie Bass

*Assistant Director, Resident
Services; Social Services*
stefanie.bass@ahcinc.org



**AFFORDABLE HOMES &
COMMUNITIESSM**

AHCinc.org