



HOMELESS &
HOUSING
RESOURCE
CENTER

Taking a Trauma-Informed Approach with Events of Escalation

July 29th, 2021


3:00-4:30pm ET

Disclaimer

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Webinar Instructions

- All participant lines will be muted
- A recording will be available on the HHRC website
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- Questions: Please submit your questions using the Q&A feature
- Evaluation – browser will redirect following the webinar
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Learning Objectives



1. Explain how using a trauma-informed lens helps to understand agitated and escalated behaviors.
2. Describe compassionate de-escalation approaches and communication techniques.
3. Identify the impact of escalation events on staff and follow-up practices that promote self-care.
4. Explore the positive impact of incorporating persons with lived expertise in your program's crisis response plan.

Today's Presenters



Mari Aceves, ED. D, DSW, BCBA
Consultant
National Council for Mental Wellbeing

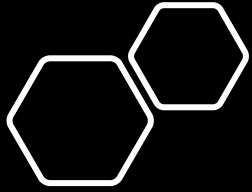
Laura Leone, DSW, MSSW, LMSW
Consultant
National Council for Mental Wellbeing

Robert "Biff" Hitchins
Certified Peer Support Specialist

Carey K. Parrott, LCSW, MAC, CCS
DSW Candidate 2024
Tulane University

Dr. Daniel Rosa
Senior Medical Director
Acacia Network





Understanding the Link Between Trauma & Housing Insecurity

- Overall, 37.2% of people experiencing housing insecurity are not sheltered.
- Most families who are experiencing homelessness are headed by single women: 37% of homeless population
 - These women experience posttraumatic stress disorder, depression, and substance use at a rate higher than the national average.
- Children: 33% of homeless population
 - Who live below the Federal Poverty Line (FPL) are 5 times more likely to experience ≥ 4 ACEs than those who live in financially stable households.
- Veterans: 10% of homeless population
 - 45% experience mental illness
 - 13% experience PTSD
 - 70% experience alcohol or other drug abuse problems

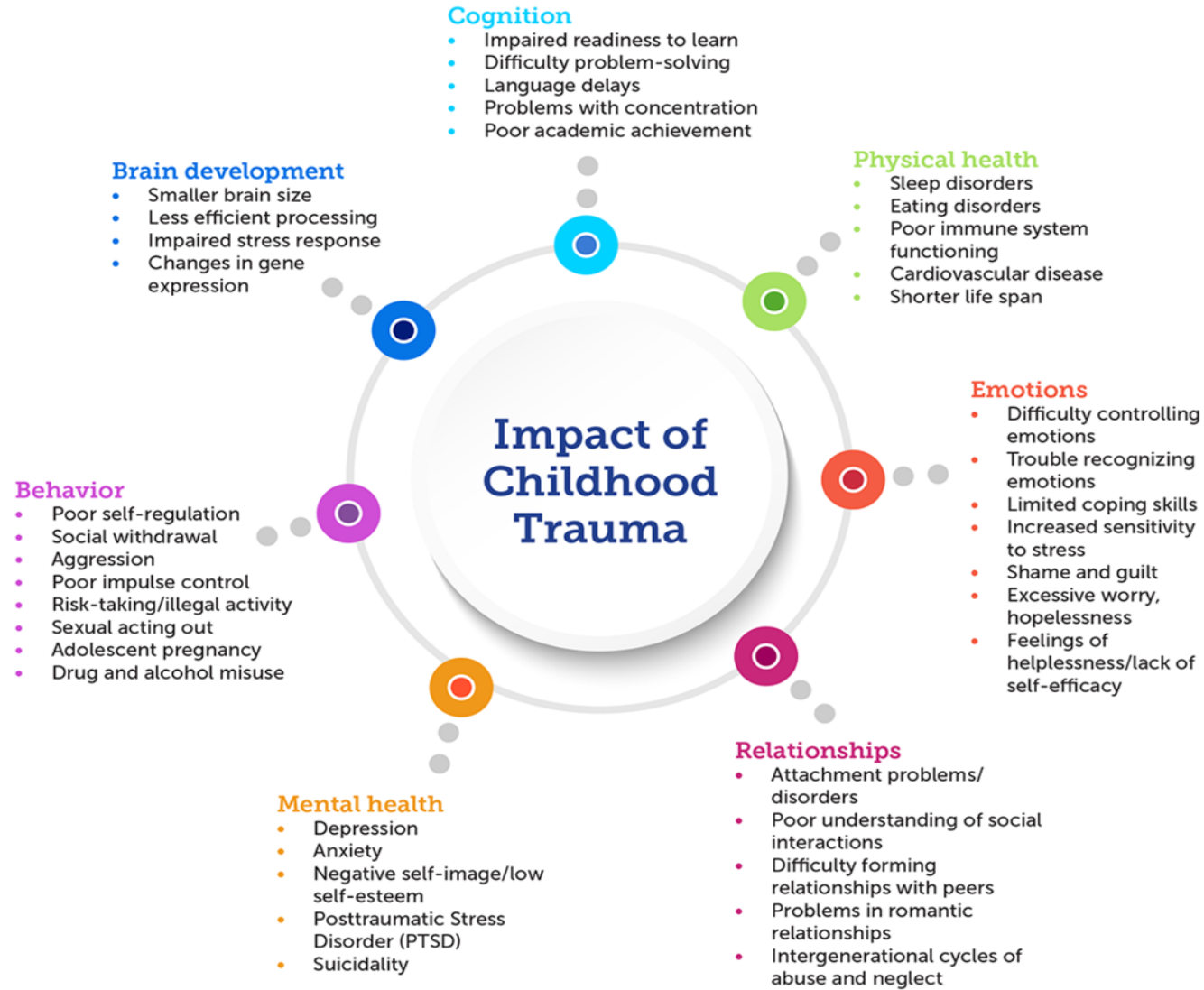


What is Trauma?

Definition by SAHMSA (2021)
includes 3 key elements:

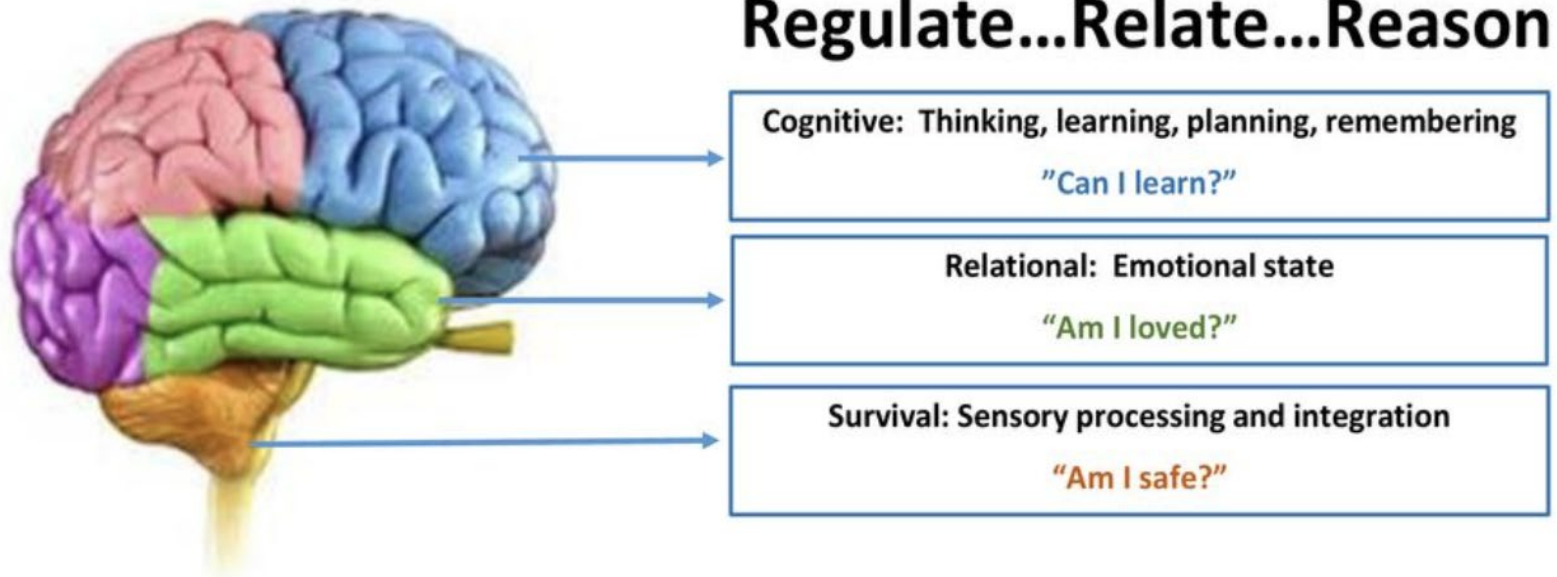
- Individual trauma results from “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”

Impact of Childhood Trauma



Trauma and the Brain

State-Dependent Brain Functioning

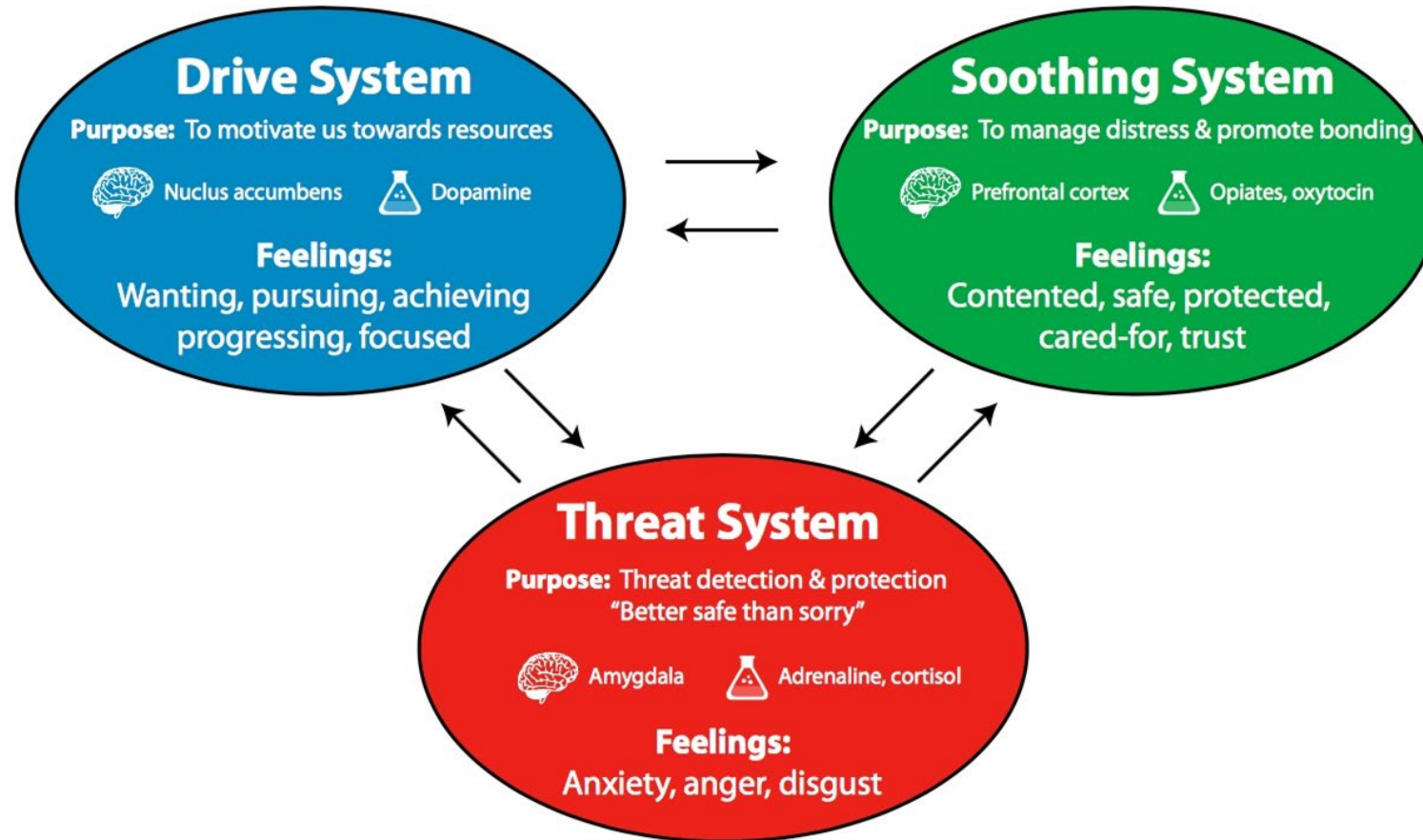


Adapted from Conscious Discipline, Trauma-Informed, Evidence-Based Programs from Dr. Becky Bailey

<https://consciousdiscipline.com/>



Emotion Regulation Systems



Gilbert P. (2015). Affiliative and prosocial motives and emotions in mental health. *Dialogues in clinical neuroscience*, 17(4), 381–389.

Trauma System

- An individual with trauma that has difficulty regulating emotional states and behaviors.
- A social environment and/or system of care that is not able to help the individual to regulate these emotional states and/or behaviors (e.g., caregivers, case managers, social workers)



Trauma Informed Care

- Uses the recognition that certain behaviors are related to traumatic experience to drive a new set of practices
- Shifts from a model that asks, “What is wrong with you?” to one that asks, “What happened to you?”
- A new question emerges: “How can we shift the environment and its practices to respond more effectively to your needs?”



Create Safe and Secure Environments for ALL

Throughout the organization, staff and the people they serve, whether children or adults, feel culturally, physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety.





Physical Safety

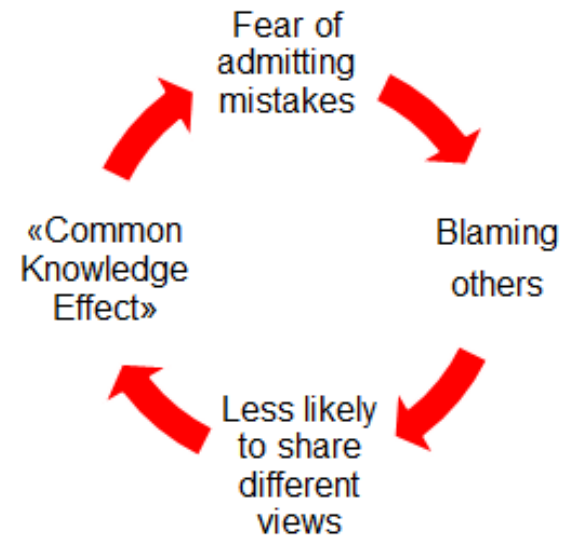


Psychological Safety

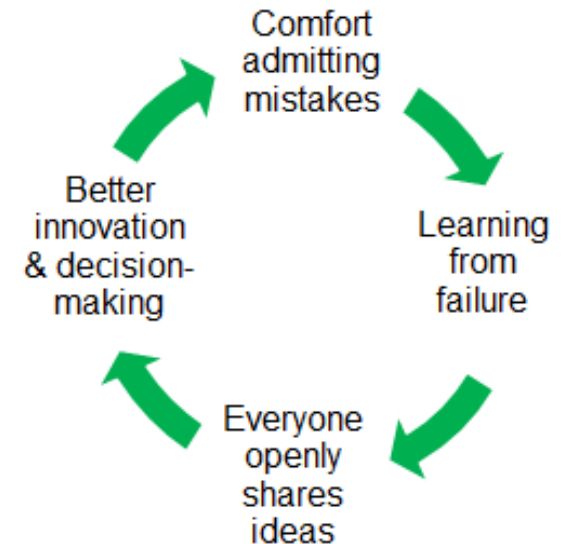
The ability to be safe within oneself, to rely on one's ability to self-protect and keep oneself out of harm's way."

If you have never felt safe or remembered safety, how will you know it when it is present?

Psychological Danger



Psychological Safety

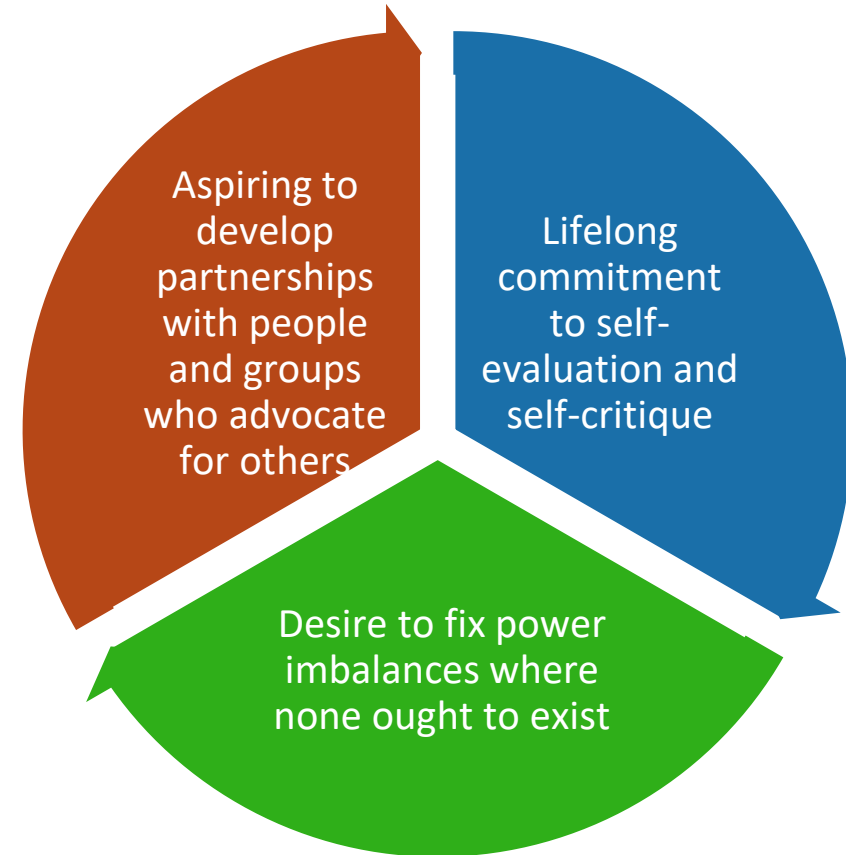


Cultural Humility

Another way to understand and develop a process-oriented approach to competency.

“the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]”

Hook et al, 2013



What is Implicit Bias & Cultural Safety?

Implicit Bias is...



Attitudes, Stereotypes, & Beliefs
that can affect how we treat others.

Implicit bias is not intentional, but it can still impact how we judge others based on factors, such as:



Race



Ability



Gender



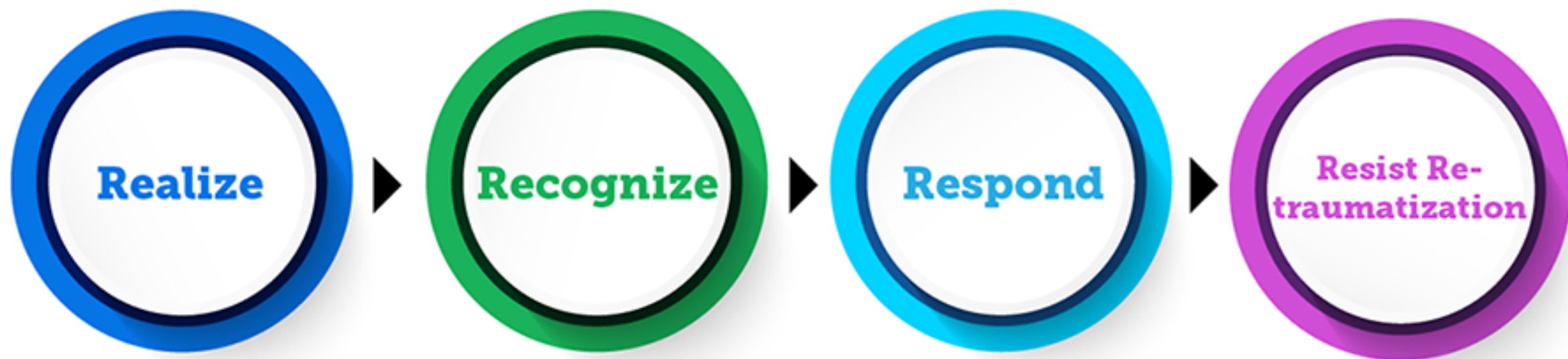
Culture



Language



The Four Rs of Trauma-Informed Care



Realize the widespread impact of trauma and understand potential paths for recovery

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

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

Resist re-traumatization of children, as well as the adults who care for them



Build Relationships

Honor voice and choice

Partner with people

Request feedback

Ensure comfort

“Keep the Human in Human Services”

-Dr. Pat Deegan



Trauma Informed Outcomes

Try not to exclude individual.

- Shape behavior by helping individual recognize the impact of their actions on themselves and others.

- Build individual's capacity to manage strong emotions.

- Invest great energy, creativity and resources up-front in order to support individual's long-term success.

- Take the long view and understand that behavior change is slow and incremental.

De-escalation Techniques

Employ	Employ purposeful & thoughtful interactions •Person first language
Focus on	Focus on relationship building •Practice self-awareness
Promote	Promote consistency & predictability
Teach	Teach proactive regulation strategies
Recognize	Recognize areas of strength
Avoid	Avoid punitive and/or exclusionary practices
Foster	Foster a safe space

Language Matters

- Vocabulary reinforces feelings and beliefs
- Helps guide behavior
- Leads to greater options for acting
- Allows us to be able to recognize resilience in self/others



What is Active Listening



- A skill, developed over time and improved with practice
- Requires listening to understand, not listening to respond
- Includes listening with all your senses, being fully present in the conversation
- Includes active exploration and interest in what the speaker is sharing with you
- Conveys your investment in the relationship with the speaker

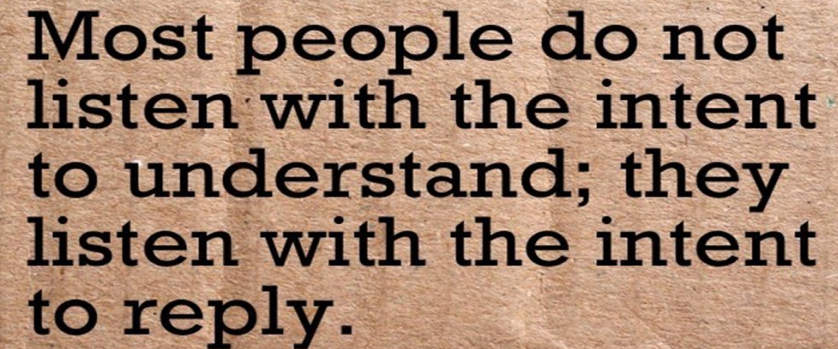


Step 1

Active Listening starts with

Reflective Listening

1. Listening to understand
2. Paraphrasing what was heard
3. Verifying what you think you heard



Most people do not listen with the intent to understand; they listen with the intent to reply.

Words: Stephen R. Covey / Image: Marc Wathieu



Step 2

Now that we've heard, we need to respond with **Active Listening**

1. Responding to what we heard
2. Not sharing your opinion if it wasn't asked for
3. Not answering questions that weren't asked

Only respond to what you heard the speaker say







Ineffective Ways to Manage Escalation

⇒ Avoid

⇒ Minimize

⇒ Combat

Responding to Escalated Behavior



Stay Calm



Manage your own response



Identify a purpose to interactions



Avoid physical confrontation



Set safety limits

Debriefing Escalation Events



Why Debrief
Escalation Events



Who Should Debrief



Methods of
Debriefing



Creating and Sustaining a Culture of Compassionate Resilience



The ABCs of Self Care

Awareness

- Of your own experiences
- Of your thoughts and feelings
- Of resources and support

Balance

- Professional Boundaries
- Work, play, rest
- Types of work

Connection

- To yourself
- To others
- To a bigger perspective – the bigger picture



The Lived Experience Perspective

Thoughts and experiences on escalation and de-escalation by:

Biff Hitchins

Carey Parrott

Dr. Daniel Rosa



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ADVANCED TRAUMA LIFE SUPPORT (ATLS)

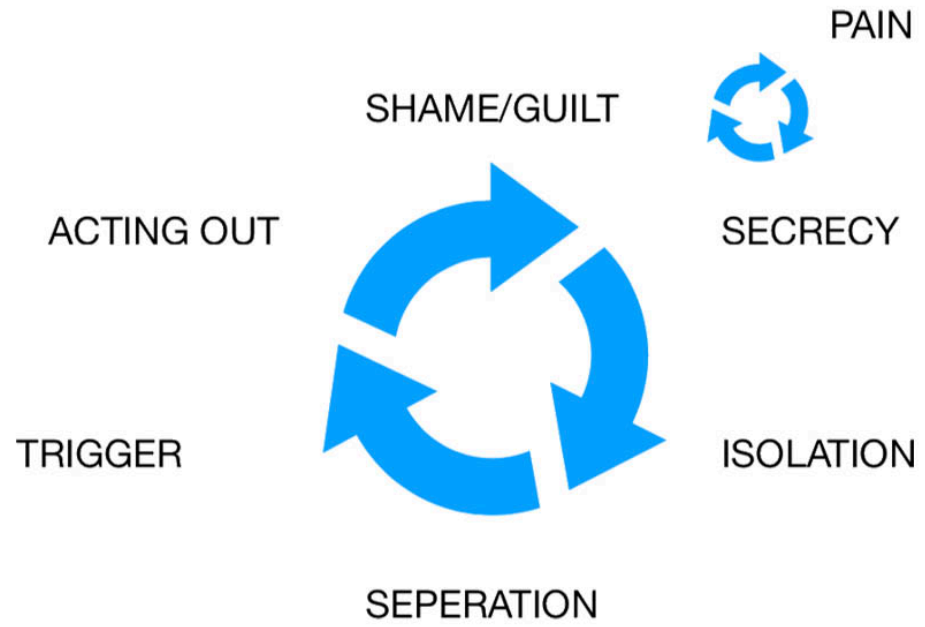


AN OVERVIEW

De-Escalation +



De-Escalation +



De-Escalation +



De-
Escalation
+

De-Escalation +



Chino Rosa died at 17 years of age from a knife wound during altercation (picture courtesy of the New Yorker Magazine 1972)

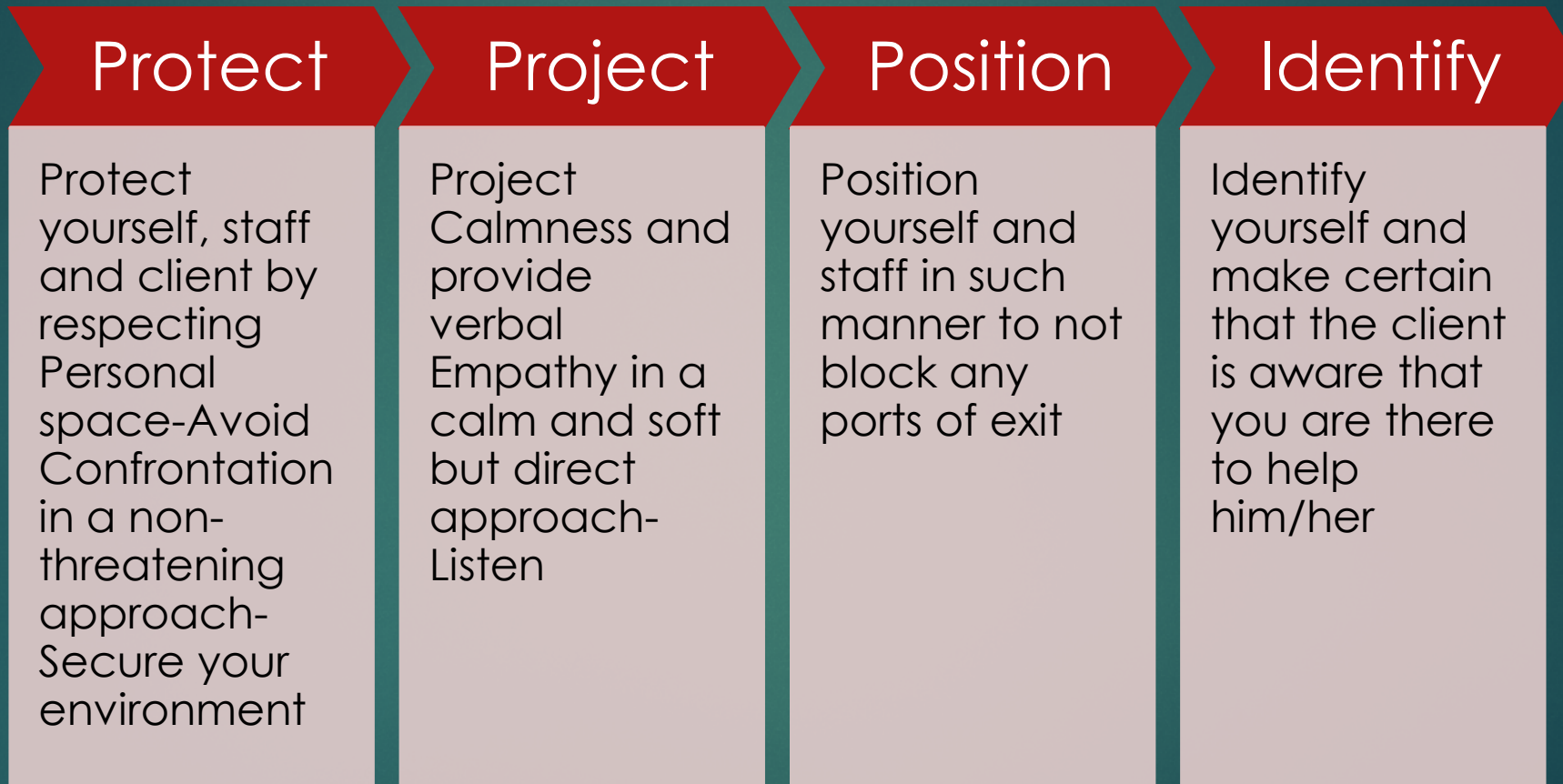


De-Escalation +



De-Escalation +

De-Escalation +



(Over 90% of Encounters will respond to these simple measures)

De- Escalation +

- ▶ Is this a medical or psychiatric emergency??
(ie: Hypoglycemia, Brain Tumor, Infection, Psychosis, etc)
- ▶ Is this Drug Related
(toxicology) ie PCP, LSD, K2, Bath Salts or Drug Withdrawal

Withdrawal Symptoms



49 year old chronically homeless male well known to ER and Hospital Staff and last hospitalized less than a month ago for Alcohol Dependency and Withdrawal brought to the ER by EMS with Confusion and Agitation.

Initially the patient did not engage as unable to re direct and clearly presented a threat to self and staff . Review of Medical Records revealed similar presentations in the recent past when patient presented in withdrawal

Patient responded to IV Ativan and vital signs:

Temp 97.5

BP 95/60

Pulse 50

RR 12

Alcohol level 285 mg/dl


Less than an hour later, the patient found unresponsive with agonal breathing pattern

Intubated

Extradural
Haematoma



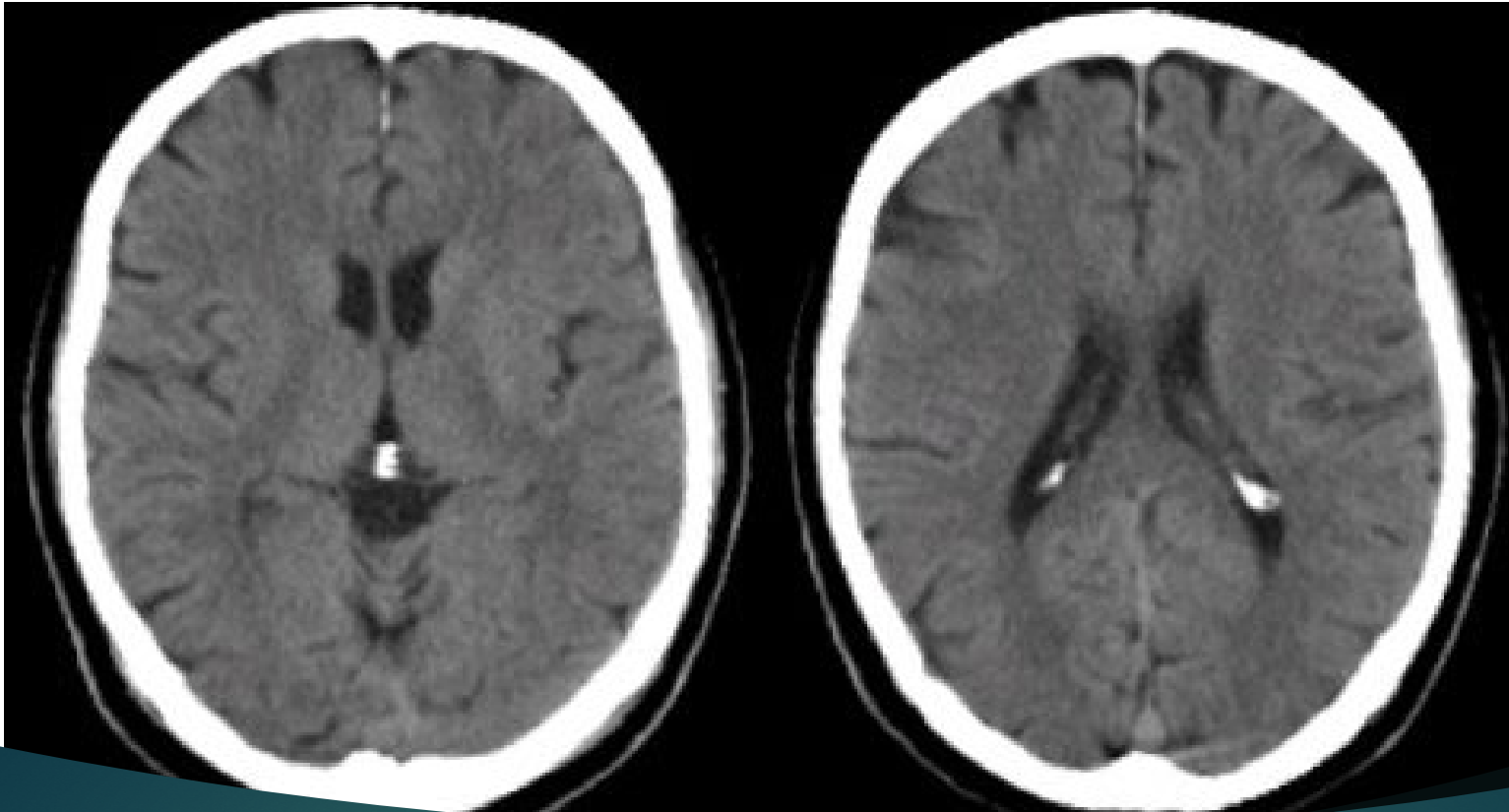
De-
Escalation
+




19 year old transiently homeless, female sex worker who currently lives in a residential setting with a known amphetamine abuse and in treatment with psychiatry for Bipolar disorder and ADHD arrives to the psychiatrist office disheveled, disoriented, with strong odor of urine. EMS alerted and transported the agitated young woman to the ER for evaluation and treatment.

Young lady is not able to provide any history and not able to assist with standard de escalation measures and quickly sedated and sent for imaging

Vital Signs are stable



De-Escalation +



CT scan of the head was grossly normal and upon arrival back to the ER about 15 minutes later, the patient had a witnessed unprovoked tonic-clonic seizure.

The patient was quickly paralyzed and intubated and while arrangements made for ICU transfer, critical lab results were received

Serum Sodium of 110(normal 135-145)

Urine Drug Screen only positive for Amphetamines(**Pt on prescribed D -Amphetamine**)

Patient while in the ICU was treated with Hypertonic Sodium Solutions but died 12 hours later of Pulmonary Edema and Brain Swelling



MDMA

(ECSTASY)

De-Escalation +



41 year old male brought in by police due to acting irrationally after being arrested jumping turnstile at 125th street subway station.

Patient claims police brutality and that triage personnel have been recruited by police to entrap and kill him.

After agreeing to allowing Spanish speaking nurse to complete triage the following vital signs are obtained

Temp 103.5 F

Pulse 110

BP 113/88

RR35

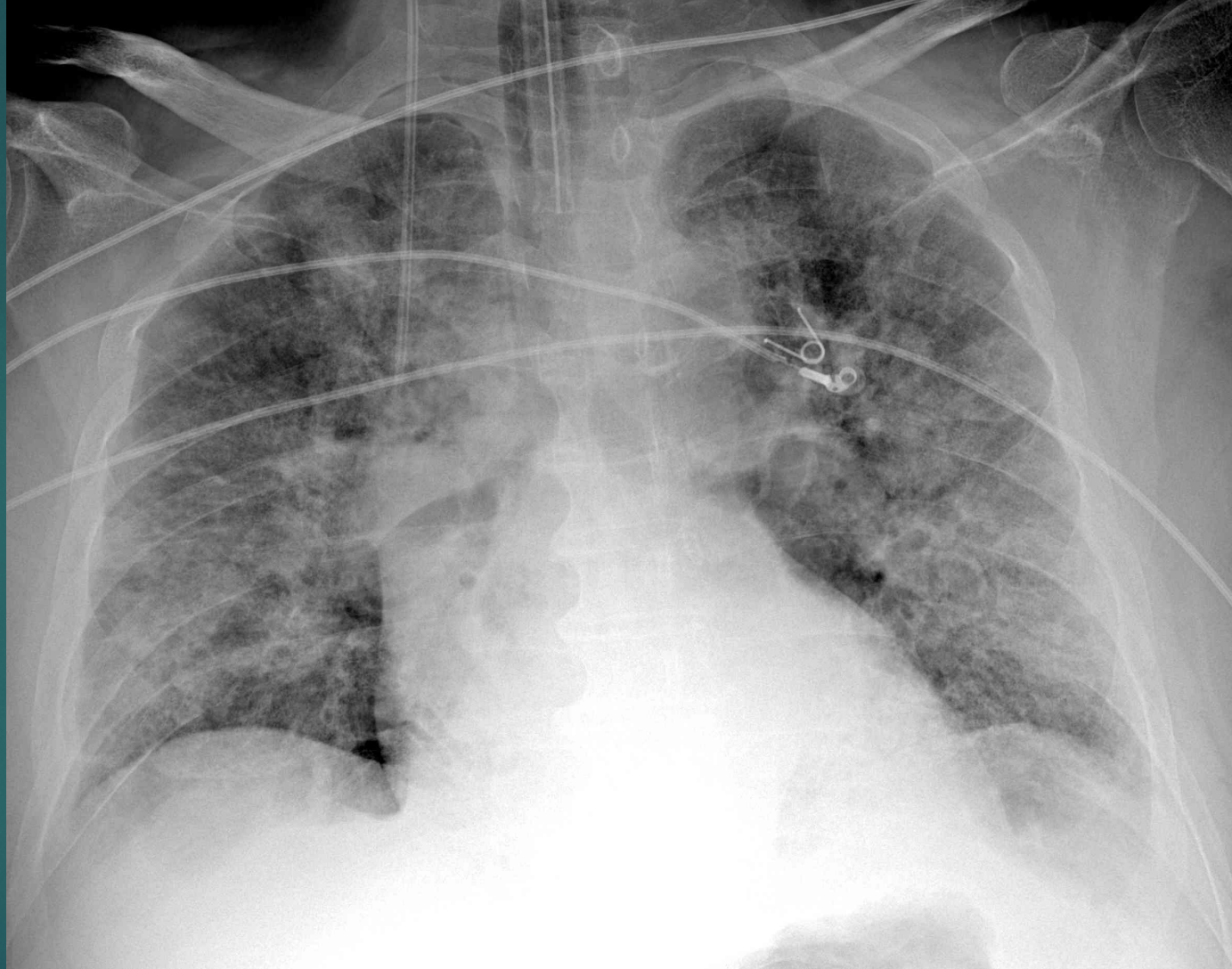
Pulse Oximetry 88%

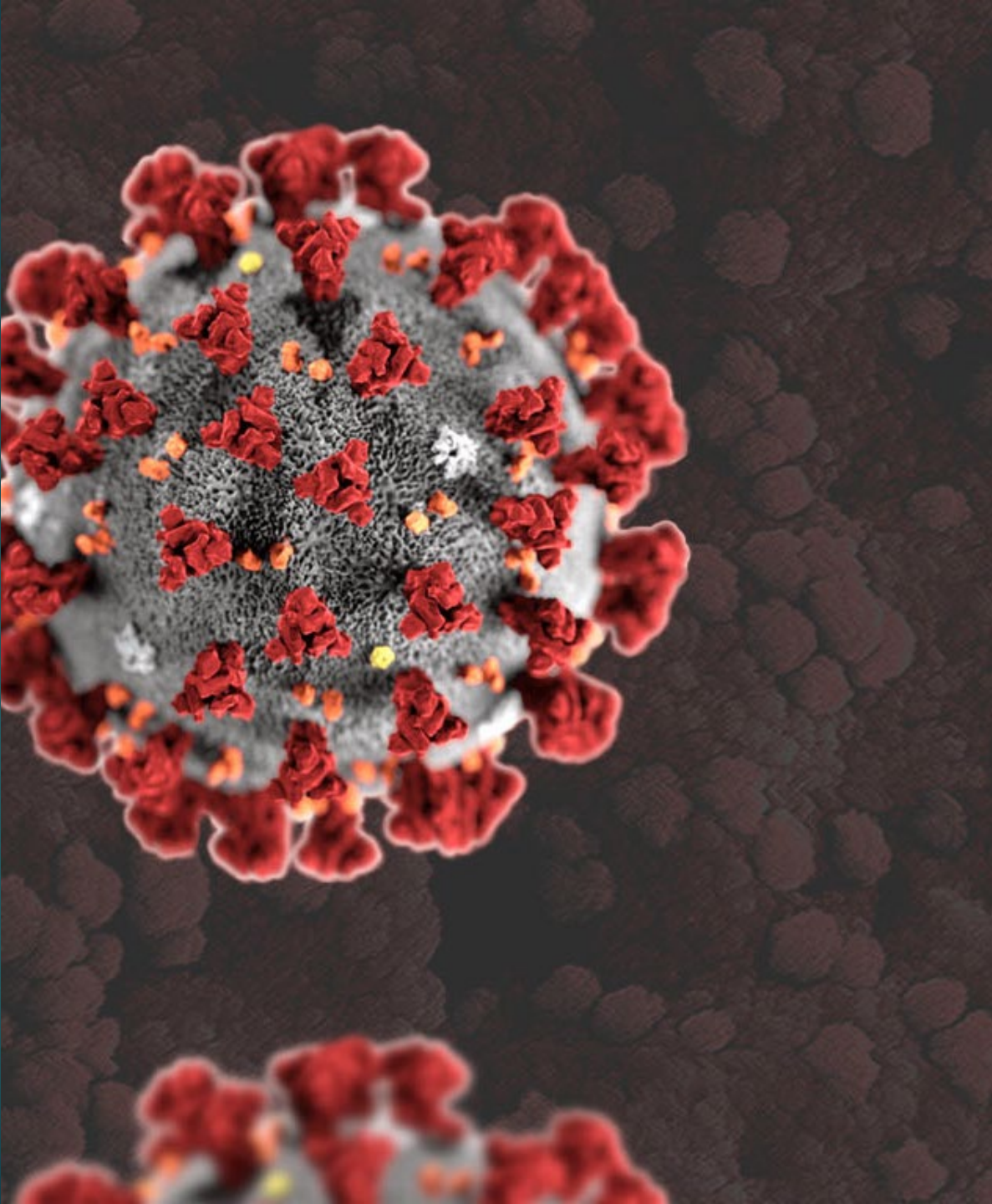
Before M D evaluation the patient attempts to run out of the ER and lashes out to the NYPD and Nursing Staff

Patient is sedated with IM Medications and his Pulse Oximetry drops to 85%

Pt intubated and sent for CXR

De-Escalation +





Covid 19





Vaccine Hesitancy in Homeless

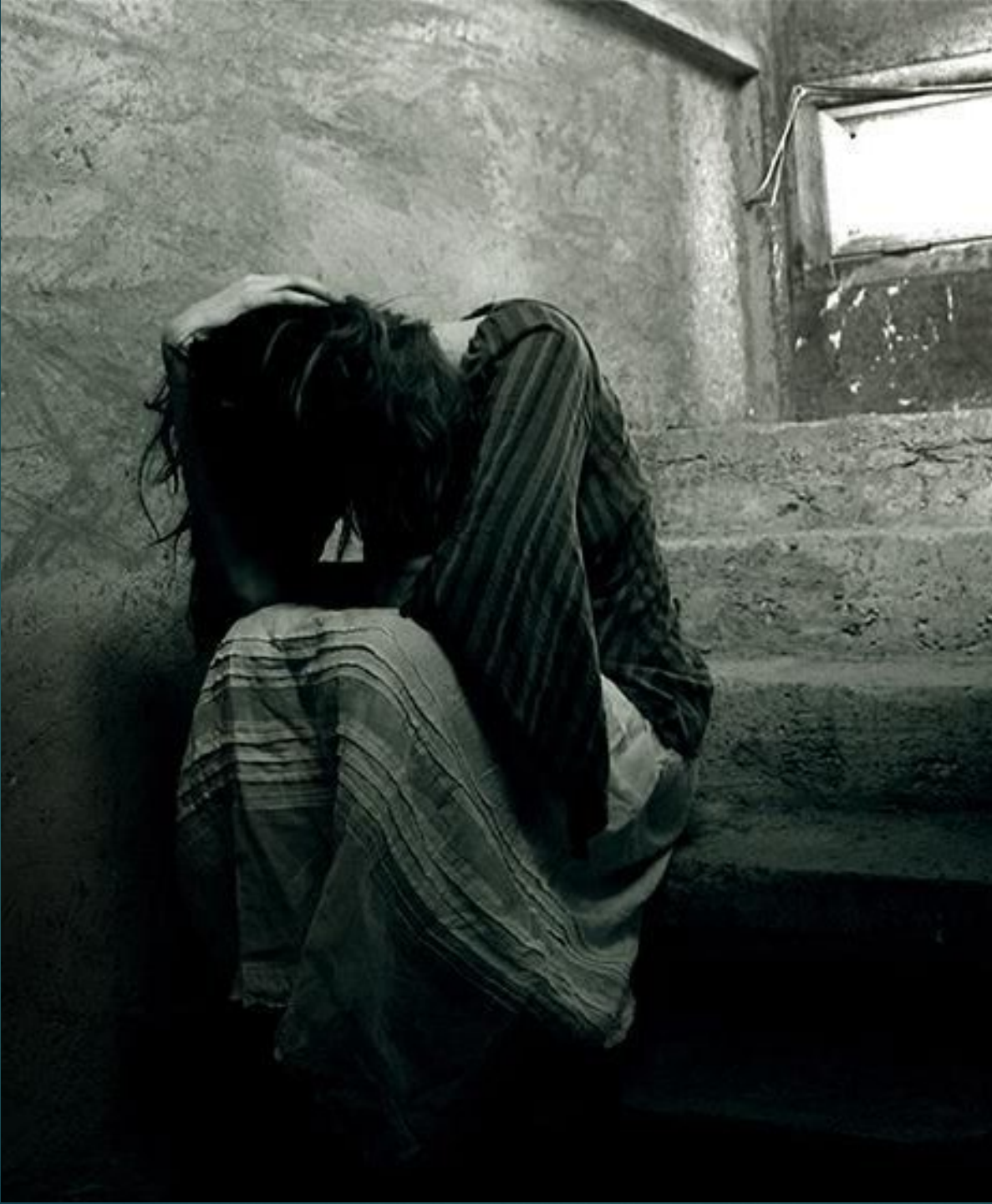
► A nurse gives a homeless person a COVID-19 vaccine at a vaccination clinic in Los Angeles. Few states have prioritized people experiencing homelessness for the vaccines.

Homelessness is a Life Threatening Condition



De- Escalation +





De-
Escalation
+



Questions & Discussion

Thank You!

SAMHSA's Homeless and Housing Resource Center provides high-quality, no-cost training for health and housing professionals in evidence-based practices that contributes to housing stability, recovery, and an end to homelessness.

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