**Navigating Crises Using a Trauma-Informed Approach**

A trauma-informed approach to crisis prevention and intervention is grounded in an understanding of the stress response and its amplification in people exposed to trauma. For the purposes of this worksheet, the term crisis refers to a situation in which a person is in a state of emotional distress that is difficult for them to manage. This worksheet describes five phases of a crisis and, for each phase, particular considerations for people affected by trauma. As you familiarize yourself with each phase, consider supportive strategies that you currently use or want to use.

**Phases of a Crisis**

**Phase 1: Baseline**

How an individual usually behaves and responds defines the baseline phase. Trauma survivors may function in survival mode, which makes them more anxious, fearful, and on the alert for danger at all times compared to people who are not affected by trauma. Individuals affected by trauma tend to be overly reactive to cues or triggers in the environment—sights, sounds, smells, feelings, or situations—that remind them of previous trauma. To prevent people from quickly escalating to a crisis, particular strategies may be required.

#### Questions to consider

What is does “baseline” look like for the survivors you serve (e.g., general level of distress, ability to tolerate day to day stress, quality of interaction with staff)?

How do you foster a general sense of safety and calm in your work with survivors?

What additional strategies are needed to prevent a crisis?

**Trauma-sensitive strategies**

Put a check mark next to the strategies you currently use to establish a sense of safety and calm and prevent crises. Circle the practices you would like to add or use more often. Add other examples that work for you or you believe are important.

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|  | Establish clear routines and expectations.  |
|  | Ensure adequate staffing during times when service users are more likely to have difficulties. |
|  | Arrange the space to minimize potential trauma triggers. |
|  | Anticipate potential trauma triggers for service users and plan ahead. |
|  | Provide trigger warnings for content that may be upsetting. |
|  | Plan for times of uncertainty and transition, and offer additional support. |
|  | Ensure your responses are calm and respectful. |
|  | Use positive, strengths-based interventions.  |
|  | Incorporate self-control practices, such as breathing exercises and mindfulness activities, into daily routines. |
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**Phase 2: Triggering Phase**

The stress response system is activated in the triggering phase. The brain’s emotional control center begins to take over. You see changes in behavior and mood (e.g., shorter responses, tearfulness, moving or pacing, raised voice, becoming quieter, withdrawing, or unresponsiveness).

Individuals affected by trauma may be triggered by a range of stimuli that prompt them to relive a traumatic experience. Once triggered, a person cannot easily access the thinking part of the brain that helps him/her to maintain perspective and emotional

control. The behavior may be confusing to others, for example a response may look like an overreaction to what a provider may see as a relatively minor or neutral situation. At this point, adults may have only a short amount of time to recognize what is happening and to help a person calm down before the situation escalates.

#### Questions to consider

What types of situations or experiences might trigger someone to escalate?

What types of behaviors do you notice that tell you a person is triggered?

What are some preventative responses you might use at this point?

What responses would not be helpful at this point?

What types of responses might trigger your (and colleagues) stress response (e.g., behaviors that threaten your safety and set off your alarm system, or possibly behaviors that remind you of your own trauma)?

#### Trauma-sensitive strategies

Put a check mark next to the strategies you currently use to intervene once a student is triggered. Circle the practices you would like to add or use more often. Add other examples that work for you or you believe are important.

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|  | Validate feelings (even if the feelings do not appear rational to you). |  | Provide a space for the person to calm down. |
|  | Listen to what the person is saying.  |  | Avoid arguing. |
|  | Reflect back what the person is saying. |  | Minimize public confrontation. |
|  | Provide choices in the moment. |  | Avoid threatening consequences. |
|  | Use encouraging statements and positive reinforcement. |  | Recognize your own warning signs that you are escalating. |
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**Phase 3: Escalation Phase**

Increased agitation and intense, emotionally-driven, often survival-based responses. Escalated responses may include the following: yelling, swearing, aggression, leaving, shutting down. At this point, the emotional center of the brain has taken over and filters out unessential information, making nonverbal strategies increasingly important. Providers must stay aware of their own emotional state and avoid using punitive, threatening, or aggressive approaches that could be re-traumatizing.

#### Questions to consider

What does the escalation phase commonly look like for the survivors you serve?

At this point, what types of responses tend to escalate the situation further? What responses might be re-traumatizing?

What types of responses may help to de-escalate the person and situation?

What are the signs that you (your colleague) is escalating?

#### Trauma-sensitive strategies

Put a check mark next to the strategies you currently use to intervene as a person is escalating. Circle the practices you would like to add or use more often. Add other examples that work for you or you believe are important.

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|  | Use a calm and respectful tone of voice. |
|  | Avoid judgmental language. |
|  | Pay attention to your body language, gestures, and physical proximity to the person. |
|  | Maintain boundaries and allow for a reasonable “comfort zone” to offer space.  |
|  | Use grounding techniques to help the individual access the thinking brain (e.g., breathing, providing something to hold or squeeze). |
|  | Provide choices in the moment. |
|  | Be clear about your intention and purpose in the situation. |
|  | Refrain from giving a lot of directions. |
|  | Identify, acknowledge, and label feelings. |
|  | Offer support and reassurance.  |
|  | Avoid telling people what to do.  |
|  | Avoid arguing about their perspective on the situation. |
|  | Check your own level of stress. |
|  | Get support as needed. |
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**Phase 4: Outburst Phase**

Full-blown escalation characterizes the outburst phase and increases the potential for dangerous behavior. As a person affected by trauma starts to feel increasingly unsafe and out of control, the fight, flight, or freeze response intensifies. During this phase, those individuals trying to help could cause additional harm by inadvertently recreating a situation that mimics the triggered person’s traumatic experiences. Service providers must balance the need to keep themselves and others safe as they try to avoid creating another traumatic situation.

#### Questions to consider

What does the outburst phase commonly look like?

What types of responses might you use at this point?

#### Trauma-sensitive strategies

Put a check mark next to the strategies you currently use to intervene during periods of full-blown crisis. Circle the practices you would like to add or use more often. Add other examples that work for you or you believe are important.

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|  | Use a calm and respectful tone of voice. |
|  | Pay attention to body language, gestures, and physical proximity to the individual. |
|  | Be clear about your intention and purpose in the situation (why you are there, what you plan to do). |
|  | Refrain from giving a lot of directions. |
|  | Provide choices for getting support on the person’s own terms. |
|  | Set clear limits.  |
|  | Be directive while maintaining a respectful tone. |
|  | Set the tone that you expect the person will regain control. |
|  | Check your own level of stress. |
|  | Get support as needed. |
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**Phase 5: Recovery Phase**

Individuals affected by trauma may feel disconnected and isolated after a crisis. They also may feel ashamed and embarrassed, which can fuel additional trauma-related reactions and promote an ongoing cycle of distress and crisis. Post-crisis practices include repairing disconnection caused by the crisis, explaining the brain and body responses to stress, and planning to avoid future crises. Debriefing with colleagues can help you learn from a crisis.

#### Questions to consider

How do you debrief with individuals after a crisis?

How do you repair relationships and rebuild connections?

How do you debrief with fellow colleagues/supervisors after a crisis?

#### Trauma-sensitive strategies

Put a check mark next to the strategies you currently use to help people recover from a crisis. Circle the practices you would like to add or use more often. Add other examples that work for you or you believe are important.

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|  | Re-establish a connection with the individual. |
|  | Clarify the chain of events. |
|  | Identify triggers. |
|  | Develop a plan (identify possible triggers, early warning signs, and helpful strategies). |
|  | Teach new coping skills. |
|  | Help the individual practice new behaviors. |
|  | Debrief with colleagues/supervisor. |
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### **References**

Knowledge Network by and for Educators. (2015). *Therapeutic crisis intervention strategies.* Retrieved from <http://tccl.rit.albany.edu/knilt/index.php/Therapeutic_Crisis_Intervention_Strategies>