NON-VIOLENT CRISIS INTERVENTION FOR HOUSING SERVICES - 2018

Fordog Consulting

Contents

Preface

During this training every attempt will be made to ensure that we cooperatively create a safe and comfortable learning environment. The goal of the workshop is not to focus on prior events but to develop strategies on how to effectively deal with future crisis situations. However, it is natural that examining issues that relate to crisis intervention may have personal ramifications. Self-disclosure and your level of involvement in the workshop is your choice and determined by your own comfort level.

About simulations (Role-play)

Simulating crisis plans at work present some unique challenges and opportunities. In order to practice and benefit from simulation work, it is essential that ground rules are defined and understood. Creating a safe learning environment is vital to successful simulation work.

Basic ground rules apply:

- Simulation work is not performance review or evaluation.
- The goal of simulation work is to create a safe and realistic learning opportunity. The real value of the experience is during the processing of the simulation. If people do not feel free to create, share, and explore, simulation work will not be useful and could become threatening and unproductive.
- One challenge in conducting simulation work is the sense that they are "not real". Comments from participants such as "this feels fake" or "like acting" are not uncommon. Some people do not feel comfortable performing in front of co-workers. The term "role play" also suggests we are playing, not really working.
- Simulation work needs to be taken seriously. Horseplay and undeclared changing or stepping out of the role should be avoided. Indeed, the emotions generated during simulation work are, all too often, very real!
- Time out from the simulation is OK. The ability to stop the simulation and rethink a strategy is a helpful feature of simulation work. Often, the stresses of performing can be alleviated simply by calling time out for a short pause. Calling time in when all are ready to begin again should immediately bring all participants back to the simulation.

Before

Crisis

Defining Crisis

Activity 1—what is crisis—how do we define crisis?

Crisis is individual to the person. It occurs when the individual's normal problem solving skills are not accessible. The individual becomes over stimulated and this can lead to a loss of control.

Because crisis is individual to the person, we often miss the cues which suggest the individual is in crisis. We also run the risk of using our own perceptions and definitions of crisis which tell us that an individual should be in control. We need to be alert for subtle changes in behaviour and to inquire and be available to assist in addressing anxiety, fear, terror, or anger.

Precipitating factors that can lead to crisis

Perceptions can create a powerful response. These factors create a pervasive sense of fear, reactive behaviors, and increased stress as well as increased negativity. This leads to elevated stress levels which impact our interpersonal communications. The following are often precipitating factors involved with anger, fear, and crisis.

Activity 2—factors influencing crisis

Environment

Environmental factors can be:

- Social status, class, gender, and sexuality are just some of the factors that can create feelings of persecution, isolation, and increased stress.
- Environmental factors often contribute to frustration and a reduced ability to tolerate. For many of the clients that we deal with, personal loss can be overwhelmingly driven by the fear of losing safety and security associated with having housing. For some of our clients it is the pressure of being housed after experiencing homelessness or instable housing.
- Perceived power centres are places such as offices in a school or some government agencies. These are places where people may feel that they lack power over what is

happening to them or around them. Doorway thresholds in perceived power centres can become power barriers. Allowing or not allowing people to enter or exit. Individuals may feel the need to overcome this barrier as a means of establishing control.

- The environment in which interactions occur. This includes:
  - Institutionalized, interpersonal atmospheres that focus on mistakes and punishments and isolates the individual.
  - The size of the area you are in.
  - If the lighting is bright or dark.
  - The colour of the paint in the room.
  - The furniture arrangement.
  - The temperature. For example, if the temperature is too cold or too hot, people may be distracted and unable to focus on what is being said.

The following should be considered for the best environmental impact:

- Create an organizational culture that supports openness, creates transparency in communication and supports our clients in their endeavours.
- Ensure that our environment is inclusive, warm, supportive, and fosters responsive behaviour, increased confidence, a sense of empowerment, and reduced stress.
- Take into consideration the physical environment. Is the physical environment comfortable, accessible, friendly in appearance, and has proper lighting?

History

Our personal histories are where we develop triggers that cause us to react to certain behaviours and situations we encounter. Studies have been conducted that show that how we are raised affects how we deal with things as adults. Our personal histories affect our:

- Physical well-being.
- Ability to form relationships
- View of ourselves as good/bad or capable/incapable.

Trauma

Trauma is the result of an individual's experience that is physically, emotionally, or mentally harmful. It has lasting adverse effects on the individual's functioning and mental, physical, social, emotion, or spiritual well-being.

Trauma is often associated with behavioural health and chronic physical health conditions such as substance use, mental health conditions, and risky behaviours. Individuals who have experienced trauma often lack the resilience to deal with change. Resilience refers to an individual's ability to cope with adversity and adapt to challenges or change. Resilience develops over time and gives an individual the capacity not only to cope with life's challenges but also to be better prepared for the next stressful situation. This change may include becoming housed after a period of homelessness or precarious housing. It can also be an individual's attempt to overcome or manage disease or symptoms such as limiting or abstaining from the use of alcohol or drugs.

Physiological arousal

Individuals who have experienced trauma may have an elevated baseline of arousal. Even when there are no external threats or demands present they may still be in a state of continued alarm. Being homeless or precariously housed, places an individual in survival mode which is associated with an elevated state of arousal. Even after being housed in a stable environment an individual's baseline of arousal may continue to be elevated. This often leads to individuals acting out when faced with perceived threats.

Beliefs

Our beliefs are shaped by our history. We negotiate our lives by thinking and reflecting on how we organized our knowledge about particular events, persons, roles, and concepts. For example, we may have the belief that we are a bad person and that individuals, especially people in authority, are always trying to punish us. This belief would shape our response to individuals in authority.

Our beliefs shape our perceptions. This may include such things as respect and expectations of behaviour. For example, if someone shuts us down by walking away from us we may believe that the person is disrespectful. This will influence how we approach and behave around them. People who believe they are threatened become rigid and restricted which can create problems in their communication, self-talk and physical well-being. For many who have experienced anger such as a win-lose dynamic, they may become aggressive or defensive in dealing with angry people.

Self-talk

Self-talk refers to the inner dialogue we carry around in our heads and may hear ourselves replaying as we encounter a specific situation. Self-talk influences our behaviours and our physical well-being. Self-talk can be positive. For example, the world is a good place, I am a good person. Self-talk can also be negative. For example, the world stinks, I am a failure. Self-talk can also be a way of coping that can inform our actions and influence our responses. If we can shift our own and our clients self-talk from being negative to positive we can shift behaviours and emotional well-being. If we have encountered a negative situation, have been reprimanded and are feeling isolated and out of touch, our self-talk is likely to be negative.

Communication skills

Communication skills are the ability to talk about what is going on with our-self. It is about what we see and think. It is also about being able to talk about what we need from the people around us.

Learned Helplessness

There has been considerable debate about the theory of learned helplessness and how it interacts with poverty. Learned helplessness is the theory that some individuals believe that they are stuck in cyclical poverty and can't escape their circumstances no matter how

much they might wish to do so. Learned helplessness is a more extreme form of pessimism and can lead to poor performance, poor health, and low self-esteem.

If an individual believes that their actions will not affect an outcome and they have no control over events in their lives they may not be able to avoid escalation. Rather these feelings of inadequacy may instead propel them into escalation. The continuing belief and frustration that nothing they do will make a difference becomes an inducement for escalation. Escalation over real or perceived situations becomes the only means that an individual feels they have control over their circumstances.

Bad day video

Anger based crisis

Anger can be defined as the experience of feeling frustrated, having unfulfilled expectation or experiencing a loss of self-respect. This is perceived as threatening to ourselves and results in anxiety, a feeling of personal insecurity, and powerlessness.

According to Psychology Today anger is an active emotion fueled by adrenaline. Adrenaline normally demands action and can set off a series of psychological effects. The adrenaline experienced during anger can be heightened when an individual is under the influence of alcohol or drugs.

Scientific studies have determined that anger can actually be a secondary emotion or reaction. The primary cause of anger is often fear based. The fear of rejection, inadequacy, failure, abandonment, perceived power, and perceived injustice.

Anger is a powerful emotion which is not always acknowledged or fully explored. Much of our current behavior in dealing with our own anger is shaped by childhood learnings. Anger usually occurs as a result of the perception of being emotionally attacked. For many of our clients emotions are not understood or explored.

Anger is an attempt to remove this threat and when such attempts are unsuccessful, hostile behavior can occur. The feeling of anger is always valid. It is a signal that something is wrong or that a problem exists.

Framing a response to anger

Because fear is an underlying factor of anger, in many circumstances when confronted with anger, it is responded to with anger. This creates a cyclical effect that can escalate into violence. As housing workers one of our most critical tools in dealing with anger and crisis is to be self-aware.

Triggers

Activity 3—identifying potential triggers

Self-awareness is vital to effective crisis management and intervention. Understanding how we are affected, triggered and influenced by crisis situations will help us to respond effectively rather than react inappropriately. As workers we need to identify and manage what we bring to each crisis situation. Self-awareness is a powerful resource when we engage individuals in crisis. Self-awareness helps us to remain in charge of our self, maintain emotional and physical balance, and allow us to not personalize the situation, and engage the individual in crisis. In order to help us become more self-aware we need to examine our own values that might be in conflict as well as our own triggers.

Conflicting values is about counter-transference issues that may arise in our work with clients. We need to identify our values and understand that when these values are attacked, especially if we are feeling overwhelmed, we may react. This reaction may mean we are not able to deal with a client effectively. Understanding our values will also help us understand the type of individual who we can easily work with and who we have difficulty working with. This understanding can help us monitor when we are triggered, to learn when and how to manage when we are triggered, and to become more available to our clients. Increased self-awareness helps us to respond, to listen, and to reduce the tendency to react, control, or even punish.

By enhancing our understanding of our own personal triggers we can be responsive, sensitive and can hear what is actually happening in our interpersonal encounters. It is important that as housing workers we take the time to reflect upon our own personal triggers.

Communication

Activity 4—communication skills

Activity 5—identifying communication skills

Communication is an exchange of words and meanings. Successful communication occurs when all parties receive and understand both words and meanings. There must be a mutual understanding between the Sender and the Receiver for the transfer of ideas or information to be successful.

While we are acting as a Sender, we are also processing the Receivers' reactions to what we are saying which include non-verbal information. The Sender will adjust communications based on these reactions. For example, you may change your tone or volume or you may try using simpler language.

If the subject of the discussion is one about which you feel strongly and the message from another person contradicts your beliefs, opinions or convictions, we might react by becoming angry, defensive, or begin to plan a rebuttal. Once we react adversely, or start

planning our response, our listening skills decrease and we are not as effective a Receiver. When emotions are strongest, that is when being an effective Receiver is most difficult and when it is most needed.

If you want others to understand you, you might start by trying to understand them. If a person feels understood, the messages they convey become less exaggerated and less defensive. The belief that they are 100% right and that you are 100% wrong, gives way to understanding the other's point of view. Understanding another person's point of view does not mean you agree with them. You may agree to disagree, you may influence the other's beliefs and sway them to yours or you may learn something that will adjust your own beliefs. You may even start moving toward agreement.

Communication barriers

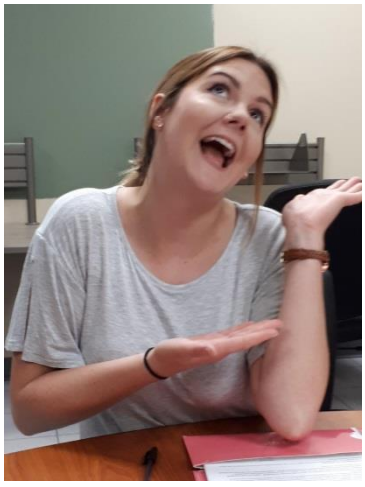
Sometimes a breakdown occurs in the communication process. The message we are sending is not the message being received. This can be caused by a number of factors. These factors can act as physical or non-physical barriers that interfere with successful communication.

Much of what we see is influenced by what we expect to see. We are bombarded by more sensory data than what we can consciously manage. Because of this, we develop our own criteria for selecting what is worth our attention. Our attention is limited further when we are focused on our own thoughts and self-talk instead of focusing on listening.

For example, if we expect someone to be angry or aggressive, we may be looking for cues to warn us we need to defend ourselves. We may already be tense and sweating because we are expecting aggression. This may cause us to see the individual as angry and waiting to "attack." Our fear of the other's reaction may cause us to think that the other is already angry or aggressive.

If we feel that someone wishes to harm us, we may interpret their words to mean other than what they intend. If we are fearful of someone's intent it may prompt them into escalation. If they believe that we have respect for their needs and feelings and a desire to resolve the problem fairly they are less likely to over-react to any negative signals from us. In this case, rather than becoming hostile or defensive in response to our words or behaviour, they are more likely to try problem-solving.

Physical Communication



Body language lets the other person know that we are interested in what they are saying. If the Receiver has a relaxed face with a pleasant expression, it creates an atmosphere of supportive communication. A barrier can occur if one of the people:

- Is too far from the other person.
- Is not facing the other.
- Does not use gestures.
- Has no facial expression.

Proxemics
Proxemics is personal space which is an area that encompasses our bodies. We consider this space an extension of ourselves, a safety zone of personal comfort. In high-stress situations, the need for personal space increases, both for clients and for ourselves. We need to be continuously aware of another's need for personal space especially if they are acting in a defensive manner. Research has demonstrated that an individual's need for personal space tends to increase with the intensity of the feelings of anger and fear. It is important to continually monitor the critical distance that you maintain during a rapidly unfolding and changing crisis escalation incident.

Kinesics
Kinesics is defined as body motion and posture. When approaching a client who is agitated, the non-verbal messages transmitted by the motions, appearance, and posture of our bodies can influence the other person's perception of danger, aggression, fear, and hostility from us..

Para-verbal communication
Para-verbal communication refers to the use of one's voice, which determines intent and how the message is received. Tone, volume, and cadence (rate) of voice are important factors to consider when communicating. It is important to remember that "how" we say things is given equal or more consideration than what is being said. Sarcasm, empathy, impatience, and concern can all be communicated through para-verbal communication. Tone is an essential part of communication and one of the hardest barriers to overcome. How many times have you heard the phrase "Do not take that tone with me?" It is important that the person talking speak in a loud enough voice that communicates confidence, strength and directness. If the tone does not match the message, or the Sender appears to be shy and hesitant or demanding and imposing, the Receiver will stop paying attention. The same is true if the Sender frequently stutters, pauses, repeats things, or uses incomplete sentences.

Energy Level
Our energy level is how we let others know we are interested in what we are doing or that we could not care less. A person who is alert, bright and open will help create an effective communication environment. If the person is bored, sleepy, or uninterested, there will probably be a breakdown in communication.

General intervention tips

Watch your approach—make sure that your client sees you approach them. If they are unaware of your presence they might become startled and react negatively.

Get on their level—try to directly face the client on their level whenever possible. This allows them to watch your face for non-verbal communication clues. It also allows them to read your lips. Make sure that your speech is clear while talking with the client. People do not hear or understand as well if they are tired or ill or under the influence of a substance. Remember to allow for personal space.

Remove distractions—try to get rid of any background noises or distractions when you are speaking with a client.

Keep it simple—use simple, short sentences to make your conversation easier to understand.

Practice time management—allow ample time to talk. Being in a rush will only increase everyone's stress and create barriers in communicating.

Honesty is the best policy—be honest and let your client know when you can not quite understand what they are trying to tell you. It is very annoying when people disregard what the client is saying because they find it too frustrating to figure out.

Get input from the client—ask the client what techniques or devices they might find useful in helping the communication process.

Watch for non-verbal facial clues—maintain eye contact and be aware of your facial expressions. Your client may tune in to what your face is saying more than what you are actually communicating.

Stick to one topic at a time—some clients may not be able to process a lot of information at one time.

Break it down—break down what you are trying to say into smaller parts. This is especially important if you are asking the client to perform an action. Some clients may have difficulty in understanding how to complete a large task on their own.

Be aware of your surroundings—ensure that your office is arranged so that both you and your client have easy access to an exit.

- Be aware of clients and staff that are in your area.
- If you suspect that a situation may be occurring do not hesitate to provide assistance. Assistance may be:
  - Calling the staff member and asking if they require help.
  - Knocking on the office door to let the staff member know that you are in your office.
  - Informing your manager of what you suspect may be happening.

Deal with person's feelings first—an angry person needs to have their feelings addressed in order to start addressing the issue. The angrier the person the more important it is to acknowledge their anger through the use of empathic statements and listening responses first. Problem-solving with angry people often results in wasted time unless they are ready to participate calmly.

Look to what you can agree with and what you can say "Yes" to—focus on win-win problem-solving.

Be assertive, not manipulative, passive, or aggressive—you have the responsibility to take action, to offer choices, and to inform the client of the consequences of their behaviour. Give behaviour limits and not judgements.

It is not personal—focus on "being effective" and not "being right." Try not to personalize attacks made against you. Remember that though the person's words may be insulting, we must try to remember that they are acting out of their own sense of helplessness or powerlessness in the situation.

Activity 6—listening skills

During

Escalation spiral

As housing workers we normally work under a no-contact mandate. This means that when physical violence is believed to be imminent we are instructed by our agencies to disengage from the client and the situation, minimize any potential threats to staff and others, and call the police.

As conscientious housing workers we will attempt, with every verbal means at our disposal, to de-escalate the situation so it doesn't reach the point of physical violence. In examining the escalation spiral we can begin to develop communication strategies that can provide guidance in matching potential interventions with the level of the clients' escalation.

Agitation/anxiety/distress
Agitation/anxiety/distress behaviours are usually characterized as some form of change from baseline behaviour. Pacing, crying, yelling, and hand wringing are examples, but it is the change in usual or baseline behaviour that indicates this level of escalation. Many of our clients are in a heightened state of baseline behavior. This normally occurs when an individual feels the continued effects of trauma.

Challenging for information (with intense overt and covert emotional affect)
Often framed as rational questioning seeking a rational response, these types of challenges are loaded with emotional energy, challenge, and confrontation.

Power struggles
Power struggles are usually driven by a sense of disempowerment or loss of control over decisions impacting one's life. They often have little to do with the content of the issue. If we allow ourselves to be drawn into a power struggle we help build a win-lose situation, as we compete for who is right or who wins.

Refusal/defiance/resistance
This is the stage where the client will not follow or complete a task or stop certain behaviours. This level of escalation is a heightened stage of irrationality and is characterized as a refusal to follow through with a reasonable request.

Venting (verbal and para-verbal)
Verbal "acting out" or displayed behaviour is often a release of emotional energy and an increase in loss of rational control. Adrenaline in the body contributes to this loss of rational control. Behaviour is characterized by yelling, swearing, and unfocused, un-specific, non-directed threatening. It can also be experienced as seething, repressed rage waiting to explode.

Threats and intimidation
Threats of physical violence or direct intimidation are associated with this level of the spiral. The unfocused or non-specific threat has now become focused on you, another person, the client themselves, or property. The risk of escalation to physical acting-out is more likely.

Physical Violence
Assaultive behaviour (including sexual assault) and physical violence is a risk in crisis situations. Self-harm is a form of physical violence.

The effects of substance use on escalation

Substance abuse can impair a person's judgement, making it more difficult for them to think out alternative solutions or consider realistically what the consequences of their actions might be. An individual who is intoxicated or high on drugs is less inhibited and therefore more likely to act on the basis of initial thoughts or emotional reactions.. Substance abuse can also interfere with emotions, reshaping a person's feelings about a stressful situation and making them more angry, anxious, or depressed, and hopeless.

Substance abuse can play a major role in dis-inhibiting people's behaviour. Many illegal drugs as well as the the inappropriate use of alcohol can make an individual more likely to act impulsively. This di-inhibition can contribute significantly to the escalation process and can be a key indicator of how far escalation may go.

In addition, the long-term effects of using opioids, such as Fentanyl include the inability to demonstrate good judgement and an inability to interact or engage socially. It can also initiate or worsen pre-existing mental health conditions including depression, anxiety, and paranoia. It can also change an individual's perception of reality or cause hallucinations.

Crisis phases

The **trigger phase**—the event which triggers the rest of the cycle. A threat is perceived and the body begins to prepare to meet it

The **escalation phase**—during this phase the body's arousal systems prepare for a crisis. The body prepares to attack or defend by dumping adrenaline into the blood stream. The body might then react by:

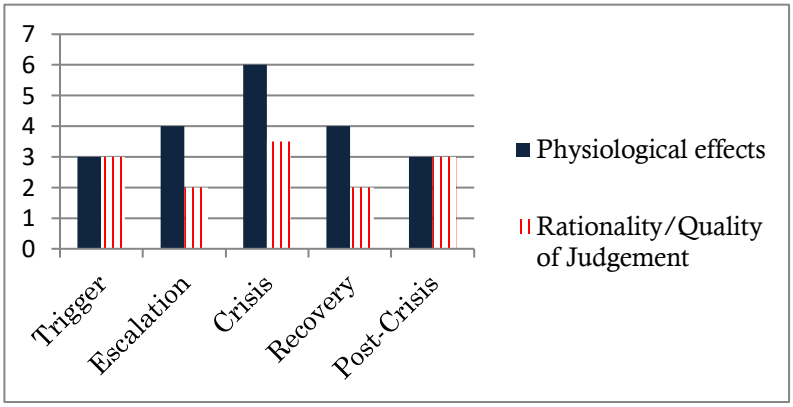
a) Increasing respiration (rapid breathing).

b) Increasing heart rate and blood pressure.
c) Tensing muscles (jaw, neck, shoulders and hands).
d) Increasing voice volume and pitch.
e) Changing eye behaviour.

The **crisis phase**—this phase begins with the "flight or fight" crisis. The body has maximized its preparation and a physical response is issued. Unfortunately quality of judgement has been significantly reduced by this point and decisions are made without benefit of best reasoning. People in crisis phase are highly volatile and need to be addressed in simple, direct and non-provoking statements.

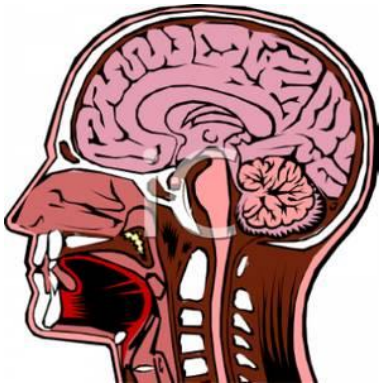
The **recovery phase**—once action has been taken to resolve the crisis phase, the body begins to recover from the extreme stress and expenditure of energy. Unfortunately, the adrenaline does not leave the blood stream all at once so the level of arousal tapers off until normal levels are reached. Quality of judgement returns as reasoning begins to replace the survival response.

The **post-crisis depression phase**—after normal physiological levels have been attained, the body enters a short period in which heart rate, etc. slip below normal levels to gain homeostasis (balance). During this phase, awareness/energy returns to the forebrain allowing an assessment of what has just occurred. This often leads to feelings of guilt, regret, and emotional depression.



The body's response during crisis video

The body's response during crisis



When a "threat" is perceived by the brain, the sympathetic nervous arousal system is activated. This nervous system is part of the automatic or involuntary nervous system. In other words, it is switched on and we cannot consciously—in most cases—control it.

When we are stressed an area in the brain called the hypothalamus is stimulated. This area of the brain then releases hormones into the bloodstream. This causes our

adrenal gland to release adrenalin and cortisone. These chemicals are needed to help us prepare for "fight or flight."

Once aroused with the "fight or flight" response, the human body is ready to react. Unfortunately, it is not always possible to "fight or flee" from a stressor. This means that we remain in a stress induced state for long periods of time which can cause varies degrees of distress.

Activity 8—the body's response to crisis

Perceptions

Perception test video

Selective perceptions
People often hear what they want to hear. This is especially true if it supports what we believe, value, or decide. When we receive a message that disagrees with what we believe, we unconsciously change the message by adding or taking away from what was said.

Individuals with a psychotic illness and/or active substance abuse problem often have a tenuous sense of personal boundaries and often seem to need an even greater amount of personal space.

Culture
The culture that we are raised in may give us a perceived bias, prejudice or cause us to be close-minded. Culture can be defined as:

- The region of the country where you grew up.
- Your ethnic, racial or religious background.
- Your economic status.

Activity 8—strategies for helping individuals experiencing crisis

Crisis Spiral interventions

Agitation Anxiety Distress	• Defuse yourself before you attempt to defuse the other person. • Observe, notice and prepare. Angry, frustrated, and frightened people usually indicate their mood prior to being engaged by staff. • Notice their non-verbal behavior. • Use positive self-talk for yourself. • Stay respectful and model appropriate behaviour for the client. • Be clear that your intent with the other person is to help them and support them, and not to order, criticize, or demand. • If appropriate, use empathic and active listening skills to affirm feelings.
Challenging for information	• Listen to the "content" of their issue, not just the tone. • Be respectful. • Use their name, or a term of respect. Avoid endearments.

	• Give the information requested in a respectful way. • Ask questions to clarify issues. • Focus on showing understanding of their concern from their point of view. • Try to understand their need for information.
Power struggles	• Focus on defusing the power struggle and hostility/resistance first and solve the content of the issue second. • Reframe back to the issue they wish to resolve, and away from your real or perceived authority over them. • Ask questions. • Refer to a supervisor if appropriate. • Continue to show empathy for their situation. Remember, you do not need to agree with what they feel or why they feel that way to empathize. • Invite them to offer solutions. • Depending on their reasoning abilities, decide to "reach inside" and empathize with their feelings about the issue or choose to "stay outside" with the facts or content of their problem .
Refusal Defiance Resistance	• Use consequences that the client chooses rather than orders from you. • Use behavioural limits rather than judgements. For example, "please lower your voice so I can hear you better rather than "lower your voice!" • Begin to set limits, outline consequences, or enforce boundaries in the following ways: o Use positive limits. o Focus on acknowledging what they want or need even if it is not possible in the moment to achieve this. o Set your limits and recognize when you have reached them so you know to disengage. o Use limits that are fair under the circumstances, and are within your ability to enforce or will be supported by your supervisor/agency. • If the individual is thinking impaired, you may act as a "compassionate guide" and direct the behaviour rather than add confusion with too many choices
Venting	• Listen to the "content" of the venting. What are they actually saying? • Begin to assess the risk for violence by asking yourself the following questions: o Do they have a history of violence? o What is their level of thinking impairment? o How focused is the anger or is it a state of being angry at the world? o What is the level of anti-social behaviour? • If possible, allow them to vent. • Remove onlookers or other clients and take the individual to a quieter or private area to vent. • Respond with empathy and, if possible, set limits.
Threats	• Alert your co-workers and/or manager when appropriate.

Intimidation	• Always take the threat seriously. • If appropriate, name the behaviour and set limits. • Disengage. • Document and communicate the incident according to your agency's policies.
Physical violence	• Evasion. • Distraction. • Disengage.

The ABC's of setting limits

Kanel (2007) worked on the following formula to assist and support individuals dealing with crisis situation.

A— achieving rapport
Establish eye contact and use appropriate verbal and physical communication skills.
B— beginning of problem identification
Attempt to find out what caused the crisis. What was the precipitating event? Ask questions and paraphrase what the client has said. Seek clarification on what they feel the issue is.
C— coping
Support the individual in identifying current coping techniques and encourage them to think of other coping strategies. In some cases staff will need to identify what an acceptable behavioural alternative might be. If this is the case, some clients may become angry and resist the suggestions. In some cases it might be necessary to identify the techniques since the client may not be able to identify them on their own or be confused if given too many choices.

Activity 9—simulation 1 - Yvette

Staff and interventions

Safety and support are the main reasons that an agency would utilize intervention procedures.

- Staff are not left to deal with a potentially violent situation alone. Someone is available to call emergency workers or the police if needed.
- Staff can problem-solve with each other and the individual in crisis. Staff feel supported and are less reactive or defensive when dealing with a crisis.
- Co-workers can act as witnesses if the crisis requires investigating.

It is important that staff respond quickly to the crisis in a positive manner. This reduces the risk of triggering greater anxiety, perceived threat, and decreased rational control. The objective of the intervention is not to further alarm the individual but to assist in resolving the crisis. Your agency may decide to implement a code word or phrase to alert other staff members that a staff member needs assistance to deal with a crisis situation. Your agency may also decide to implement an additional code word or phrase that when used will inform staff that emergency response is required.

Staff procedures

- Prior to engaging with a client staff should be aware of who is available to deal with any potential situations. This may not mean the most senior staff member. It could be the staff member who has already developed a rapport with the client or a staff member who is confident about dealing with crisis. If you do not feel confident or comfortable in dealing with a crisis situation you should inform other staff. Housing workers are human and we all have good and bad days. There will be days when we feel up to dealing with the situation and days when we don't.
- Assess the situation and ensure the well-being of the individual in crisis while maintaining everyone's safety.
- Talk or communicate directly with the individual in crisis. If you feel that you are not the best person to be dealing with the individual in crisis be prepared to ask another staff member to step in.
- Prior to asking another staff member to step in, ask the individual for their consent. This may be as simple as saying, "Do you mind if I ask (co-worker) to come in. They might be able to help as well."
- If necessary, quietly make arrangements to step into the background or out of the situation entirely.
- If you have been asked to step in for another staff member you may need to provide additional support that has not been explicitly requested.
- If time permits inform your manager (or a designated staff member) if you feel you might be asked to step in.
- The manager will need to assess whether to remove any additional staff and clients or call 911 for assistance.
- If assistance from the police is required it would be best if this is not communicated in front of the individual.

Activity 10—simulation 2 - Frederick

Escalation to violence

Anger or aggression may lead to violence if the individual experiencing crisis:

- Perceives that they can not overcome an immoveable threat.
- Experiences a strong sense of powerlessness.
- If all attempts at communication fail.
- Feels that the system is profoundly unresponsive to their needs.

Risk assessment questions

What events precipitated the question of the person's potential for violence, and in what context did these events take place?

It is important to be clear about precisely what the person did or is alleged to have done that raised someone's concern about violence. Knowing exactly what someone said or did provides clues to the situational context in which the person might react violently. The description of the individual in crisis is often the most valuable single source of information.

What is the person's history of violent behaviour?
Past episodes of violence tend to be a predictor of future violence. Once a person has acted in a certain way they are less inhibited about repeating it.

- What is the focus of anger or aggression? Are they angry at the world, angry at you, or angry at another person?
- What is the level of impairment to rational judgement? Are they rational and aware or are they psychotic, unaware of present reality, or under the influence of a substance. What is the degree of anti-social behaviour being shown? Are there extreme attempts to provoke others through highly provocative statements, threats or use of racism, homophobic statement, sexism, etc.?
- What is the specific situational and relational history of violence now being responded to?
- What is the individual's history of past violence or elements contributing to violence? Such as:
    - Reoccurring incidents and patterns.
    - Does the individual have a history of substance abuse?
    - Mental illness. Look in particular for evidence of:
        - Trauma.
        - Psychosis.
        - Delusional disorder.
        - Mania.
        - Anti-social, narcissistic or borderline personality disorder.
        - Displays of paranoia.
        - Past compliance with treatment.
    - Criminal record.
    - Violent peer group.
    - Evidence of gang affiliation or activity.
    - Military history.
    - Ownership or mention of weapons.
    - Focused threats of violence.
    - Reference to previous violent acts.

Warning signs of imminent violence

Imminent warning signs indicate that a person is very close to behaving in a way that is potentially dangerous to themselves and/or to others. Imminent warning signs require an immediate response.

No single warning sign can predict that a dangerous act will occur, rather, imminent warning signs usually are present as a sequence of overt, serious, hostile behaviours or threats directed at peers, staff or other individuals. Imminent warning signs may include:

- Detailed threats of lethal violence.
- Possession and/or use of firearms and other weapons.
- Self-harm behaviours or indications of suicide ideation.

Self-harm and suicide ideation

Muehlenkamp (2005) defined self-harm as "a preoccupation with deliberately hurting oneself without conscious suicidal intent, often resulting in damage to body tissue." According to the Canadian Centre for Suicide Prevention some researchers have classified self-injury as antecedent behaviour that precedes suicidal ideation on the suicidal continuum. If the crisis situation has aspects of self-harm or suicidal ideation you should:

- Ask how they are feeling.
- Do not be judgmental.
- Be supportive without reinforcing their behaviour.
- Acknowledge their pain.
- Do not promise confidentiality.
- Do not avoid the subject.
- Do not focus on the behaviour itself.
- Encourage them to seek professional help.

Your agency may have a staff member who is trained and prepared to deal with self-harm and suicidal ideation. If not you should reach out to HERE 24/7 or an agency designated by your management and encourage the client to do the same.

HERE 24/7 1-844-437-3247 TTY: 1-877-688-5501

Staff and safety

Safety must always be the first and foremost consideration. Action must be taken immediately. Immediate intervention by staff, and possibly law enforcement officers, is needed when a person:

- Has presented a detailed plan of time, place and method to harm or kill others—particularly if the person has a history of aggression or has attempted to carry out threats in the past.
- Is carrying a weapon, particularly a firearm, and has threatened to use it.

The following factors place staff at more risk to be physically assaulted:

- Staff who are inexperienced or apprehensive about dealing with crisis situations.
- Staff who set too many limits or not enough limits for the individual who is in crisis.
- Staff who use untimely interpretations. This is especially true when dealing with a client who may be experiencing paranoia. Demonstrating too much insight might become a trigger for increased escalation.
- Staff who do not listen or dismiss the client's threats.
- Staff who refuse to meet a client's reasonable request and instead only attempt to set limits or restrictions.
- Staff who behave in an overly kind, patronizing, or motherly manner.
- Staff who do not recognize when the client's negative reactions are to something else but have been transferred to you.
- Staff who force clients to inappropriately confront upsetting material, situations, or behaviour.

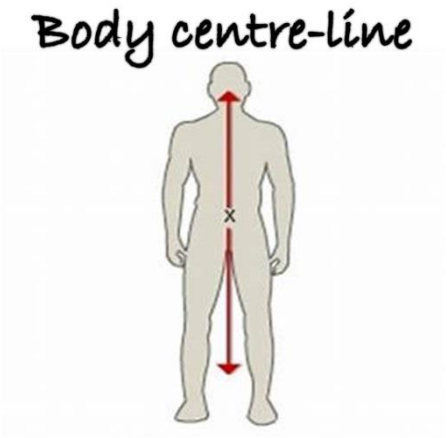
- Staff who do not recognize that the client may have unexpressed anger that can lead to denial, anxiety, and projection.
- If a staff member denies the potential for violence in a situation.

Non-verbal warning signs for violence

When interacting with potentially violent persons, it is advisable to become aware of the common warning cues that foreshadow the likely onset of assaultive behaviour. If an individual is in a state of escalation where violence may be imminent, physical warning signs may be seen.

Extremity tremble

Extremity tremble is the presence of shaking in the hands or fingers. The individual's adrenaline is pumping and the body is in the midst of experiencing the "fight or flight" stress response. Extremity tremble in some individuals compromise their quality of judgement and processing verbal information becomes difficult. The individual may seem nervous, agitated, or easily startled. Staff should approach the client with caution and avoid cornering. As a precaution you should maintain additional critical distance.



Blading the body

This behaviour is characterized by the individual adopting a bent or crouched stance with feet apart and arms or fists raised. They appear to be preparing for a fight—the hands may rise and the elbows tuck in. Staff should monitor their critical distance and approach with caution and off the centre line. Encourage the person to sit down if possible and appropriate. This usually reduces the arousal and the potential threat.

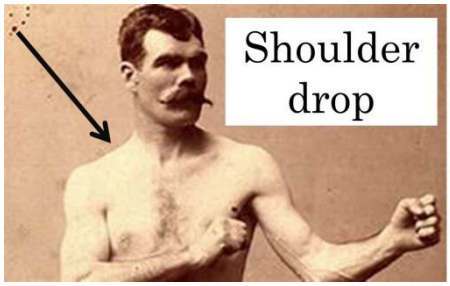
Hand set or gesture positioning

The individual may use their hands in a deceptive manner. The individual may begin gesturing in a friendly manner raising one hand high and keeping one hand low. They may offer or attempt to shake your hand. They may begin to run their fingers through their hair or gesture in a non-verbal way as if asking, "Who me?" These deceptive handsets can be a set-up to lull you into dropping your guard and become easy to strike. Staff should be aware of the client's hands at all times.

More obvious is the individual who is speaking to you with clenched fists or is repeatedly opening and closing their fists. Often, the individual is not even conscious that they are doing this. Maintain critical distance and make sure you are ready to deal with a sudden attack by blocking and/or disengaging.

Shoulder drop

The shoulder drop often foreshadows the set-up of a punch or grab. The individual's shoulder drops as if they are preparing to "tackle" you. The shoulder drop is even more noticeable when your attacker is setting up for a kick.



Facial expression and neck tension
When a person enters the arousal cycle there is often noticeable associated changes in the individual's facial expressions. You may notice:

- Fixed and intense eye contact or staring (even bulging eyes).
- Furrowed brow.
- Sweating.
- Pursed lips.
- Grimacing.
- Tightly clenched jaw
- Red face.
- Tensed neck muscles
- Tensed or bulging veins.

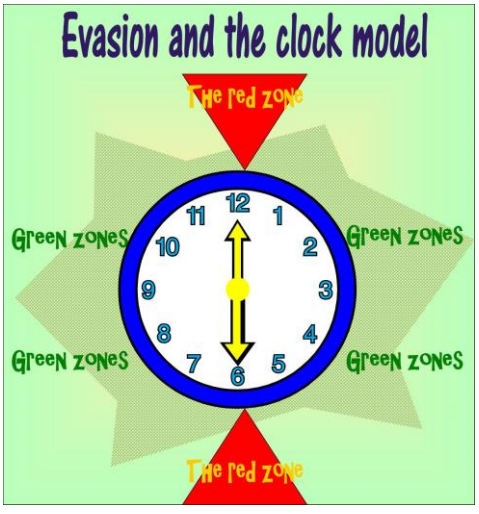
Target glance
Unless they are a trained fighter, most individuals usually telegraph their intended target by glancing at the area of the body they are intending to attack. This phenomenon of target glancing occurs immediately prior to the attack. Should you notice this, you have at least a split second to adjust your critical distance and prepare your defensive response.

Protecting ourselves

Evasion and the clock model

Components of a Balanced Stance

- Foot and knee position—shoulder width apart and parallel, knees slightly bent.
- Angle of stance in relation to person—45 degree angle off centre line.
- Quadrant concept—divide your body and offer a section as a strike/attack zone.
- Critical distance—leg length or a long weapon plus a step. The plus a step is your reaction time to their action.
- Breathing—self-monitor, slow in through the mouth and out the nose.
- Triangular vision—randomly search their body for clues and is a quick estimation for your critical distance.
- Hand positioning—in front of you and above elbow level.
- Environmental—be aware of your surroundings as you position yourself, there may be natural obstacles.
- Remember to emphasize the components of a balanced stance. Movement in or out is a long low stride with your hips. Be aware that head tilting will result in loss of energy and overall balance.



Staff should:

- Respect the client's personal space.
  - Maintain a critical safety distance of at least one leg length (of the aggressive person) plus one step.
- Demonstrate body language that projects confidence and is non-threatening including:
  - Keeping your hands in front of your upper body in a relaxed manner, about waist height or higher, with open palms visible to the client.

- Your body should be at a 45-degree angle in relation to the client, out of the red zone and off the centre line to the client, and toes pointing away from the aggressor at about a 45-º angle. (45º's off 45 º's).
    - Turn your torso to the side, thereby having vital body areas facing to the side, rather than towards the aggressive individual.
    - Body position is responsive to verbal and non-verbal cues, critical distance, and balance.
    - Eye contact is respectful and intermittent.

After

Post-Crisis

Crisis situations are frightening and overwhelming. It is very important that staff have the opportunity to assess the situation and have ensured that the issue has been resolved. Any threats should be removed and the safety, security and the emotional, physical, and mental well-being of everyone has been restored.

For the most part, the majority of housing workers are not certified mental health professionals. However, personnel in this sector are often confronted with situations revolving around mental health. Unless it is our designate to do so, it is not our role to be counsellors but to act as compassionate support to the people we deal with daily.

Defusing

The defusing of tension or hostility can occur at any point during an interaction with an angry individual. De-escalation and a progressive reduction in stress will always occur eventually in any crisis as the energy output in any emergency situation cannot be sustained indefinitely.

After a crisis situation a defusing session should be held. This is a short intervention in order to gather information from staff. Staff should be aware of any of the physical, behavioural, cognitive and emotional reactions that they might experience in the next 24 hours or the next few days.

Defusing should be provided shortly after the incident since individuals may experience shock and are not yet able to begin processing what has happened. Defusing should not be emotional. It should be informal and the focus should be on information. Defusing can be designed to meet specific needs:

- Rapid reduction in intense reactions to the event.
- Normalizing of the experience to help people in getting back to work as soon as possible.

Defusing procedures

1. The manager recognizes or is advised of a critical incident or traumatic event.
2. The manager ensures immediate management of the situation. For example, calls the police, ambulance, etc. and proceeds to gather and verify facts surrounding the incident as quickly as possible.
3. The manager immediately notifies the executive director to discuss and determine the level of service required and to decide on the content and delivery of the initial communication with staff, management, and community.
4. The manager and human resources or the executive director meet to develop a plan of action. Role and responsibilities are clarified and defined.
5. The manager monitors the plan of action.

The manager of the department where the incident occurred will first work with the staff's reactions to the incident. The staff may be in shock, anxious, overwhelmed and need support in calming down and trying to become focused. Until this is done, moving on is impossible. The staff will not be able to last through the assessment unless their needs are attended to.

The post incident process should include:
- Checking-in.
- Defusing.
- Debriefing.
- One-to-one support.
- Vent group process.
- Employee assistance program.
- Spiritual and religious care.

Tips for defusing
- Immediately following the incident the staff and the client who were involved in the crisis should **not** be left alone.
- Staff should always be alert to:
  - The individual's reaction to what has happened.
  - The client's fear of possible retaliation by staff.
  - The client's need to find a way to make reparation.
- Once the client has sufficiently regained rational control, the staff should determine their understanding of what happened.
- Information should be given in a calm, non-judgmental manner. And any injuries should be explained in the same manner.
- If the involved staff member is not available their absence should be explained.
- Reassure the individual that staff will continue to work with them.
- Clearly explain the immediate plan and any possible changes.

Debriefing

Benefits of debriefing

- Promotes group cohesiveness. Participants learn they are not alone in their responses and feelings. They can feel support from other staff.
- Allows for ventilation of feelings and reactions to the event. Allows people to talk of their concerns and responses to the incident.
- Provides reassurance that their reactions are normal, and that each person will respond differently.
- Reduces the idea that we are unique. We are not the only one to feel, think, and react to an event in a particular way.
- Reduces the idea that we are abnormal. Everyone deals with things differently. There is no right way to respond to an event or its aftermath.
- Participants have an opportunity to get the "big picture" regarding the event and other person's role or response, often for the first time.
- In some instances, participants recognize the contributions of other group members in their responses.
- Provide an opportunity to engage in prevention strategies which can prevent further emotional harm, and distress, and return people to their normal level of response and capabilities in a rapid effective manner.
- Allows for additional support by trained competent mental health professionals for those who may need it.
- Supports the agency in knowing the stress levels of employees.

Role of immediate manager of staff, human resources or executive director:

- To provide practical and emotional support and direction to those staff affected by the incident through defusing and debriefing and/or referral to employee assistance program.
- To help administration and staff initiate the healing process within the community.
- To assist with special activities such as memorial services.
- To suggest resources and actions that will provide ongoing support to staff after the immediate crisis has been dealt with.
- To gather and verify information linked to the critical incident.
- To advise senior management of the incident and determine the level of response and service required.
- To evaluate the level of service required in response to the incident.

Debriefing procedures

Step 1—assess the level of emotional trauma or impact
Step 2—familiarize and review
Step 3—document the process for review
Step 4—problem-solve alternative behaviours
Step 5—facilitate client behavioural change
Step 6—empower the client through trust

Step 1—assess the level of emotional trauma or impact
Assess the level of emotional trauma for staff, clients and others. This will give us an idea of what support is required. Within 24 – 72 hours staff and clients involved should be interviewed. This allows them an opportunity to talk about their fears and feelings. This should be conducted by the individual who has been designated by the agency.

After the crisis it is important we return our bodies and emotional states to balance. During a crisis we act instinctively and our bodies take action to reduce the likelihood of harm. We may experience knee, arms or hands shaking, or stiffness in limbs. This is our body dumping adrenaline into our liver and blood stream. Some of us may experience self-doubt about how we responded to the crisis. Some may feel guilt.

These feelings and symptoms are usually present for all who were involved. The degree that is felt depends on the individual. It is important to recognize these feelings and symptoms. You may need to participate in some relaxation exercises to reduce your level of arousal and release some tension.

Step 2—familiarize and review
During a crisis our ability to think and be aware of what is happening around us is dramatically reduced. Some people may not even remember what they did during a crisis. Part of the debriefing exercise will be getting the individual who experienced the crisis to re-orient themselves to what happened. How did they see things happening? What were they feeling at that time? This helps individuals get in touch with what they saw and experienced. It also allows us to share what we saw of the individual's behaviour. This can help the individual get in touch with what actually happened.

Step 3—document the process for review
When we document the process we need to look for contributing factors and patterns in circumstances. Patterns for contributing circumstances may be the time of day, location or the people involved. This is information that staff and the agency need to be aware of.

Step 4—problem-solve alternative behaviours
The most effective time to deal with the person in crisis is during the post-crisis phase. Post-crisis behaviours may include crying, expressions of guilt, and remorse. At this point the individual becomes more aware of what is happening around them and are able to think more clearly. Because of this, the individual may be more open to identifying different ways of responding to situations. At this point we need to help the individual:

- Explore alternatives.
- Role-play alternatives.
- Simulate the implications of each alternative response.

Step 5—facilitate client behavioural change
This step builds upon problem-solving behaviours by helping the client to select an approach. Clients need to select an approach and agree to try it out for a specified period of time. If possible, during this time advise the client to start a journal. A journal will help the individual to record and describe situations that either frustrate or overwhelm them. By journaling the individual can start to identify their feelings and behaviours during crisis as well as their perceptions of events which trigger their response. This process supports both the client's ability and their ownership of the change.

Activity 12—simulation 3 and debrief - Debbie

Critical Incident Stress (CIS)

A critical incident is any significant emotional event that has the power to cause unusual thinking, emotional or physical distress in people. CIS is the normal and predictable emotional, physical, cognitive, and psychological reactions of an individual subjected to an abnormal, traumatic event. The intensity of critical incident stress depends on:

- The degree of personal loss.
- Duration of the incident.
- The perception of the event.
- The amount of terror/horror experienced.
- Child/children involved.
- Media intrusion.
- The individuals coping skills and adaptive behaviour.
- Available support systems.

Follow-up after a debriefing should be an essential component of the assistance offered to staff. CIS debriefing should guide the individuals affected through a process that moves them from thinking about the incident through the emotional factors and returns them to a thinking framework. The seven phases of the CIS debriefing framework are: introduction, fact, thought, reaction, symptoms, teaching, and re-entry.

Introduction—the introduction includes an explanation of who the team members are, what they know about the situation and how it happened that they were called in to speak with this particular group.

Fact—the fact phase encourages participants to describe exactly what had transpired to develop a cognitive context within which their responses could be understood.

Thoughts—after their view of the facts has been established, group leaders listen as participants discuss their thoughts about the facts that have just been presented and their understanding of how they have been affected. In order to establish a sense of control thoughts and feelings should be separated as much as possible.

Reaction—then, on an emotional level, employees openly talk about their specific reactions to the previously more intellectualized events.

Symptoms—reactions often times have provoked or will provoke symptoms such as bodily changes, emotional deviations and an inability to function normally on the job. The employees are encouraged to freely discuss these symptoms with the group leaders.

Teaching—a period of teaching follows which promotes a return to a thinking level and re-organization of individual norms of functioning. The facilitator outlines a range of strategies and resources that are available to the participants in their community.

Re-entry—the re-entry stage includes sensitizing supervisors and arranging for individual and/or group follow-up.

The period following any critical incident represents an opportunity to strengthen the relationship between an individual in crisis and the intervening staff. Formal review and debriefing of the incident with the client and those involved in the intervention will need to be completed.

Activity13—post CIS expectations

Trauma

Identify Staff at Risk

Recognize that intense feelings may arise from the situation and that some staff may be affected. Individuals who have experienced crisis related trauma may need additional support. Individual and group counselling should be provided for those who require it.

Provide the following resources to staff:
- Community resources and grief support groups.
- Have follow-up staff meetings.
- At the end of the day, bring staff up to date. .
- Send flowers/mass card or other expressions of sympathy.
- Take commemorative actions.

Trauma-Specific Interventions

Trauma-specific interventions generally recognize the following:
- The survivor's need to be respected, informed, connected, and hopeful regarding their own recovery.
- The interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety.
- The need to work in a collaborative way with survivors, staff at service agencies, and family and friends in a manner that will empower clients.

Secondary wounding

Secondary wounding occurs when the people, institutions, caregivers, and others to whom the trauma survivor turns for emotional, legal, financial, medical, or other assistance respond in one of the following ways:
- Disbelief, denial, discounting.

- Blaming the victim.
- Stigmatization.
- Denial of assistance.

Causes of Secondary Wounding

Secondary wounding occurs because people who have never been hurt sometimes have difficulty understanding and being patient with people who have been hurt. Secondary wounding also occurs because people who have never confronted human tragedy are sometimes unable to comprehend the lives of those in occupations that involve dealing with human suffering.

It is also common that survivors are rejected or disparaged by other survivors—those who have chosen to deny or repress their own trauma and have not dealt with their losses and anger. When trauma survivors who are not dealing with their traumatic pasts see someone who is obviously suffering emotionally or physically, they may need to block out that person in order to leave their own denial system intact.

Effects of trauma

There can be changes in the way people see themselves, their family or friends. Relationships can become very strained and difficult and individuals might find it difficult to communicate. They might not be able to talk to their partner and will retreat behind a wall of silence or suppressed anger.

Trauma can manifest itself in relationships in the following ways:

- Inability to stop talking about the event. This can become irritating and boring for others whose response might be to tell them to shut up and forget about it.
- Nightmares and dreams. Waking up in a panic or sweats or suddenly jumping out of bed. This can be very disturbing and frightening for partners also.
- Apathy. Feeling that life is a waste of time. "What's the point?"
- Inability to make even simple decisions. Loss of concentration. Disinterest in families, friends, hobbies. Others can wonder what this is about and become frustrated and angry.
- Feelings of vulnerability. Anxiety about the same things happening again. Confusion and disorientation. The response can be to tell them to pull themselves together.
- Pent-up feelings can result in anger and violence in the relationship, sometimes without any apparent cause. Shouting and pleading against anything or nothing.
- Loss of self-esteem or self-value and worth. "I am useless. Why bother with anything?" Partners can respond by arguing or trying to convince them that this is not true and stress the value of their relationship, the family and home.
- Loss of interest in work or hobbies. Changing jobs. Wanting to move to another home. All cause upheaval in the family and seem so unnecessary to others.
- Looking for new relationships or partners. Dissatisfaction with present partner or family.
- Constant preoccupation with the incident. Keeping a diary of events or a scrapbook. This can be infuriating to others.
- Avoiding anything to do with the incident. Keeping away from people, including those who are there to help.
- A lack of understanding on the part of the person experiencing the incident on the effects of the incident or their behaviour on others in the family.

- Shame and fear about behaviour, especially of guilt or lack of ability to cope at the time. "I should have done this and I shouldn't be like this".
- Feeling like a complete failure. "I did not do what I could or should have done. I am even lower than an animal. I feel utterly degraded."

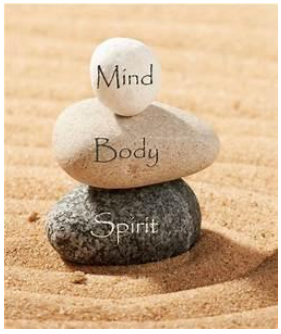
Signs and symptoms of trauma

Body

- Nausea.
- Crying.
- Muscular weakness/tremors.
- Chest pain/tachycardia/hypertension.
- Dizziness/hyperventilation.
- Heightening of one or more of the senses.
- Incontinence.

Mind

- Confusion.
- Inability to concentrate.
- Difficulty in decision making and integrating information.
- Memory loss.
- Communication difficulties.
- Images of past events and/or potential outcomes/intrusive thoughts.
- Disorientation.



Spirit

- Fear/anxiety.
- Denial.
- Anger and rage.
- Emotional numbness.
- Self doubt.
- Grief/sorrow.

Activity 18—Post CIS do's and don't's

Trauma Recovery

Trauma recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Trauma supported recovery includes having a stable and safe place to live, making healthy choices, and conduct meaningful activities. In order for recovery to happen the individual must also feel a sense of community.

As housing workers we often see how trauma has affected our clients and co-workers. Individuals who have experienced trauma may have a triggered emotional response to things in everyday life that may not be directly associated with the trauma. There is a continued debate among health care providers whether revisiting traumatic memories

helps or harms and disclosure is a highly personal choice. Trauma recovery focuses on supporting an individual as they learn to regulate these emotions.

- Are their basic needs of safe shelter, food, income and supportive relationships met?
- Are they taking care of themselves and engaging with others?
- Are they able to do the tasks required for daily living i.e. making meals, laundry, work, school, cleaning etc.
- When they are upset emotionally are they able to comfort themselves or reach out for someone who can help calm them?

Mindfulness (source: Manitoba Trauma Information and Education Centre)

The practice of mindfulness can also play a significant role in trauma recovery by helping to restructure parts of the brain that have been the most compromised by trauma. Mindfulness is paying attention in the present moment to body sensations, emotions and thoughts without judgement (Williams et al, 2007). Mindfulness is a skill based on thousands of years of practice in various meditative traditions. The most popular modern versions are Mindfulness Based Stress Reduction, yoga and qi gong.

Safe relationships and the development of mind/body practices calm the limbic system. Recent studies that look at changes in the brains of people who have been practicing meditation, even for a short time, show that their limbic systems are less reactive and the neural connections between the prefrontal cortex (thinking brain) and the limbic area (reactive brain) increased (Davidson, 2012). These changes show that meditators are more likely to pause before reacting and, when stressed, choose a wiser course of action.

Other studies have shown that cognitive behavioural therapy combined with mindfulness practices can help prevent a relapse in people prone to clinical depression (Williams et al, 2007), obsessive compulsive disorder (Schwartz, 1996) and addictions (Marlatt, 2010). Not all mindful practices involve sitting still. Besel Van der Kolk's team at his center for people impacted by trauma in Massachusetts showed that women with "treatment resistant" PTSD who participated in several weeks of yoga improved. Almost half of them no longer had the symptom requirements for a diagnosis of PTSD (see yoga article at www.traumacenter.org). While these are early days, the emerging literature would suggest that there are many ways to heal from trauma.

There are other types of self-soothing practices such as meditation, deep breathing yoga, Chi Qong etc. and spiritual and cultural practices and ceremonies that have been shown to be effective in regulating the nervous system. These practices may work well with more traditional talk therapies allowing greater stability throughout recovery. Auricular Acupuncture has the added advantage of reducing cravings for alcohol and drugs as well as promoting better sleep and clearer thinking among clients who receive it regularly (Stuyt, 2006). It is also well suited for supporting work with refugees and immigrants in that it is nonverbal and closer to the methods of traditional medicines found in a variety of cultures.