5.09 Responding in a Crisis: De-Escalation and Mental Health First Aid

2025 NATIONAL CONFERENCE ON ENDING HOMELESSNESS
June 30–July 2, 2025 Washington, D.C. #NAEH2025

Kacy L. Barker, PhD

Homeless Services Management Analyst
Arlington County (VA) Government - Department of Human Services

Mental health, illness, and disorders (in particular substance use disorder), are often a topic of conversation when people bring up homelessness. This session will explore the realities of behavioral health concerns and give attendees actionable skills for mental health first aid and de-escalation that can be utilized in service provision when necessary.

Meet Your Presenter

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Kacy Barker is an experienced program director and policy analyst with a demonstrated history of working in both the nonprofit sector and local government. She has nearly 20 years of experience working with vulnerable populations – nearly 15 years of which involves working with people experiencing homelessness and three years as a criminal defense investigator. She has earned a PhD in International Psychology with a concentration in Trauma Services from The Chicago School's DC campus and a master's degree in Forensic Psychology from Marymount University. Her research and dissertation was on the stigma against sex workers. Kacy is passionate about trauma-informed care and harm reduction and how it can be applied to those who live, and earn their living, on the streets.

LinkedIn: www.linkedin.com/in/kacy-barker

Training Objectives

Realities of Behavioral Health Concerns

- What is Trauma Informed Care (TIC)
- Principles of Trauma Informed Care
- Types of Trauma & Effects of Trauma
- Adverse Childhood Experiences (ACEs)
- Effects of High ACE Scores

Actionable Skills for Mental Health First Aid & De-Escalation

- The Paradigm Change & The Four Rs of TIC
- Non-Defensive Communication & De-Escalation
- Skill-Building Exercise

Empathy Fatigue & Self Care

What is Trauma Informed Care

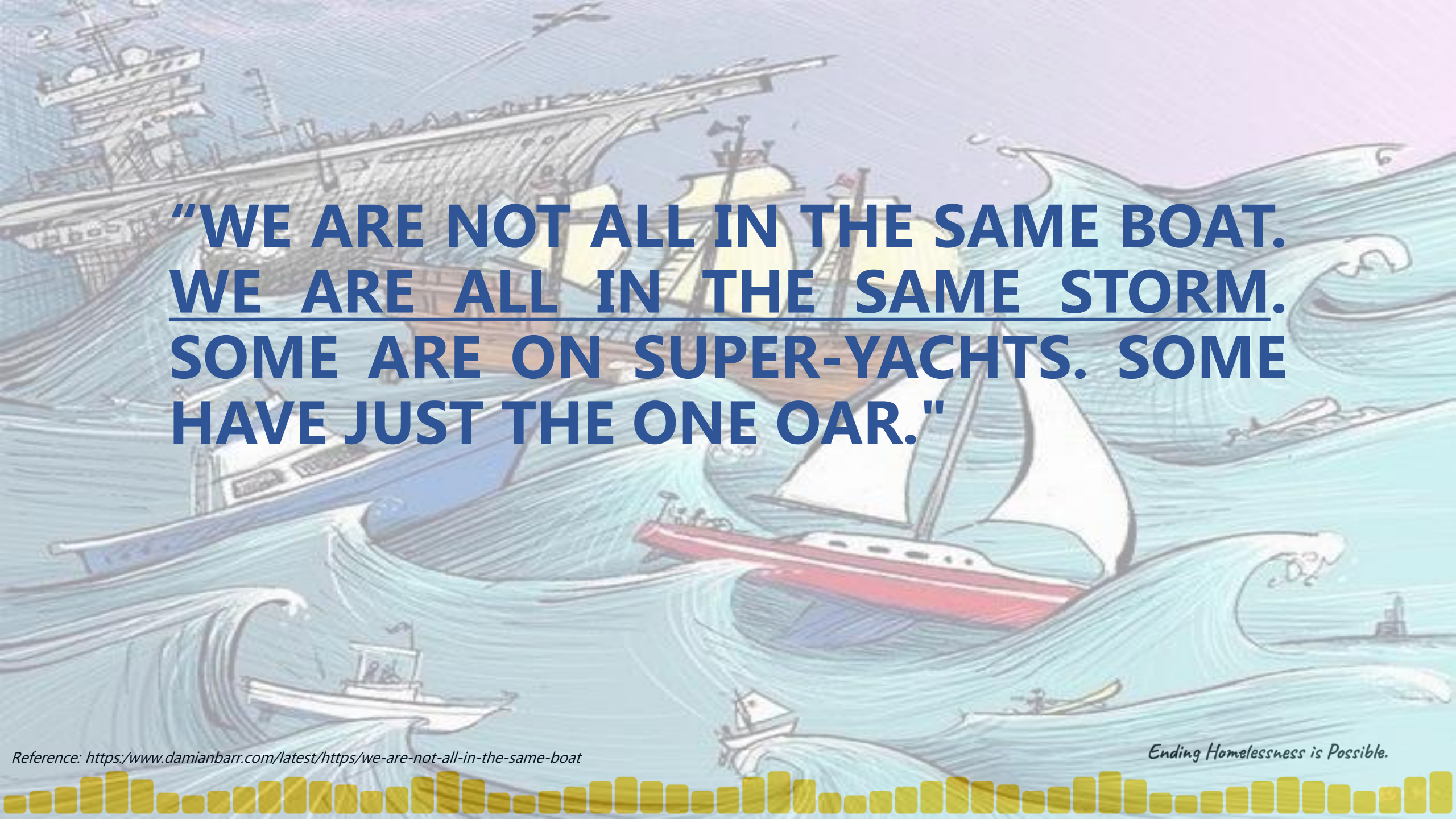
A trauma-informed approach is based on the recognition that many behaviors and responses (often seen as symptoms) expressed by survivors and consumers are directly related to traumatic experiences that often cause behavioral health problems, such as psychiatric disabilities, substance use disorders, and physical health concerns.

Reference: https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/

Six Key Principles of Trauma Informed Care

Reference: https://library.samhsa.gov/sites/default/files/sma14-4884.pdf & https://stacks.cdc.gov/view/cdc/138924

Ending Homelessness is Possible.



Reference: https:/www.damianbarr.com/latest/https/we-are-not-all-in-the-same-boat

Ending Homelessness is Possible.

Types of Trauma

Acute Trauma

- Experiencing serious injury to self or witnessing others being injured
- Facing imminent threats of serious injury or death to yourself or others
- Experiencing a violation of personal physical integrity
- Examples: school shootings, gang violence, natural disasters, physical /sexual assaults, specific incidents from war, homelessness, etc.

Complex / Chronic Trauma

- Trauma that occurs repeatedly over a long period of time
- Adverse Childhood Experiences
- Examples: some forms of physical abuse, long standing sexual abuse, domestic violence, wars, political violence, chronic homelessness, incarceration, generational poverty, etc.

Reference: https://www.traumainformedcare.chcs.org/what-is-trauma/

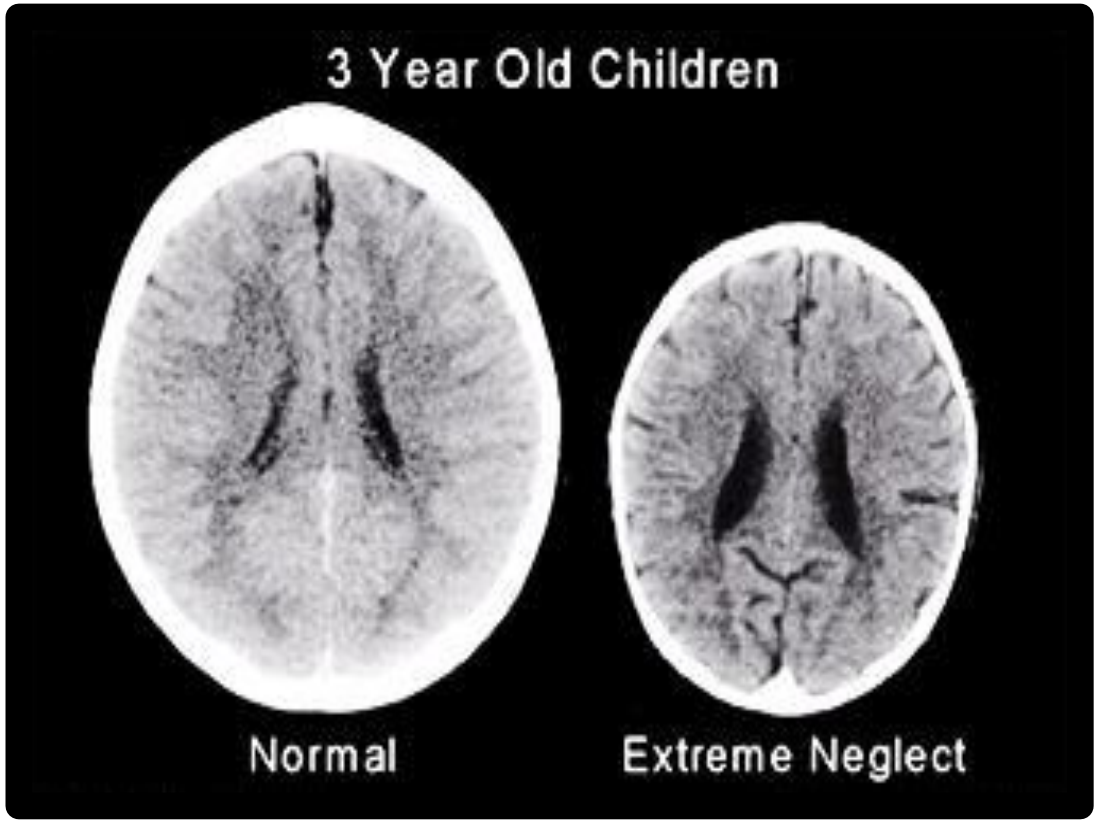
Effects of Trauma

We already know those who experience homelessness also experience a shorter life expectancy rate – this is why not only HUD, but also our CoC has placed an emphasis on housing the most chronic and vulnerable – because they are at a higher risk of dying. Per the National Coalition for the Homeless: A study using data from the Los Angeles' homeless population from 2000-2007 indicated that the average death of a person experiencing homelessness was 48.1 years old, falling far short of the 77.2 year life expectancy of the average American during that time.

Reference: https://search.issuelab.org/resource/dying-without-dignity-homeless-deaths-in-los-angeles-county-2000-2007.html & https://www.usich.gov/guidance-reports-data/data-trends#:~:text=Tens%20of%20thousands%20of%20people,often%20from%20easily%20treatable%20illnesses

Effects of Trauma

Abuse and neglect have profound effects on brain development. The longer the abuse or neglect, the more likely it is that permanent brain damage will occur. Severe neglect can result in reduced brain size, decreased density of neurons, and smaller head circumference.



Reference: https://www.psychiatrypodcast.com/psychiatry-psychotherapy-podcast/episode-217-adverse-childhood-experiences-part-3-aces

Adverse Childhood Experiences (ACEs)

- In collaboration with Kaiser Permanent, the Center for Disease Control and Prevention (CDC) completed a study on 17,000 people and tested them for the 10 most common types of childhood trauma.
- The CDC's ACE study showed a stunning link between childhood trauma and the chronic diseases people develop as adults, as well as social and emotional problems.
- The first research results were published in 1998

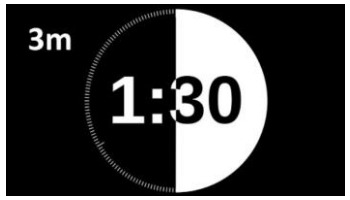
  - 2/3 of the sample population had an ACE score of at least one and 1 in 6 adults reported they had experienced 4 or more
  - With an ACE score of 4 or more, the likelihood of chronic pulmonary lung disease increases 390%, hepatitis 340 %, depression 460 %, and suicide 1220%

Reference: https://pinetreeinstitute.org/aces-test/ & https://www.cdc.gov/aces/about/index.html

Get Your ACE Score

- Scan the QR code to get your ACE score
- No one will be asked to share their ACE score or any personal details
- If you do not want to take the test online or participate – the next slide will provide an overview of the 10 most common types of childhood trauma
- **Research has shown that 9 in 10 homeless adults have an ACE score of at least 1 and over half have been exposed to 4 or more**

Reference: https://pinetreeinstitute.org/aces-test/ & https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(21)00189-4/fulltext & https://www.sciencedirect.com/science/article/abs/pii/S0749379720300428



Get Your ACE Score

1. Did a parent or other adult in the household often or very often… Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
   No___ If Yes, enter 1 ___
2. Did a parent or other adult in the household often or very often… Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
   No___ If Yes, enter 1 ___
3. Did an adult or person at least 5 years older than you ever… Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
   No___ If Yes, enter 1 ___
4. Did you often or very often feel that … No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
   No___If Yes, enter 1 ___
5. Did you often or very often feel that … You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   No___If Yes, enter 1 ___
6. Were your parents ever separated or divorced?
   No___If Yes, enter 1 ___
7. Was your mother or stepmother:
   Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
   No___If Yes, enter 1 ___
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
   No___If Yes, enter 1 ___
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
   No___If Yes, enter 1 ___
10. Did a household member go to prison?
    No___If Yes, enter 1 ___

Reference: https://pinetreeinstitute.org/aces-test/

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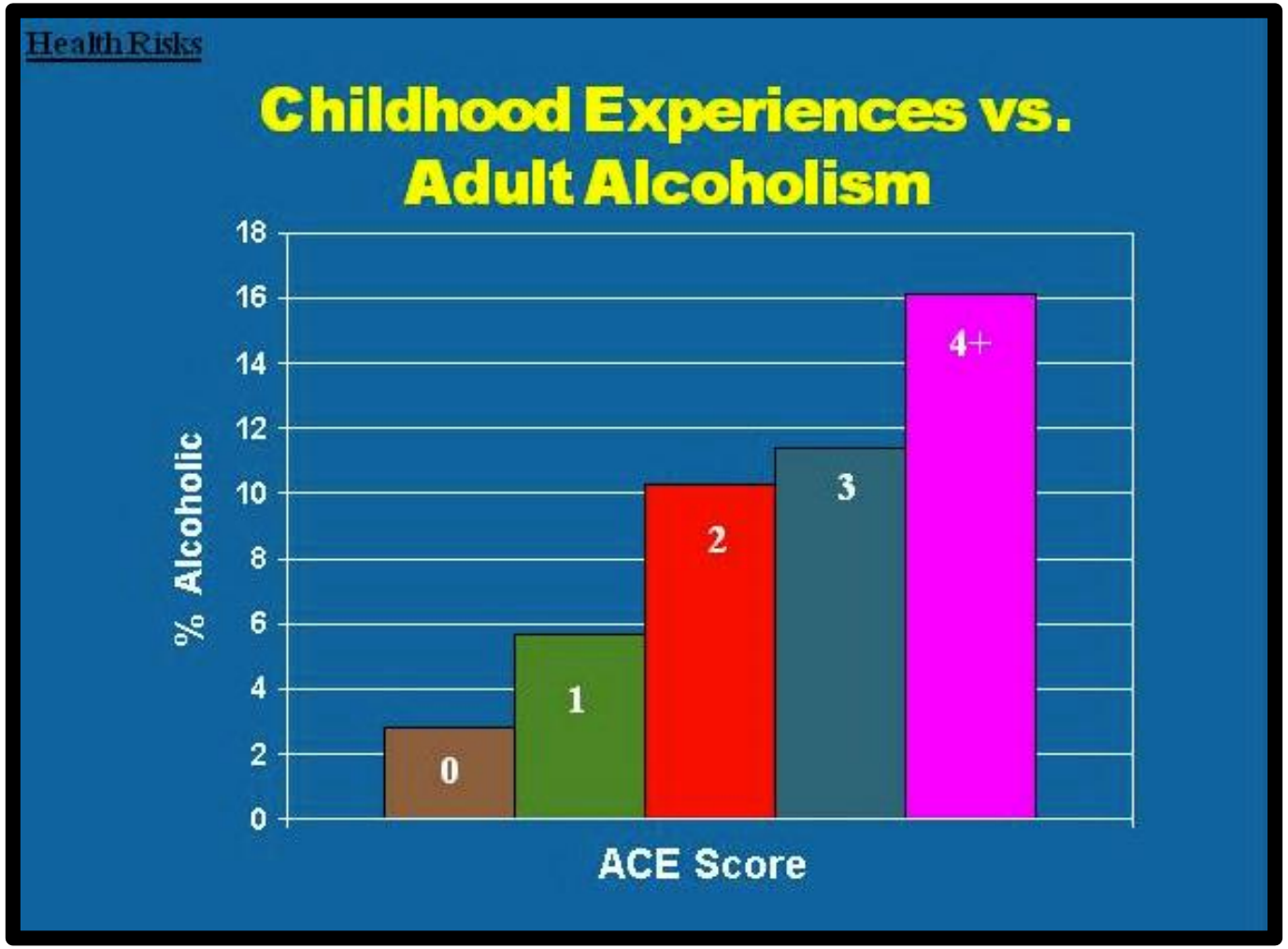
Effects of High ACE Scores



Reference: https://acestoohigh.com/got-your-ace-score/

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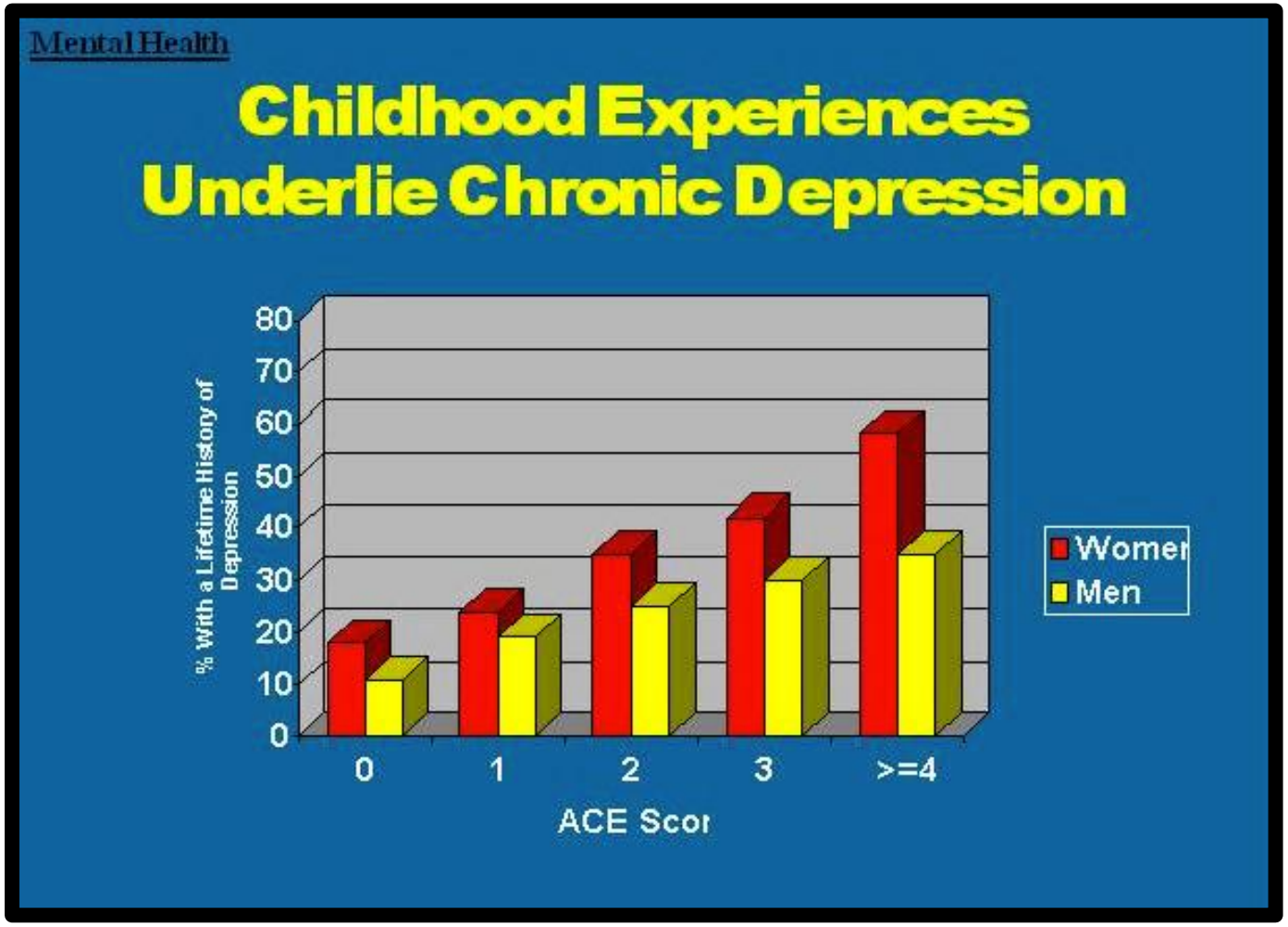

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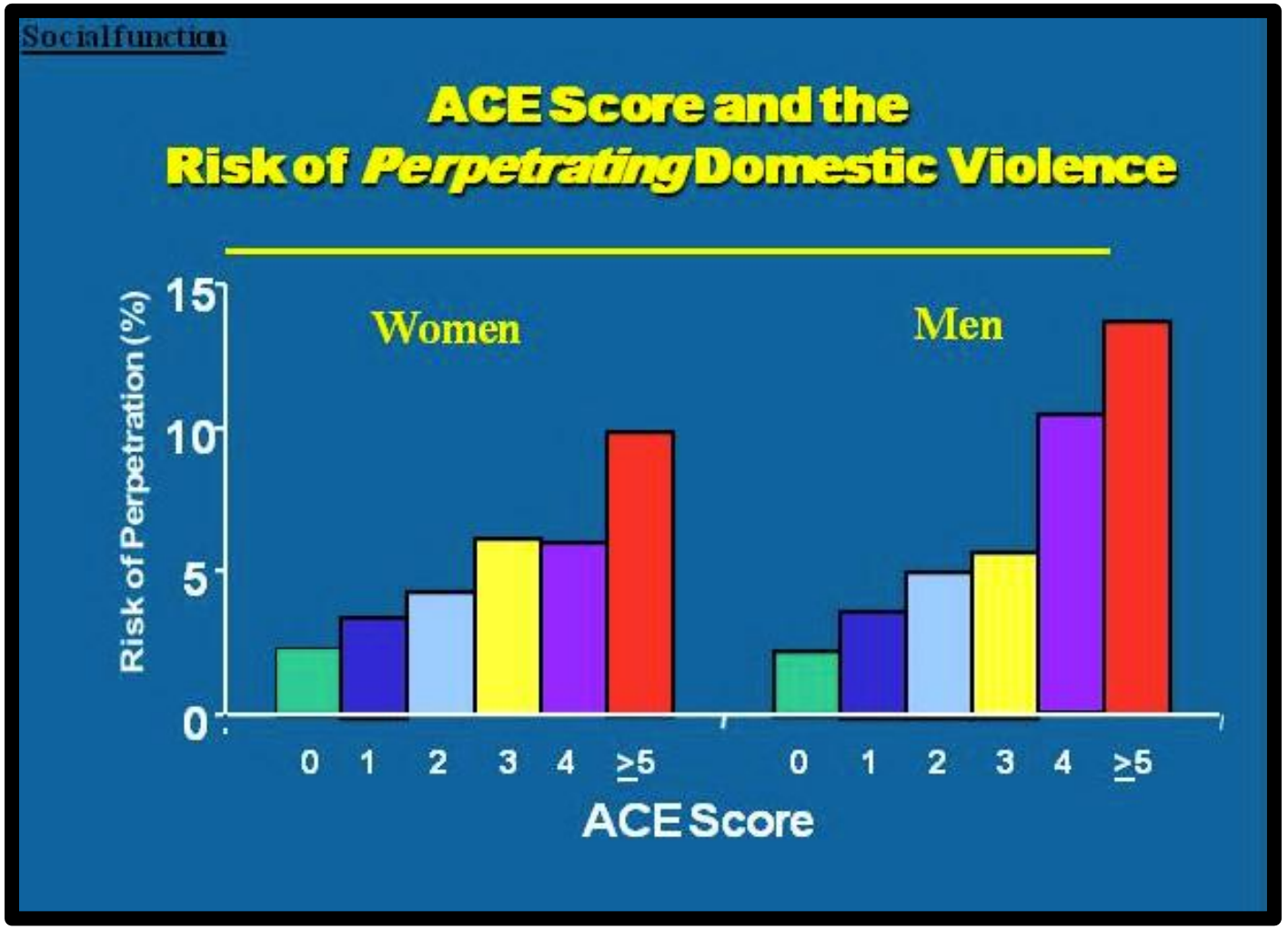

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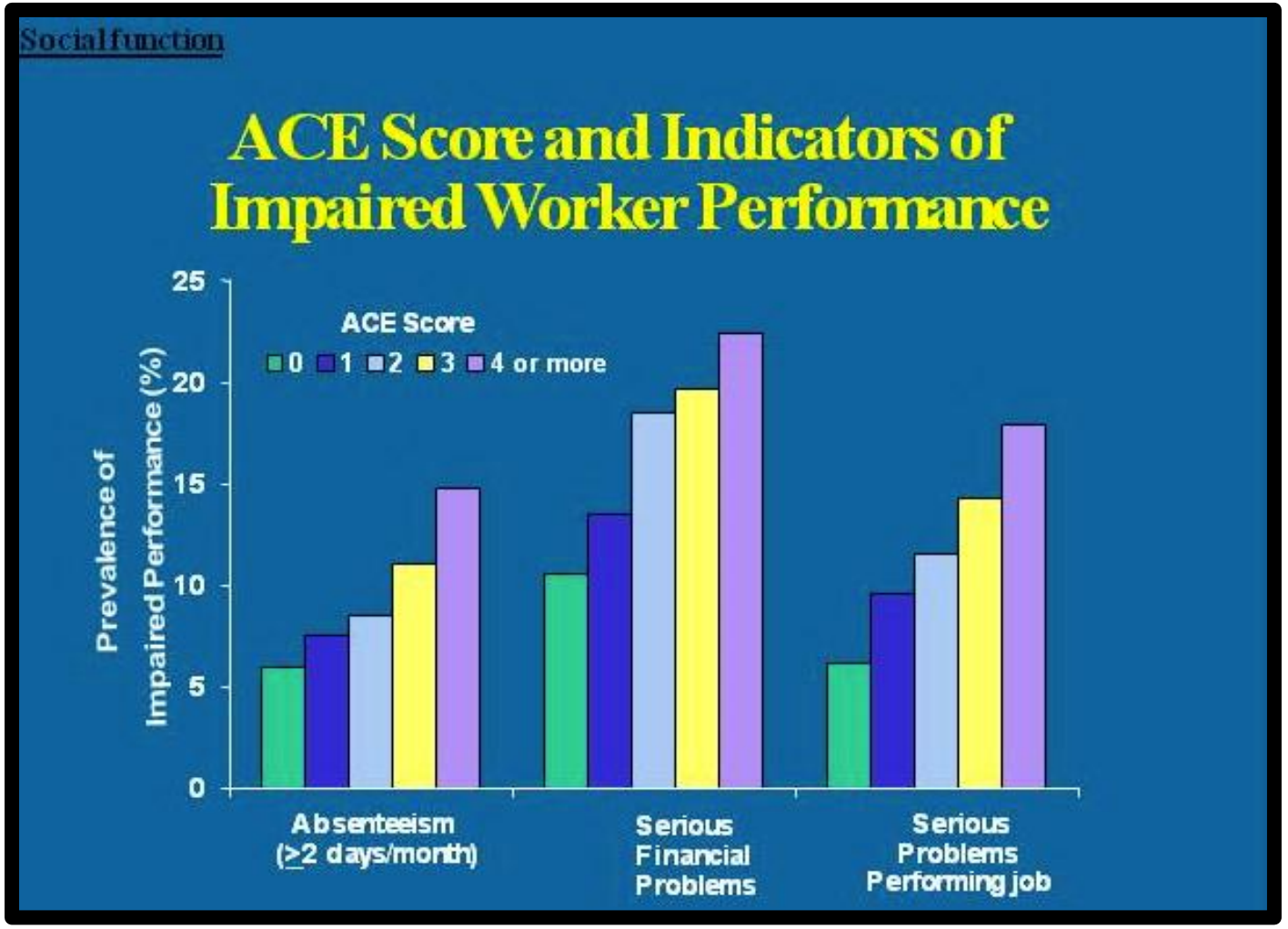

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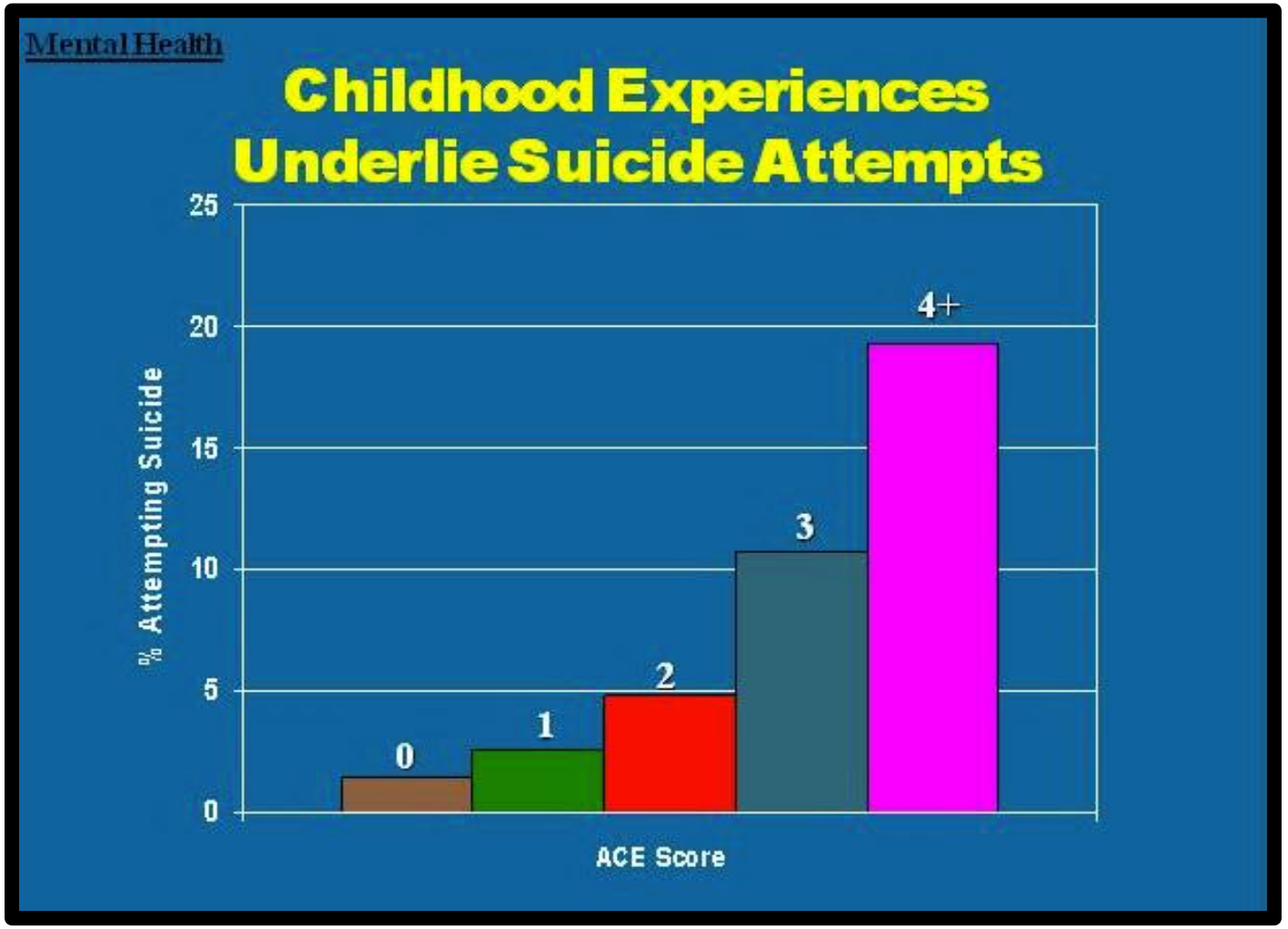

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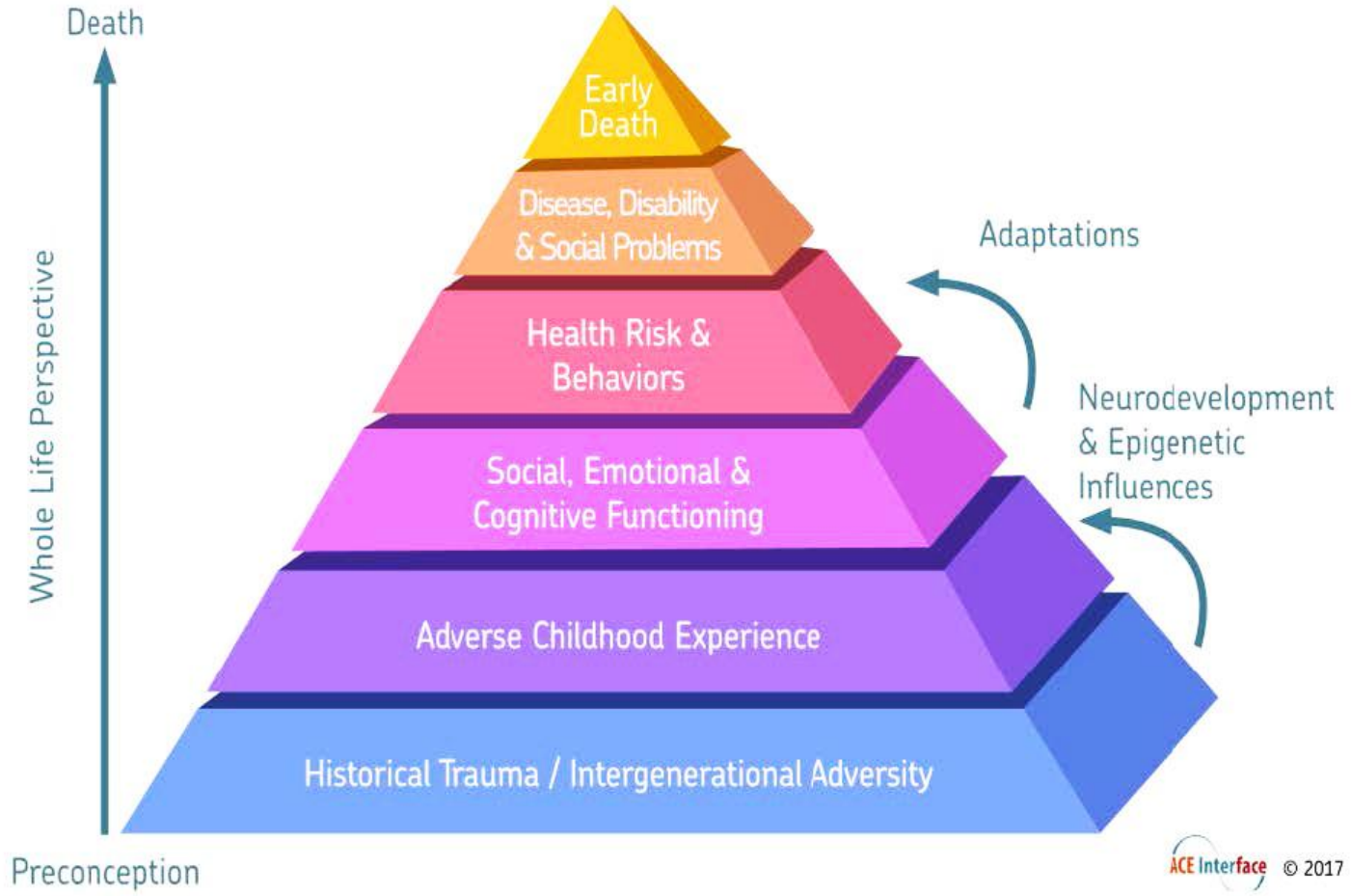

Reference: https://pinetreeinstitute.org/aces/

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Effects of High ACE Scores: Negative Adulthood Impact

- Adverse childhood experiences caused by the caregiver(s) leads to an insecure attachment to the caregiver(s), which becomes the template for all subsequent relationships.

- In addition, the ability to regulate emotions, which develops from a secure attachment to caregivers, does not develop properly in those with childhood trauma.

- Instead, coping mechanisms, however detrimental to the health and functioning of the individual, become the means to survival and are carried into adulthood.

Reference: Lisa R. Ferentz, Ferentz Institute

Effects of High ACE Scores: Protective Factors

- Nurturing and attachment
- Access to basic needs
- Social connections, positive friendships, and/or peer networks (teacher, coach, spiritual leader, elder in the community, etc.)
- Parental resiliency where adults / caregivers work through conflicts peacefully and engage in parental monitoring and consistency in boundaries / rules
- Doing well in school

Reference: https://www.cdc.gov/aces/risk-factors/index.html

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The Paradigm Change

- The basic premise for organizing services is transformed from:

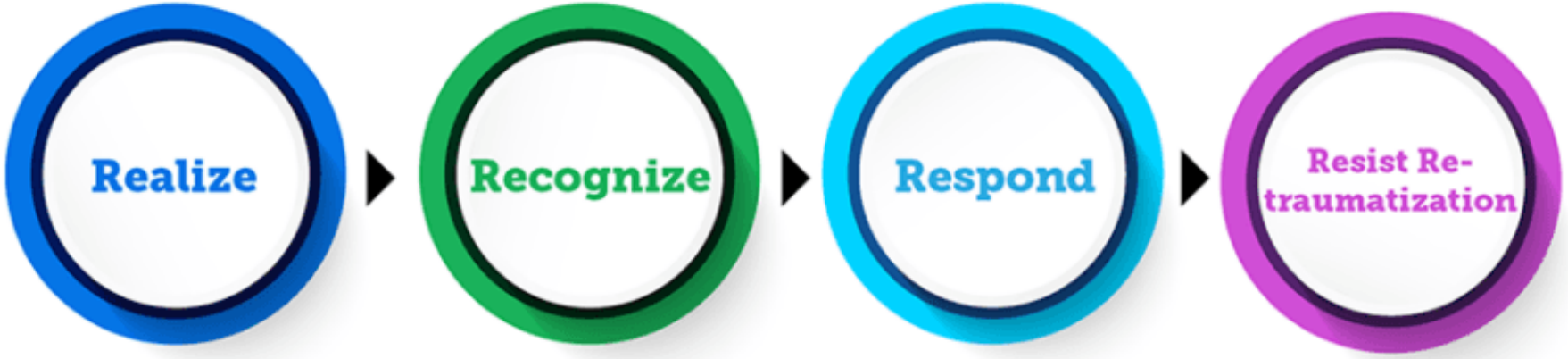
  "What is wrong with you?" **to** ***"What has happened to you?"***

- Change starts with an organizational shift from a traditional "top-down" environment to one that is based on collaboration with those who have experienced trauma and their families.

- Trauma Informed Care can be implemented in every facet of providing services: From how your receptionist greats clients and callers, to the language used in signage and in program guidelines – all the way to the most clinical components of case management and therapeutic services.

Reference: https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/

The Four Rs to Trauma Informed Care



Reference: https://www.childtrends.org/publications/how-to-implement-trauma-informed-care-to-build-resilience-to-childhood-trauma & https://library.samhsa.gov/sites/default/files/sma14-4884.pdf

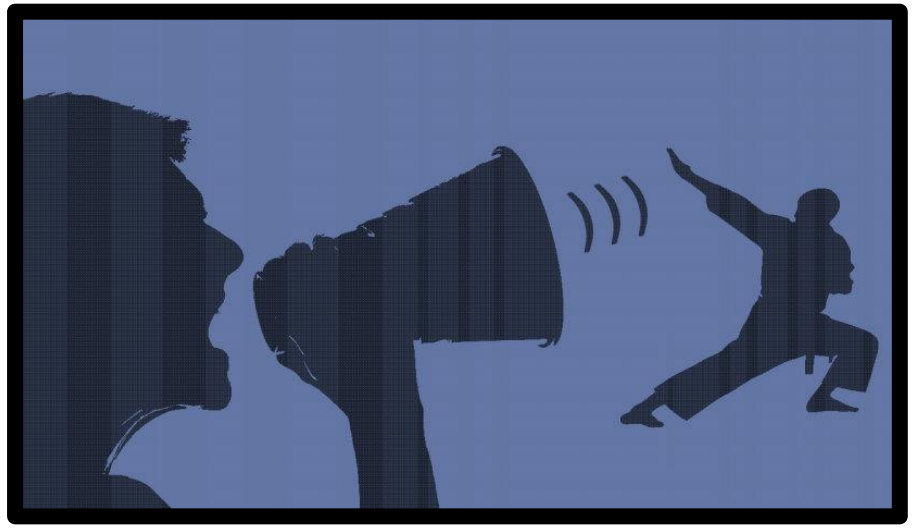
The Basics of Non-Defensive Communication & De-Escalation

- Remain Calm
- Practice Active Listening
- Be Sincere & Show Empathy
- Engage in Non-Defensive Communication

Remain Calm

The best way to remain calm, is through our communication

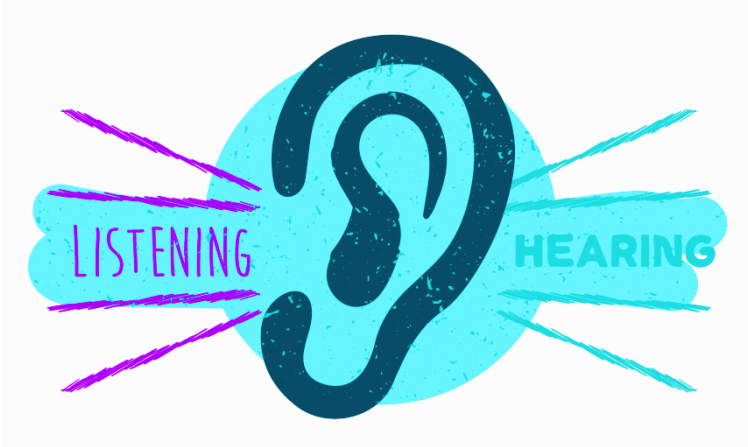
- **Verbal Messages**: the words we choose
  - Brief, succinct and organized
  - Non-judgmental & free of jargon
- **Paraverbal Messages**: how we say the words
  - Tone, pitch, pace and word emphasis
- **Nonverbal Messages**: our body language
  - Eye contact, stance, gestures (big or small)
  - Good posture, direction of stance
  - Facial expression/rolling or flashing eyes



Practice Active Listening

Hearing is collecting data – like typing numbers into an Excel spreadsheet.

Listening is caring about that data and making sense of it – like making a graph from those numbers that explains something complex. An infograph is more meaningful than a row of numbers.



Be Sincere. Show Empathy.

Video Link: https://youtu.be/1Evwgu369Jw

Engage in Non-Defensive Communication

1.) The first words to your response should be empathetic – try paraphrasing the emotional message you just heard. It's normal to react defensively if someone has said something hurtful to us, but it's important to take a deep breath, be calm, and respond to the feelings or emotions you heard from the statement. Everyone wants to feel as though they have been heard.

2.) Try to find SOME truth in what they are saying.

3.) Validate their feelings.

4.) Offer a possible solution or redirect the behavior.

5.) Re-establish therapeutic rapport or thank the participant for bringing their concern to your attention.

Skill-Building Exercise: Scenario

A guest enters the shelter after a long day of unsuccessful job searches and is immediately asked by staff to sign in and comply with a bag search. Meanwhile, the guest states she left a bag of her belongings here last night and demands to know where they are. The guest begins yelling and accuses staff of throwing away her belongings. She states the shelter is worse than jail and wants to speak with the staff members supervisor or she is going to call the police and channel 4 news to “get this place shut down…”

Skill-Building Exercise: Practice Non-Defensive Communication

1.) The first words to your response should be empathetic
Example: "It sounds like you are really frustrated. Losing valuables can be really upsetting."

2.) Try to find SOME truth in what they are saying.
Example: "You're right – it's not okay that your belongings are missing."

3.) Validate their feelings.
Example: "I can certainly see why you might feel angry or frustrated."

4.) Offer a possible solution or redirect the behavior.
Example: "Perhaps we can look for your belongings together… my supervisor isn't here right now, but you can write her a letter documenting your concerns and I will give it to her."

5.) Re-establish therapeutic rapport or thank the guest for bringing their concern to your attention.
Example: "Thank you for bringing this to my attention…I hear what you're saying…"

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Between a global pandemic, political tensions, racial injustices, natural disasters, and personal and professional obligations – life can feel exhausting!

Empathy Fatigue: is the negative consequence of repeat exposure to stressful and traumatic events that prevent a person's ability to care.

Reference: https://health.clevelandclinic.org/empathy-fatigue-how-stress-and-trauma-can-take-a-toll-on-you/

Empathy Fatigue & Self Care

Emotional Symptoms

- Isolating yourself from others
- Feeling numb or disconnected
- Lack of energy to care about other things around you
- Feeling overwhelmed, powerless or hopeless
- Not being able to relate to others
- Feeling angry, sad or depressed
- Obsessive thoughts about the suffering of others
- Feeling tense or agitated
- Feeling speechless or unable to respond appropriately to what's happening around you
- Self-blame

Physical Symptoms

- Inability to concentrate, be productive or complete daily tasks
- Headaches
- Nausea or upset stomach
- Difficulty sleeping or constant racing thoughts
- Self-medicating with drugs or alcohol
- Conflicts in your relationships
- Changes in your appetite
- Feeling exhausted all the time
- Avoiding work or other activities

Reference: https://health.clevelandclinic.org/empathy-fatigue-how-stress-and-trauma-can-take-a-toll-on-you/

Empathy Fatigue & Self Care

Self Care: is purposeful and intentional strategies that promote health and well-being.

It is not a luxury – it is a priority! And it can be done in many ways:

- Physical
- Social
- Mental
- Spiritual
- Emotional

Reference: https://www.verywellmind.com/self-care-strategies-overall-stress-reduction-3144729

Recapitulation

- Remember: We all have our own trauma – and our participants / shelter guests are no different. Vicarious, or second-hand, trauma is impacting us all.

  Practice Self Care – and be intentional about!

- Trauma-Informed Care is a shift in thinking about people's behavior as **"what's wrong with them" to "what's happened to them."**

- Practice non-defensive communication – not just at work – but in everyday life. More often, **it's not what we say, but how we say it**.

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THANK YOU

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