Trauma-Informed Engagement

Supporting Families Through Compassionate Practice

FSS & Resident Services Professional Development

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Recognize Trauma **Build Trust** **Foster Resilience**

Building Trust · Improving Communication · Promoting Long-Term Stability

What We Will Explore Together

01 Recognize how trauma affects the families we serve — and our own professional responses

02 Understand types of trauma and why behaviors that look like resistance are often survival

03 Apply core trauma-informed principles to build trust, safety, and effective communication

04 Practice through real housing case scenarios — Destiny, Marcus, and Keisha

05 Explore healing-centered engagement as a strengths-based framework for lasting change

06 Leave with concrete commitments that promote family stability and long-term success

✨ One-Word Check-In (3–5 Minutes)

In ONE word — how are you showing up to this space today?

Present	Curious	Hopeful	Open	Ready
Reflective	Tired	Energized	Grateful	Uncertain

Why this matters: This practice models exactly what trauma-informed engagement looks like — offering choice, normalizing emotion, and creating psychological safety from the very first moment.

Understanding the Role of Trauma

Trauma is not defined by the event — it is defined by the person's experience of it. It is what happens inside you as a result of what happened to you.

What Trauma Can Look Like in Housing & FSS Contexts

- Chronic housing instability & repeated eviction
- Community violence or neighborhood trauma
- Incarceration of a parent or caregiver
- Systemic racism, discrimination, poverty
- Domestic violence or unsafe relationships
- Sudden loss of income or family crisis

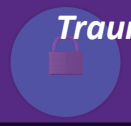
The Three Common Threads



Unexpected
The event came without warning



Unprepared
The person had no tools to cope



Unpreventable
There was nothing they could do to stop it

Trauma is not weakness. It is a normal response to abnormal circumstances.

Types of Trauma & The ACE Study

2/3
of adults have at least 1 ACE

1 in 5
have 3 or more ACEs

4+
ACEs linked to leading causes of adult death

Common Sources of Trauma in Housing Populations

- Physical, sexual, or emotional abuse
- Neglect or abandonment in childhood
- Domestic violence
- Community or school violence
- Parental incarceration
- Substance use in the household
- Chronic poverty & food insecurity
- Racism & systemic oppression
- Housing instability & homelessness
- Historical / intergenerational trauma

The Role of Resilience

- ▶️ Not all ACE exposure leads to the same outcomes
- ▶️ Resilience is a process — not a fixed trait
- ▶️ Positive relationships are the #1 protective factor
- ▶️ Our programs can be that protective factor

Behavior Is Communication — Not Defiance

Shift the question: from **"What is wrong with this person?"** to **"What happened to this person?"**

Trauma Impacts Five Key Domains:

Brain

Survival mode limits rational decision-making

Body

Elevated cortisol & chronic stress response

Biology

Immune & endocrine systems compromised

Beliefs

Safety, self-worth & trust in others altered

Behavior

Most visible layer — what we see in our work

What This Looks Like in FSS / Resident Services:

Missed appointments → Avoidance — a learned survival response to systems that failed them

Defensive or hostile tone → Hypervigilance — nervous system scanning for threat

Core Principles of Trauma-Informed Practice

🛡️ Safety

Create physical & emotional safety in every interaction. Explain processes, reduce surprises, use a calm and consistent tone.

🤝 Trustworthiness

Do what you say. Show up consistently. Follow through on small promises — these rebuild trust that trauma has broken.

💪 Empowerment

Offer genuine choices wherever possible. People who have been disempowered heal when they reclaim a sense of agency.

🌍 Cultural Humility

Race, culture, gender, and history shape the experience of trauma. Acknowledge it. Never assume a one-size-fits-all approach.

🔗 Peer Support

Connection with others who share lived experience reduces isolation and communicates 'you are not alone in this.'

🤲 Collaboration

Move from 'I know what you need' to 'let us figure this out together.' Families are partners, not problems to be managed.

Building Trust & Improving Communication

What Trust Sounds Like

"I am here to support you, not to judge you."

"You get to decide how much you share today."

"I noticed you mentioned that — can we talk about it more?"

"That makes sense given everything you've been through."

"I made a mistake — here is how I am going to fix it."

"What would feel most helpful to you right now?"

Practical Communication Strategies

👁️ Meet them where they are

Flexible scheduling, home visits, community-based meetings — remove the barriers to showing up.

👂 Listen more than you speak

Reflective listening signals that the person, not the checklist, is the priority.

🗣️ Explain every step

Predictability reduces anxiety. Tell clients what to expect before, during, and after each interaction.

⏸️ Normalize the pause

Silence is not failure. Allow space for processing. Not every question needs an immediate answer.

✅ Follow through — always

Even small promises kept build enormous trust. Even small breaks in follow-through confirm old wounds.

Self-Awareness: The Practitioner's Most Important Tool

We cannot offer what we do not have access to. Our regulated inner state is our most powerful intervention.

⚡ Know Your Triggers

What behaviors, situations, or client responses activate your own stress? Name them before they name themselves in your interactions.

🔍 Notice Your Lens

Your own history, assumptions, and biases are present in every appointment. Making them visible makes you more effective — not less.

🌬️ Regulate Before You Respond

You cannot co-regulate a dysregulated client if you are dysregulated yourself. A breath, a pause, a glass of water — these matter.

📓 Reflect Regularly

Supervision, peer consultation, journaling — consistent reflection keeps blind spots from quietly becoming sources of harm.

🛡️ Name Secondary Traumatic Stress

Sustained exposure to others' trauma impacts you. Compassion fatigue is not weakness — it is an occupational reality that requires care.

🌱 Invest in Your Own Renewal

Rest, joy, community, and creativity are not luxuries. They are how you stay present, effective, and human in this work.

🌟 Highlight & Hurdle — Connection Without Pressure



Highlight

Share one insight, approach, or shift in thinking from today's session that is already resonating with you — something that connects to your real work with families.

This models how we can invite clients to share what is working — naming progress before naming problems.



Hurdle

Share one challenge, tension, or question you are still wrestling with — something about trauma-informed practice that feels difficult, unclear, or hard to apply in your specific setting.

Hurdles are not failures. They are invitations for deeper learning — and they often reflect exactly what our clients feel too.

Take 3 minutes to reflect — then share with a partner or with the group

🎭 Case Scenarios

Let's Practice Together (8–10 Minutes)

Destiny

The Weight of Generations

Marcus

The Big Dream

Keisha

The Checklist That Never Ends

As you read each scenario, ask yourself:

- What trauma signals do I notice?
- What are this person's strengths and motivations?
- How would I respond — in tone, approach, and next steps?

🏠 Scenario 1: Destiny — The Weight of Generations

The Situation

Destiny is 20 years old with two children (ages 1 and 3). She is the third generation in a single subsidized unit — her grandmother Ms. Eleanor (22 years), her mother Tamara, and now Destiny. She earned her GED while raising two toddlers, works part-time, and talks about community college, but says 'nobody in my family has really done that.' She is polite, always shows up, and deflects hard questions with humor. She has never had her own lease, never made a major decision without Big Mama's input, and has never lived anywhere else.

⚠️ Trauma Signals

- Deflects with humor — minimizing is a protective strategy
- Possible parentification — caretaking since childhood
- Mother's 'drinking' — ACE exposure to substance use
- Never given permission to want things for herself
- Identity enmeshed with family system

💪 Strengths

- GED earned while raising two toddlers — extraordinary
- Shows up consistently — reliable engagement
- Verbally expresses desire for change
- Deep family loyalty — a real support network
- Young — early intervention can shift generational trajectory

🎯 Your Approach

- Celebrate loudly: 'Do you understand what you just did?'
- Ask: 'What would you want — just for you — in 5 years?'
- Invoke Big Mama's hopes for her
- Connect to peer groups of young mothers in FSS
- Help her see: moving forward is not leaving family behind

Discussion: What would your first three conversations with Destiny look like?

🏠 Scenario 2: Marcus — The Big Dream

The Situation

Marcus is 34, walks in with a folder and a plan — he wants to own a home in two years and start a landscaping business in five. He has attended 4 of 11 appointments, owes two months of back rent, has a 512 credit score, and has had three jobs in 18 months (leaving two due to supervisor conflicts). He moved seven times before age 15. When you raise the rent balance, he pivots to the tax return, the cousin who owes him money, the next thing that will change everything. He becomes defensive when reality is named — then charming — then changes the subject. He believes wanting something hard enough is enough to make it happen.

⚠️ Trauma Signals

- ▶️ 7 moves before age 15 — chronic instability
- ▶️ Homeownership = longing for permanence & safety
- ▶️ Conflicts with authority figures — hypervigilance
- ▶️ Avoidance of accountability — self-protection
- ▶️ Charm as deflection — learned social survival skill

💪 Strengths

- ▶️ Vision and ambition — not apathy, just misaligned
- ▶️ Keeps coming back — something here matters to him
- ▶️ Entrepreneurial thinking — landscaping is real skill
- ▶️ Verbal and engaged when he feels safe
- ▶️ Holds a dream — and dreams can be redirected

🎯 Your Approach

- ▶️ Don't argue with the house — get curious about it
- ▶️ 'What does owning that house feel like?' (listen for the wound)
- ▶️ Build discrepancy: 'What does the house need from you?'
- ▶️ Celebrate every rent payment as a step toward the dream
- ▶️ Set clear, compassionate boundaries on attendance

Discussion: How do you stay curious about the house without abandoning accountability for the rent?

🏠 Scenario 3: Keisha — The Checklist That Never Ends

The Situation

Keisha is 29, one child (Amara, 7), working full time. She responds to emails within the hour. Completed every task assigned. Financial literacy, savings account, job readiness, resume update — all done. And yet she sits across from you every month with a flat expression saying 'I feel like I'm not getting anywhere.' In 12 months: $700 car repair (January), two ER visits and a lingering bill (April), six weeks of cut hours (July), three weeks on an air mattress due to plumbing issues (October), double utility bill (last month). She rebuilds. Something knocks her back. She rebuilds. She does not see the pattern — she sees herself as the problem.

⚠️ Trauma Signals

- ▶️ Self-blame as default — internalized failure narrative
- ▶️ Emotional suppression — contained crying, apologizes for it
- ▶️ High tolerance for struggle before naming distress
- ▶️ Perfectionism as survival — effort = safety
- ▶️ Childhood scarcity & self-reliance learned early

💪 Strengths

- ▶️ Extraordinary follow-through — genuinely remarkable
- ▶️ Employed full time with consistent performance
- ▶️ Amara is thriving — intentional, present parenting
- ▶️ Demonstrates capacity to save when buffer exists
- ▶️ Engaged and responsive — invested in the process

🎯 Your Approach

- ▶️ Lay out the year's crises: 'Look at what you absorbed'
- ▶️ Name the structural barrier — not her personal failure
- ▶️ Build a protected emergency fund as the first priority
- ▶️ Create a visible progress map she can look at
- ▶️ Ask: 'What does rest look like for you?' (she may not know)

Discussion: How do you help Keisha see progress when she cannot feel it?

What Is Healing-Centered Engagement?

"Healing-Centered Engagement is a strengths-based approach to addressing trauma that considers the collective, cultural, and spiritual experience of healing." — Dr. Shawn Ginwright

Going Beyond Trauma-Informed: The Healing-Centered Shift

Avoiding re-traumatization	→	**Actively cultivating healing & wholeness**
What happened to you?	→	**What is right with you? What do you value?**
Individual pathology	→	**Collective, cultural, & community strengths**
Minimizing harm	→	**Maximizing connection, identity & purpose**

In FSS & Resident Services, HCE means building on who families already are — not fixing what is wrong with them.

Fostering Resilience & Long-Term Stability

🌱 Name & Build Strengths

Before any plan is built, identify what the family already does well. Strengths mapping is not optional — it is the foundation.

🎯 Connect Goals to Identity

Help clients see how their goals connect to who they are and what they value — not just what the program requires of them.

🔁 Create Predictable Touchpoints

Consistent check-ins, same format, same respect — these routines rebuild the nervous system's capacity to feel safe and plan ahead.

🌍 Honor Cultural Context

Extended family, faith, cultural values, and community networks are protective factors. Engage them — don't work around them.

📊 Make Progress Visible

Build visual progress maps with families. When they cannot feel progress, they need to be able to see it concretely laid out.

🚨 Plan for Setbacks — Proactively

Build emergency funds, flexible plans, and contingency thinking before the tire blows. Setbacks are when, not if.

🤝 Common Ground Challenge

Identify 3 specific commitments — within your sphere of influence — that you will act on before your next appointment with a family.

In My Interactions

- ✓ I will ask one curious question before I give one directive
- ✓ I will offer a genuine choice in my next client meeting
- ✓ I will name one strength before I name one need

In My Practice

- ✓ I will pause before I respond to a client who triggers me
- ✓ I will share one tool from today with a colleague this week
- ✓ I will schedule one renewal activity for myself this week

For My Families

- ✓ I will create or update one client's visible progress map
- ✓ I will build an emergency fund goal into one family's plan
- ✓ I will connect one family to a cultural or community support

You Are Not Just a Case Manager. You Are a Protective Factor.

"Trauma-informed care is not a checklist. It is an ongoing commitment to dignity, respect, and the belief that healing is possible."

Dr. Felisha Burleson, PhD

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Human Development & Family Studies · Intergenerational Trauma · Healing-Centered Practice

Thank you for the work you do every day. For showing up. For the families you serve.