Behavior Is Information: A Trauma-Informed Workshop for Every Role

Built for Zero Learning Session | Seattle

Built For Zero.

COMMUNITY SOLUTIONS

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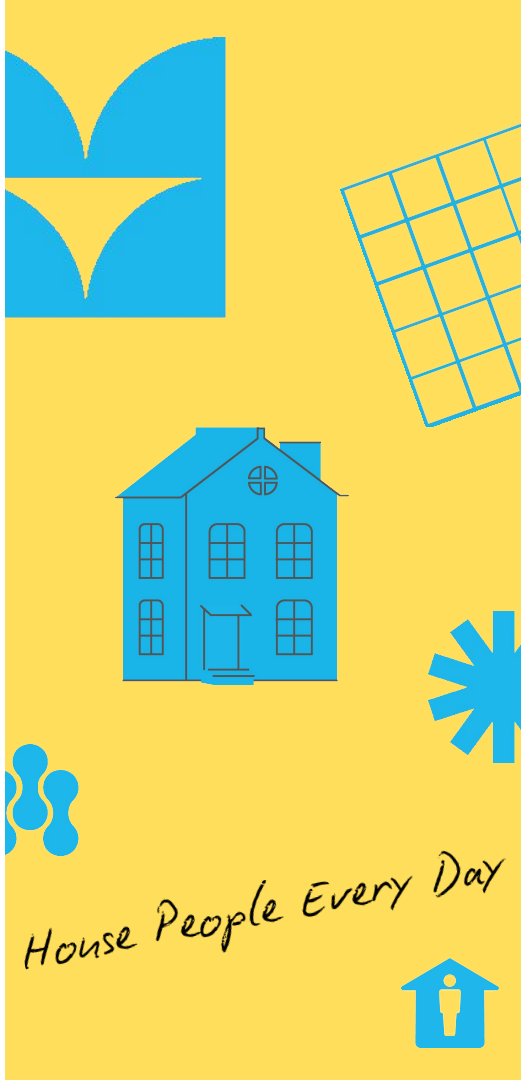
Intention

BE THE REASON
SOMEONE FEELS
WELCOMED, SEEN,
HEARD, VALUED, LOVED.
THE POETICS

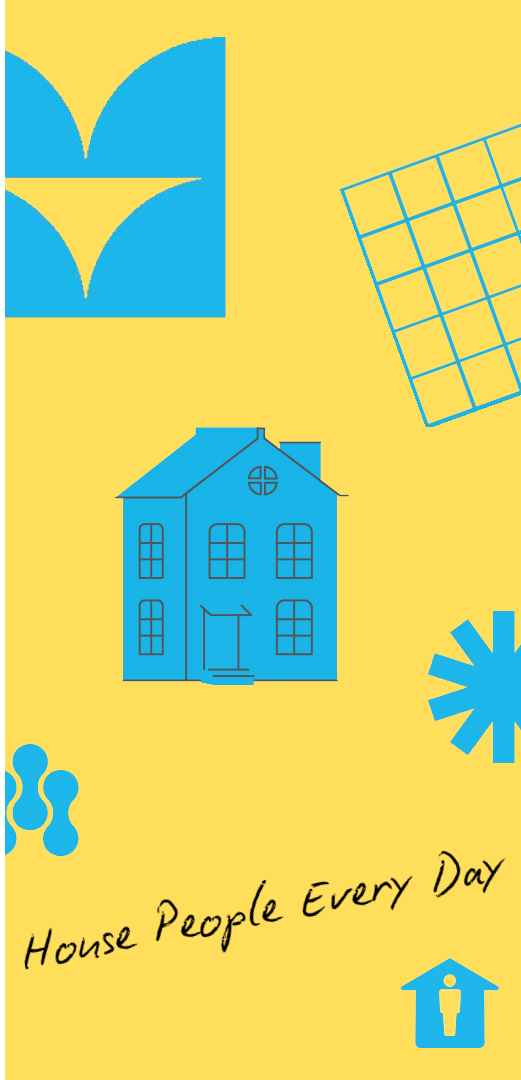
Agenda

- Welcome + Take a Card, Make a Connection
- Setting a Brave Space + What to Expect
- Why This Matters, Same File, Two Readings + Weaving
- Scenario Discussion + What Have You Seen?
- Understanding Trauma: Language, Types + the Brain
- From Trauma-Based Beliefs to Wise Beliefs
- Lived Experience: From Trauma Response to Growth
- Human-Centered Practice (Individual and System)
- What We Carry + The Healing Path: Balance, Self-Care + Post-Traumatic Growth
- Exit Check-In, Final Thoughts + Survey



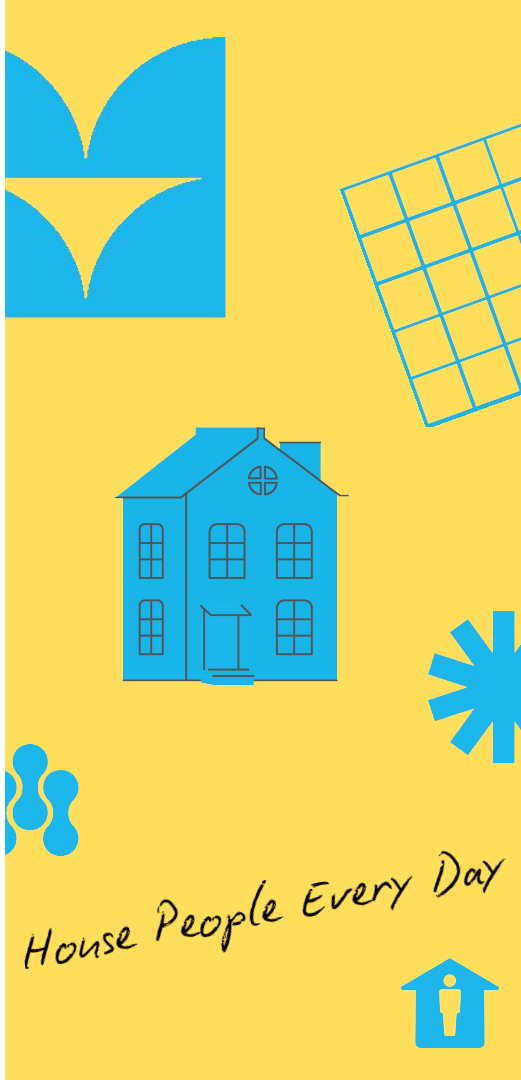
Take a Card, Make a Connection

- Take a card and ask the person next to you
- Answer it yourself, too. You each get a minute to answer
- Sample questions:
  - If you were a museum, what would you be like?
  - What is a simple pleasure that brings you deep joy?
  - If your mood was a weather forecast, what would it be?
- Remember your partner — we'll come back together at the end



Norms Setting:

- Controversy with Civility
- Own Your Intentions and Your Impact
- Challenge by choice
- Respect
- No Attacks
- Expect and Accept Non Closure
- Speak Your Truth and Accept Discomfort
- We are ALL Learning
- Sit in Your Feelings
- Confidentiality
- Provide Grace
- Make Space
- Be Present and Care for Self



What to Expect | Why This Matters

What to Expect

- We'll define trauma and complex trauma
- We'll learn a framework for understanding it: Safety, Responsibility, Choice
- We'll practice recognizing unhealed responses — in ourselves and in our systems
- We'll hear lived experience of what healing looks like
- We will *not* be processing personal trauma memories today

Why This Matters

- People with lived experience of homelessness have very high rates of complex trauma
- Trauma is a specialty area not covered in the general education most practitioners receive
- Being trauma and culturally informed shifts the focus from deficits and brokenness to the whole person
- It builds trust between systems and the people they serve, and lessens re-traumatization

Draws on Margaret Wessner, LCSW (framework slides 6-7) and our Trauma & Culturally Informed Practices session

What You'll Leave With

This is a practice session, not a lecture. You have likely had the training. Today we rehearse the moments where it is hardest to apply, somewhere the stakes are zero.

FOR YOU

1. Practical language for tensions you have carried without words for them
2. A bounded version of your own story: one you control rather than perform
3. One concrete commitment, tested with peers who understand the terrain

FOR YOUR ORGANIZATION

1. Lived-experience leadership fails because of missing institutional conditions, not lack of preparation
2. The conditions that matter: handoff protocols, role clarity and pathways from advisory to authority

Why is it important to be trauma and culturally informed in your work ?

Why is it important to be trauma and culturally informed in your work ?

Shifts focus from deficits, challenges and brokenness to a holistic approach and ensures that the person is able to show up as whole self and fully participate

Builds a healthy trusting relationship between system and those who are experiencing homelessness or in crisis

Being trauma and culturally informed also ensures that those working in the system do not experience burnout since they are able to bring their whole self and be vulnerable and open

Lessens the possibility of re-traumatization

What does it mean to be trauma and culturally informed?

- To be trauma and culturally informed means to approach and provide structures and supports that acknowledge a person, taking into account the extreme stress caused by events or circumstances and their response to the stress and events in their life that have threatened their physical or emotional health. Additionally, this approach respects and integrates cultural values, beliefs and practices.

- Culture extends past race and ethnicity and is inclusive of other aspects of a person such as their religion/belief, sexual orientation, region of residence, level of acculturation, socioeconomic status and literacy level.

Same File, Two Readings

Behavior is information. What we carry into the room shapes how we read it.

CASE NOTE

Missed two appointments this month. Did not return calls. Arrived late to the last visit, was quiet, and declined to finish the housing assessment.

READER 1: "DISENGAGING"

"She is not following through. Maybe she is not ready for housing."

Next step: close the referral.

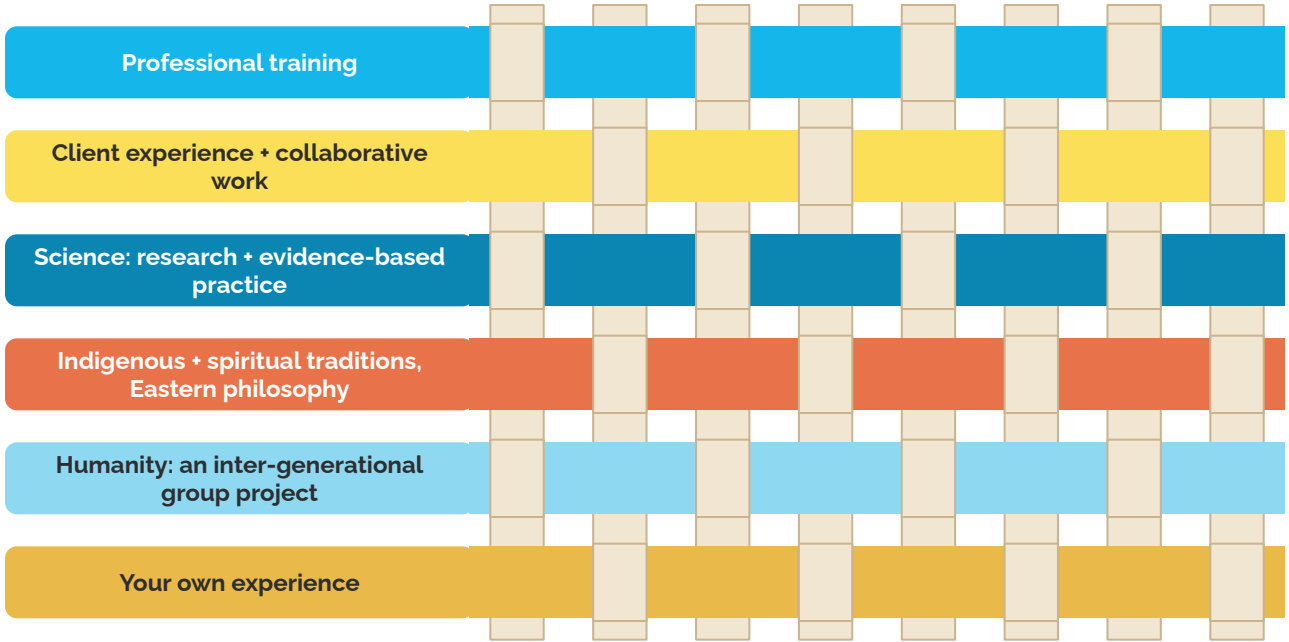
READER 2: "EXHAUSTED"

"She works nights, her child is sick, and it is three buses each way. The plan does not fit her life."

Next step: change the plan.

Both readings are supported by the record. Which one prevails depends on what the reader carries.

Wisdom Acknowledgement: Weaving



No one thread is the whole cloth — including your own. Together, they make wisdom.

Adapted from "A Practice Framework for Serving Folks with Complex Trauma," Margaret Wessner, LCSW, Mental Health Clinical Specialist, Contra Costa Health. Used with permission.

House People Every Day

Scenario Discussion: Revisiting Dana

From our session Same Door, Different Outcome

MEET DANA · A QUICK RECAP

Dana is 32, works hourly shifts and is raising her six-year-old daughter. Her hours were cut, the rent went up, and an eviction from two years ago is still on her record. For 30 days they have slept on three different couches, with one duffel bag and a folder of papers. Her ID and her daughter's birth certificate were lost in the move.

AT EVERY DOOR

- **Downtown:** a business owner decides whether to move them along.
- **Intake:** Door A asks what she needs. Door B asks for a note from a couch.
- **Records:** she needs an ID to get an ID, plus a fee.
- **The landlord:** two flights of stairs and an old eviction.

THROUGH A TRAUMA-INFORMED LENS

1 **What trauma responses might be showing up here?**

For Dana and her daughter, and for the people behind each desk.

2 **What might Dana need to feel safe at the door?**

Think about Door A and Door B. What changed for her?

3 **What would a trauma- and culturally informed response look like?**

From you as an individual, and from the system.

TAKE A CHAIR

Practitioner | Supervisor | Peer participant | Dana, the person in the notes

What are some trauma experiences or responses you've seen?

Pause + Breathe

Breathe in

unhealed response

~~Trigger~~ Warning

- ~~Triggers~~ **Unhealed responses** take us back to past trauma and can cause all kinds of trauma response
- Talking about trauma, even academically, can bring up an **unhealed response**
- If this happens to you today, please take good care of yourself!

Why we changed the language

"Trigger" evokes a gun waiting to go off — we just wait for something to happen.

"Unhealed response" brings us back to the human: it names something that can heal, and invites us to create the space for it.

Adapted from "A Practice Framework for Serving Folks with Complex Trauma," Margaret Wessner, LCSW, Mental Health Clinical Specialist, Contra Costa Health. Used with permission.

YOUR TRAUMA IS VALID

This is not the trauma Olympics.

Even if...

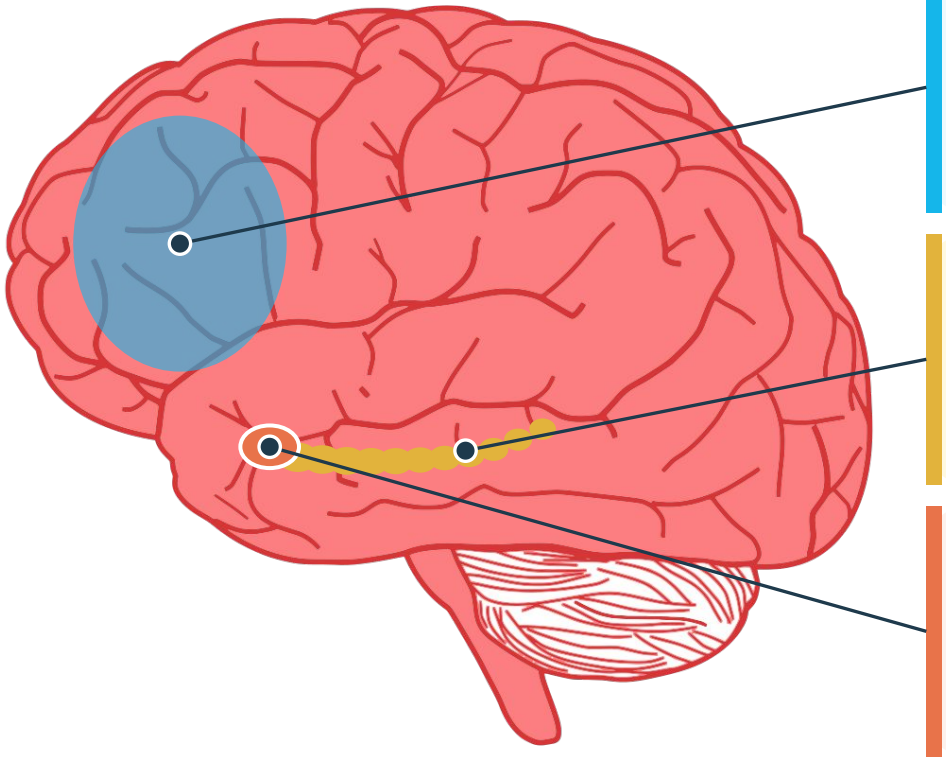
- There are others who have it “worse”
- It occurred a long time ago
- You feel “just fine” now
- It “could have been avoided”
- Only you know about it
- Someone says “it isn’t a big deal”

“The triumph can’t be had without the struggle.”

— Wilma Rudolph, three-time Olympic gold medalist

Everyone here gets the gold.
You survived — and we’re glad you’re here.

How the Brain Responds to Trauma



Prefrontal cortex

Regulates emotions and judges what is safe. After trauma it can struggle with both, which can bring frequent anxiety or panic and strong reactions to situations that are not harmful.

Hippocampus

Supports learning and memory. Stress hormones released during trauma can damage cells here, and it can become smaller.

Amygdala

Drives our fight-or-flight response. Trauma can make it hyperactive, so a person stays intensely alert to their surroundings.

Highlighted areas are approximate; the amygdala and hippocampus sit deep inside the brain.

Impact of Trauma

- ✔ Poor boundaries
- ✔ Lack of control
- ✔ Unable to comprehend cause and effect
- ✔ Inability for creative play
- ✔ Easily overstimulated
- ✔ Difficulty delaying gratification
- ✔ Trouble with Impulse Control
- ✔ Inability to follow direction
- ✔ Low social intelligence
- ✔ Aggression towards self and others
- ✔ Trouble interpreting emotional signals
- ✔ Difficulty trusting others
- ✔ Violent behavior towards others
- ✔ Involvement in criminal legal system
- ✔ Inability to cooperate with others
- ✔ Diminished interest in everyday activities

How Trauma Affects the Mind

Trauma can leave behind beliefs that feel like facts.

About ME

"I am incompetent."
"I should've reacted differently."
"I feel damaged."

About the FUTURE

"Things will never be the same."
"What's the point?"
"It's hopeless."

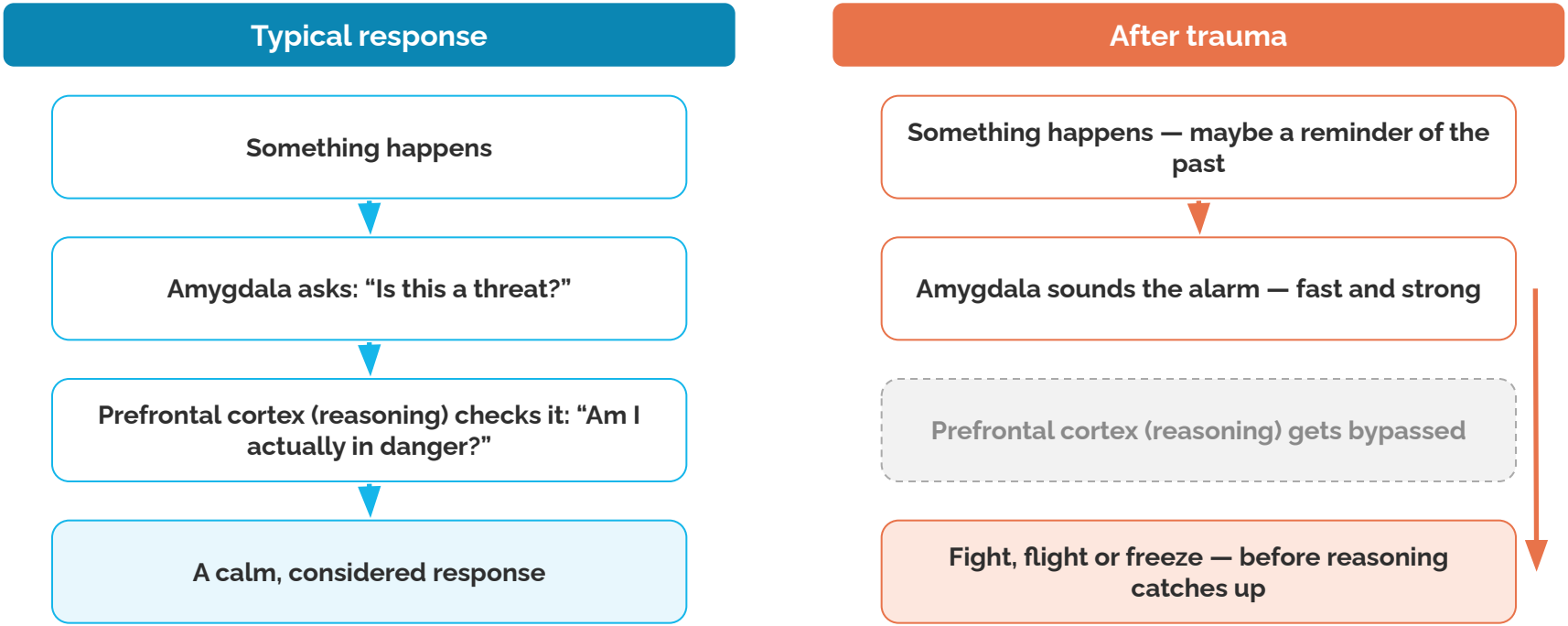
About the WORLD

"People can't be trusted."
"Life is unpredictable."
"I'm not safe."

These beliefs made sense once. Later we'll ask: are they true, kind and helpful?

Same Moment, Two Responses

Typical Response vs. Trauma Response



Same alarm, different wiring: the brain learned to protect.

Types of Trauma

Generational Trauma

Trauma experienced by a specific cultural, racial, or ethnic group. This type of trauma can result in individuals being hesitant to enter into systems that have historically oppressed these populations

Vicarious Trauma

Experiencing trauma-related psychological and physical symptoms in response to helping or empathizing with others who have experienced traumatic events.

Stress

Pressure that life exerts on us and the way this pressure affects us. s.

Hyperstress

Stress that builds up and without release overwhelms a person's coping mechanisms.s.

Trauma

An emotional, distressing and disturbing event that overwhelms the person's internal and external resources.s.

Complex Trauma

Repeated systematic trauma that occurs over time.

Passive Trauma

Being overwhelmed by the emotional and disturbing event with no support that in turn can create another trauma experience.

From the Destroying Sanctuary: The Crisis in Human Service Delivery Systems
Sandy Bloom-Brian Farragher - Oxford University Press 2013

Traumatic Stress Disorders

Post-Traumatic Stress (PTSD)

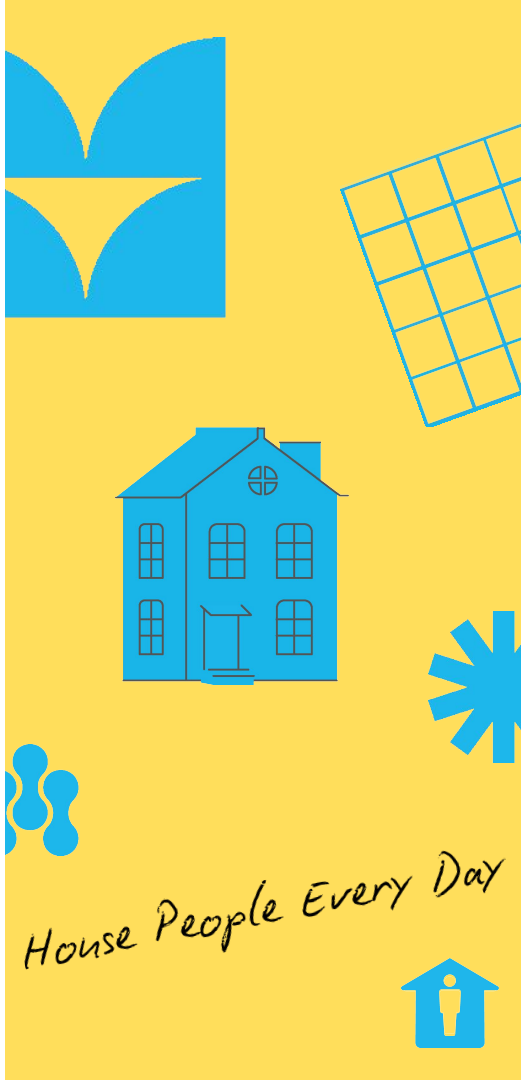
PTSD is diagnosised when an individual experiences direct or indirect exposure to actual or threatened death, serious injury, or sexual violence .

Acute Stress Disorder (ASD)

Similar to PTSD, main difference being the length of time symptoms are present.

Complex Trauma is Transdiagnostic

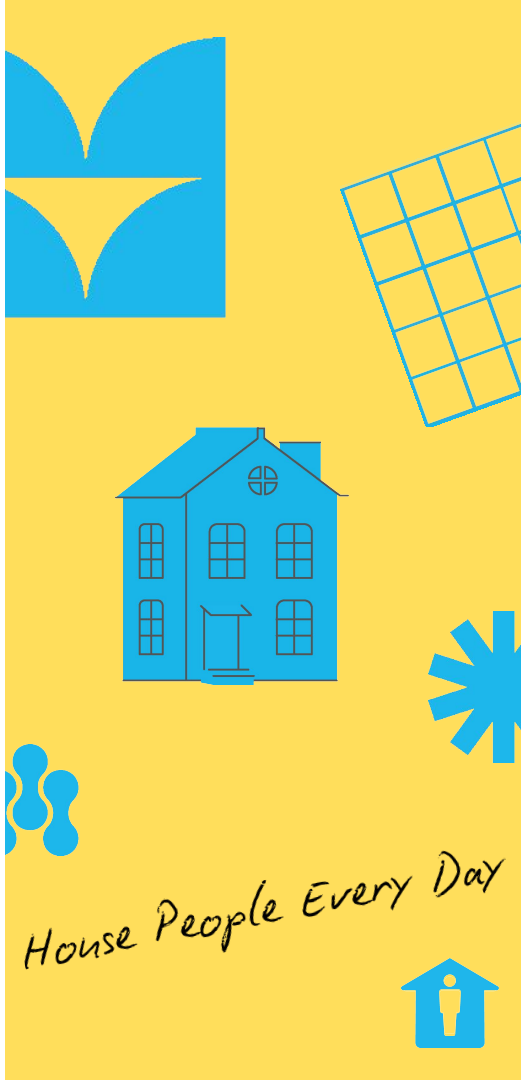
- Folks with complex trauma histories have higher rates of every other type of diagnosis
- Every diagnostic category in the DSM includes at least some symptoms that can be (but aren't necessarily) complex trauma reactions



Adapted from "A Practice Framework for Serving Folks with Complex Trauma," Margaret Wessner, LCSW, Mental Health Clinical Specialist, Contra Costa Health. Used with permission.

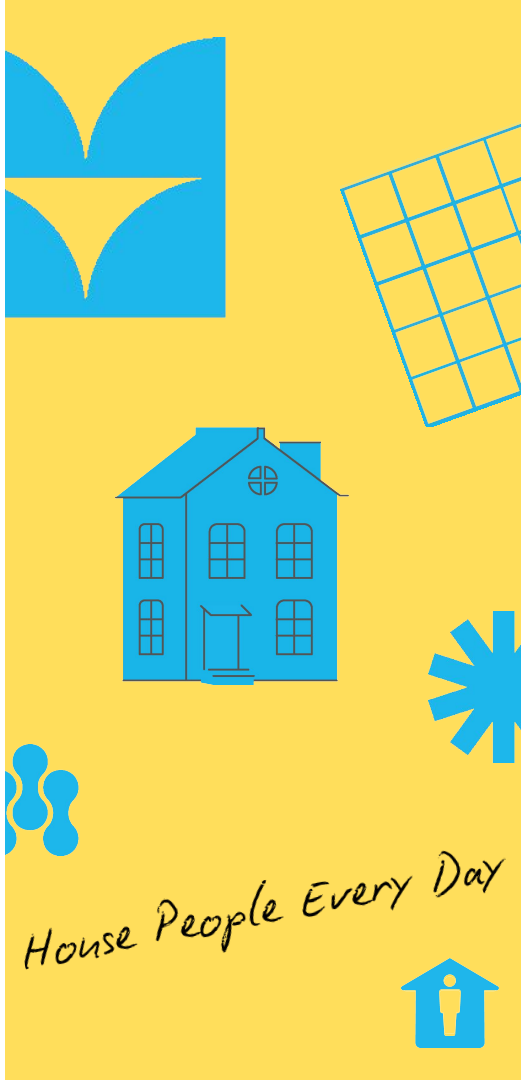
Clinical Best Practices:

- ✔ Safety
- ✔ Trustworthiness and Transparency
- ✔ Peer Support
- ✔ Collaboration and Mutuality
- ✔ Empowerment, Voice, and Choice
- ✔ Cultural, Historical, and Gender Issues



From Trauma-Based Beliefs to Wise Beliefs

- How True is it?
  - Do you think everyone agrees with this?
- How Kind is it?
  - Would you say this to someone you love and respect?
- How Helpful is it?
  - How much is this helping you with your goals?
- Can we get Wise (True, Kind, and Helpful)?
  - Probably much longer, more complex. May take one step at a time.



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Trauma Is a Time Machine

We respond to the present from the past.

We need a time machine back to the present.

GROUNDING IS THE KEY

Mental	Spiritual	Pleasant memory
Visual	Physical	Calm/safe place
Playful	Music	Smell or taste

Grounding moves the dial from PAST back to NOW.

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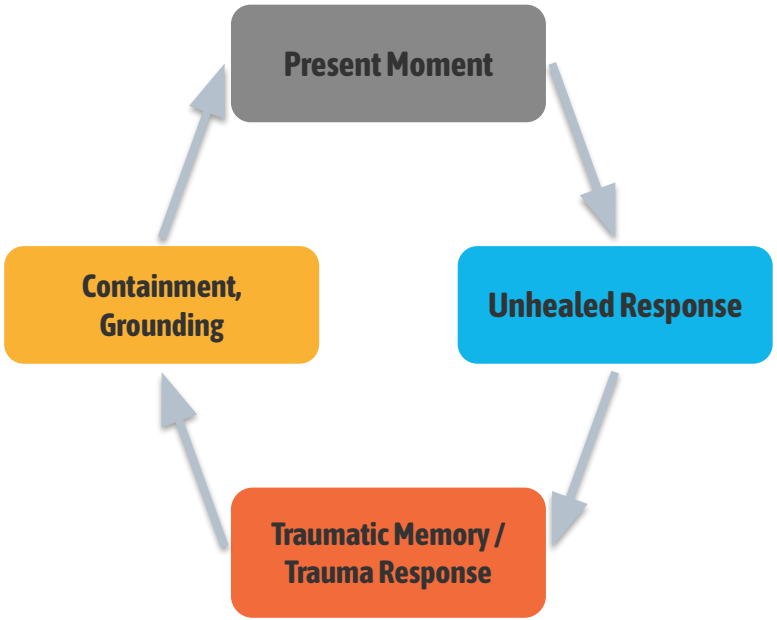
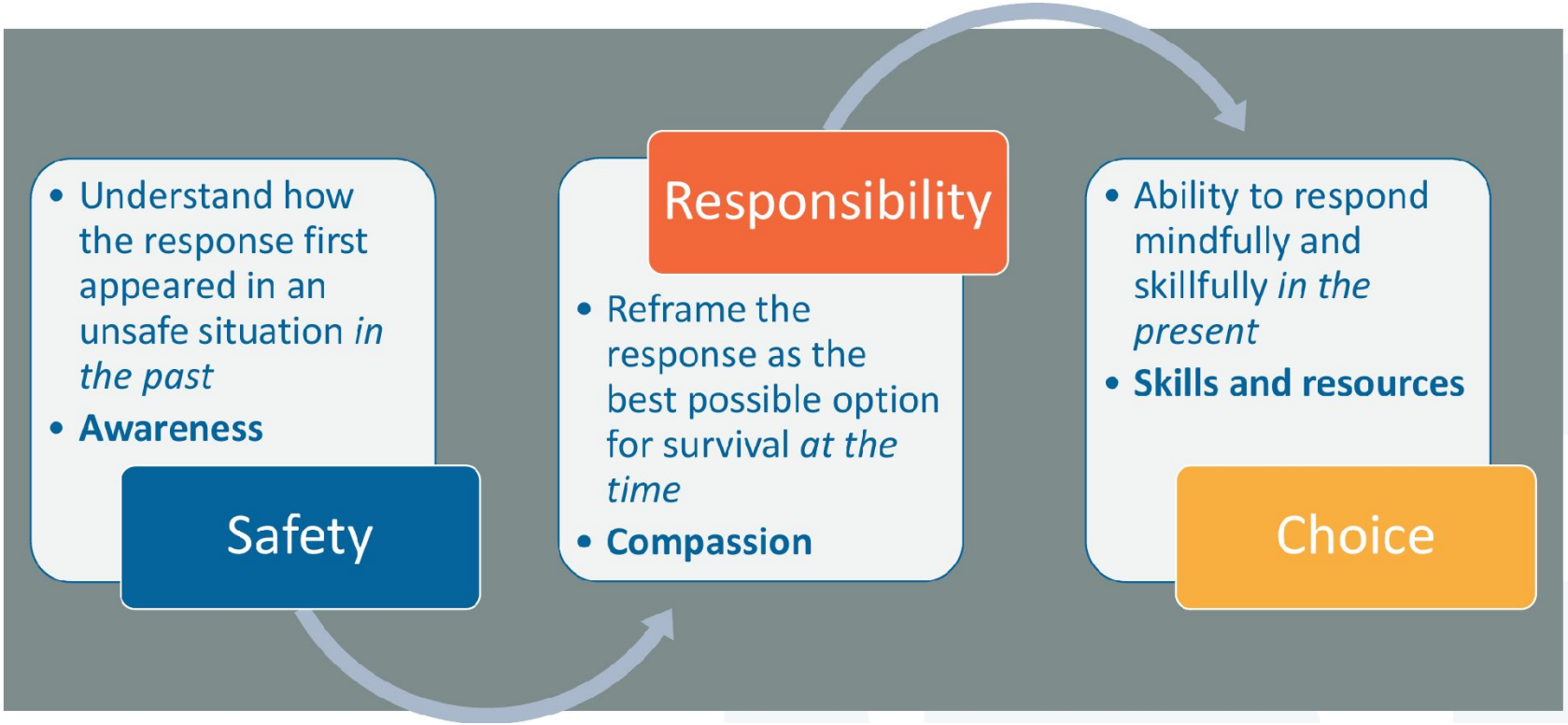
Trauma Response → Post-Traumatic Growth



Trauma Response		Post-Traumatic Growth
I'm not safe	**Safety**	It's over now
It's my fault There's no justice	**Responsibility**	I did my best There is justice
I'm powerless	**Choice**	I have agency

Adapted from "A Practice Framework for Serving Folks with Complex Trauma," Margaret Wessner, LCSW, Mental Health Clinical Specialist, Contra Costa Health. Used with permission. (slides 23 + 24, combined)

Movement: Past → Present



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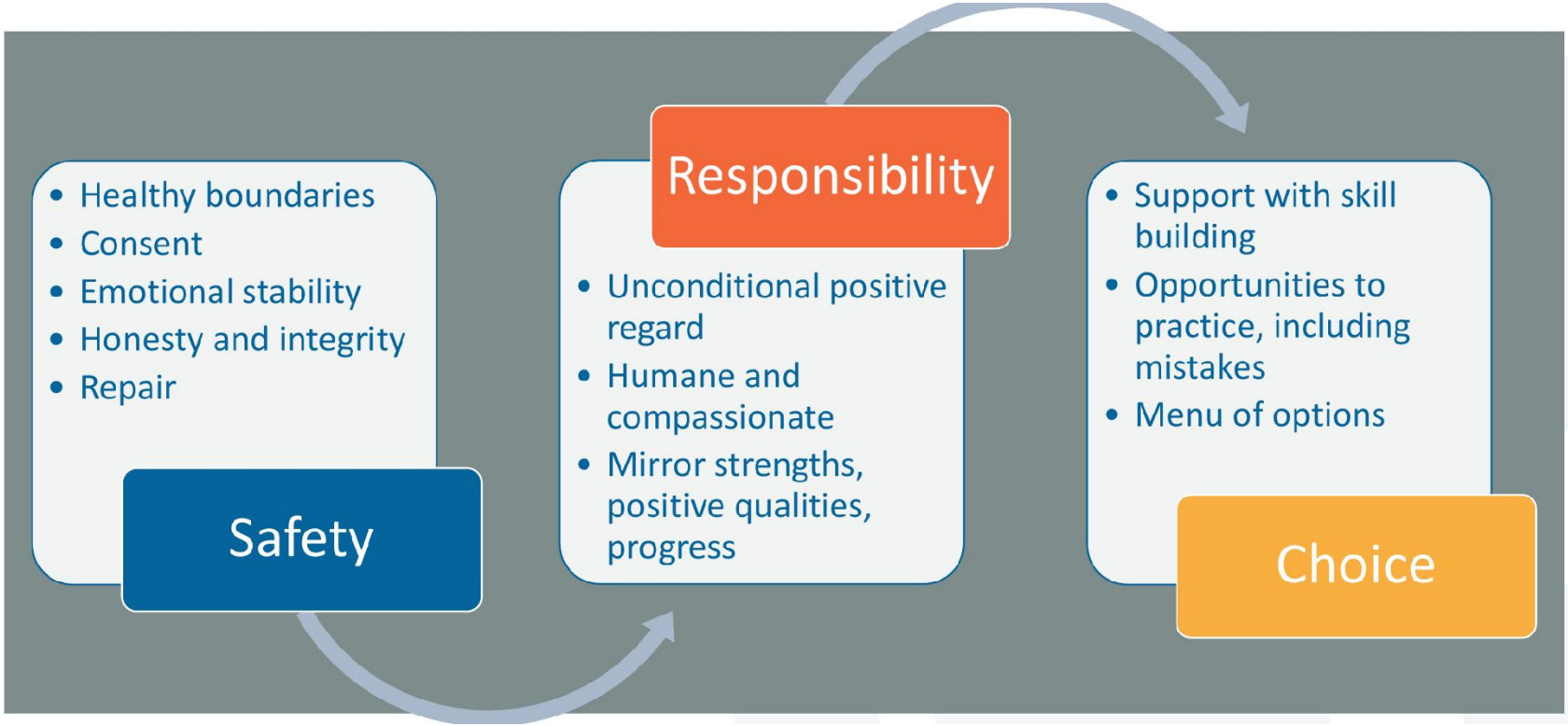
The Role of Relationships in Healing



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PRACTICE · GROUNDING

Gentle Grounding

A guided pause for high-anxiety moments

AS YOU WATCH

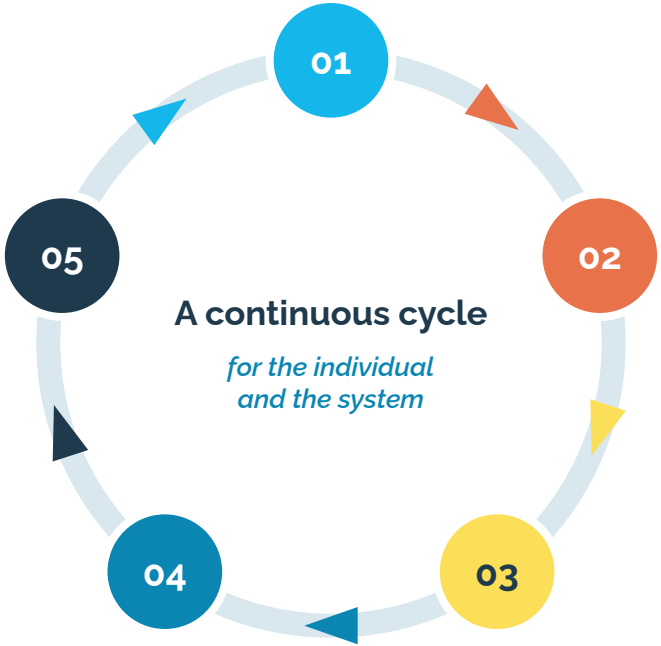
1. Plant your feet. Let the chair hold you.
2. Soften your gaze or close your eyes.
3. Follow along. There is no wrong way.

> *Opting out is welcome. Resting quietly is participating, too.*

Human Centered Implementation Techniques

01 Observation and Person Centered

Understand trauma's effects and listen. Watch your language so you see the person in crisis, not just the impact.



02 Build Relationships

Build trust, be vulnerable and be transparent. Active listening, respect and patience help relationships thrive.

03 Strengths Based

Asset-focused language and narrative. Ask, "How can I support?" Withhold judgment and consider how behavior may be a trauma response.

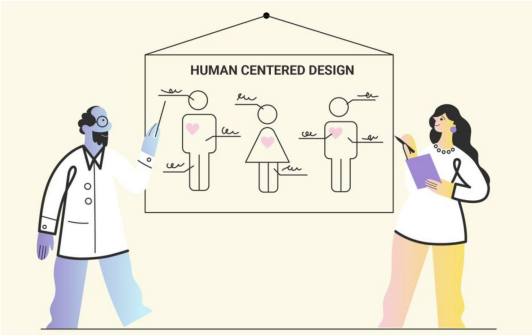
04 Educate & Inform

Learn about the effects of trauma and consistently share them with others.

05 Crisis De-escalation and Prevention

Understand unhealed responses and cues, learn how to de-escalate, and use methods that do not re-traumatize.

01 Observation and Human Centered



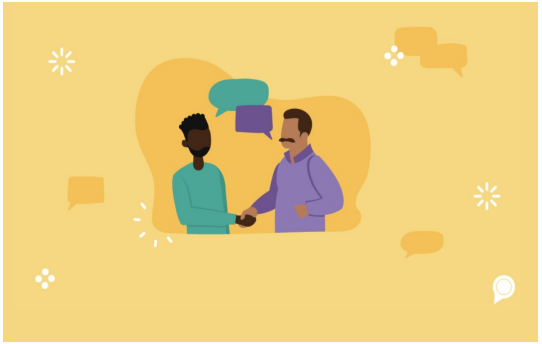
FOR THE INDIVIDUAL

- Take the time to regularly check in to understand what is going on in their world
- Understand an individual's preferred language and use it, mindful not to judge
- Listen and learn a person's culture and background
- Regularly ask yourself, "How can I support?" NOT "What is wrong with them?"

FOR THE SYSTEM

- Regularly evaluate practices, ensuring there is space for a person to show up as their full self
- Seek and implement client feedback to improve trauma-informed care
- Give those working in the system space to discuss the issues they face, and provide them mental health support
- Review and revise punitive policies that do not promote health and wholeness (e.g., missing a case manager meeting automatically terminates you from a program)

02 Build Relationships



FOR THE INDIVIDUAL

- Build trust with leaders by maintaining clear communication and being vulnerable
- Be consistent with your engagement, honoring commitments and others' time
- Be accessible and have activities that connect people and help them get to know one another

FOR THE SYSTEM

- Build trust with clients through clear communication and reliable service delivery
- Be consistent with your engagement, honoring commitments and others' time
- Prioritize client choice and autonomy in decision-making and service delivery
- Create belonging so all involved feel wanted and respected
- Treat people with dignity and respect

03 Strengths Based Approach

FOR THE INDIVIDUAL

- Be reflective and consistently approach the situation with the question, “How can I support you?”
- Use asset-based language that recognizes a person’s capabilities and cultural contributions
- Focus on how behavior may be affected by trauma
- Be aware of who is at the table, their perspectives, motivations and group dynamics. Keeping the focus productive and solutions-oriented can be challenging; ask teammates to help facilitate.

FOR THE SYSTEM

- Create spaces, peer groups and social supports where people can connect and discuss issues
- In meetings or focus groups, set aside time to discuss the issues people are facing
- Regularly assess known barriers, and those brought forward, and dismantle them so positive experiences can be created
- Incorporate cultural traditions into programs and meetings to show connection and camaraderie
- Ensure assessment screenings account for cultural needs, and that screeners understand the culture of those being screened

04 Educate & Inform

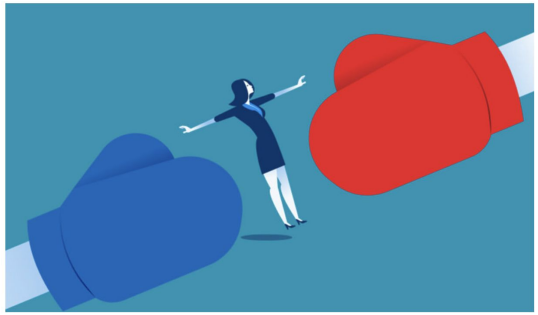
FOR THE INDIVIDUAL

- Continue to learn about the effects of trauma
- Take a Mental Health First Aid course
- Continue to educate those around you about the effects of trauma, making sure team members understand

FOR THE SYSTEM

- Educate staff on the importance, prevalence and impact of trauma on an individual
- Provide ongoing supervision, training and support to reinforce trauma-informed practices
- Ensure team members are committed to delivering trauma-informed services

05 Crisis De-escalation and Prevention



In a crisis, the order matters

1. **Regulate**
   Help calm the body first
2. **Relate**
   Connect, attune, validate
3. **Reason**
   Then problem-solve together

Adapted from Dr. Bruce D. Perry

FOR THE INDIVIDUAL

- Create safe emotional environments that are calming and predictable
- Lead with empathy and avoid judgmental language. Listen actively to the individual's feelings and concerns, allow them to debrief and process, and provide reassurance.
- Co-develop a safety plan with the individual to identify early warning signs, coping strategies and supportive networks
- Understand and identify situations that bring up unhealed responses, and create spaces that do not re-traumatize

FOR THE SYSTEM

- Educate staff on the importance, prevalence and impact of trauma on an individual
- Educate staff on signs of distress and unhealed responses so they can intervene promptly to prevent escalation
- Provide ongoing supervision, training and support to reinforce trauma-informed practices
- Ensure team members are committed to delivering trauma-informed services

What We Carry Into the Room

Five tensions for those of us who know the system from both sides of the desk

1

Holding Both

Expertise and eligibility. You may help shape the rule that also governs you. Move between both without losing your integrity.

2

Dignity Amidst Stigma

Your story is not social capital. Share a bounded version on purpose, or decline, without giving up your authority.

3

Into Governance

Moving from a consulted voice to a decision-maker takes institutional change, not just a seat at the table.

4

The Hazard of Advocacy

Being the resource you once lacked can burn you out. Notice when the work mirrors your history, and hand off without guilt.

5

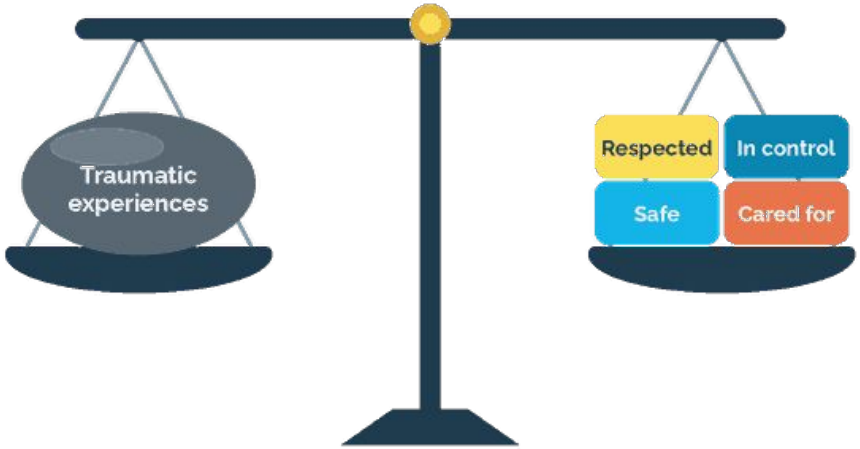
Equipping Others

Pass on your system know-how so people can navigate and challenge it without needing you in the middle.

What organizations owe: handoff protocols · role clarity · a pathway from advisory to authority

The Need for Balance

- We need experiences of being safe, cared for and respected, and in control to balance traumatic experiences



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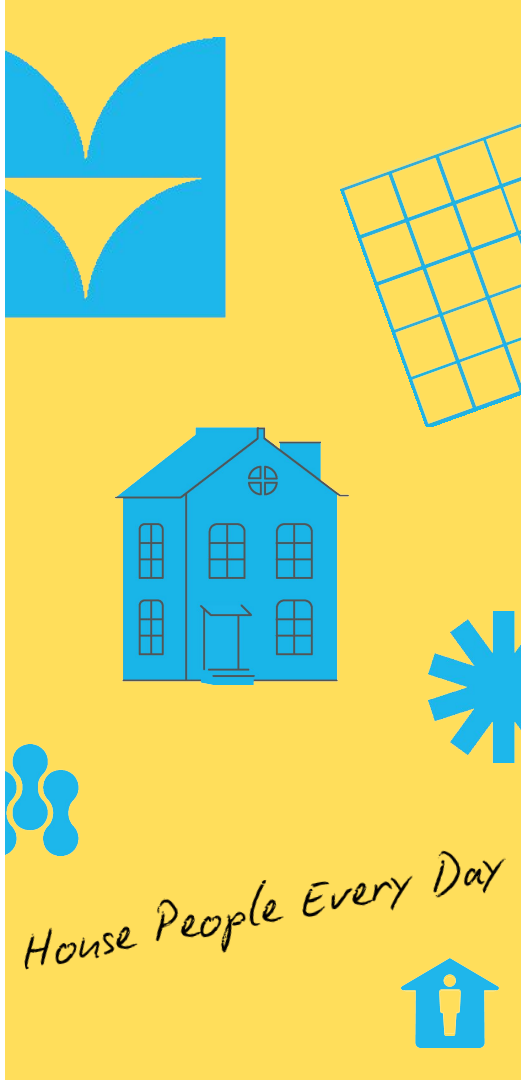
House People Every Day

The Responsibility of Self-Care

- We have an ethical and community responsibility to improve and maintain our own mental, emotional, and physical health
- We increase the quality of care by addressing and guarding against vicarious trauma and secondary traumatic stress
- We understand that the work of healing complex trauma has the power to transform:
  - the lives of the folks we serve
  - our own lives
  - our communities, our organizations, the world



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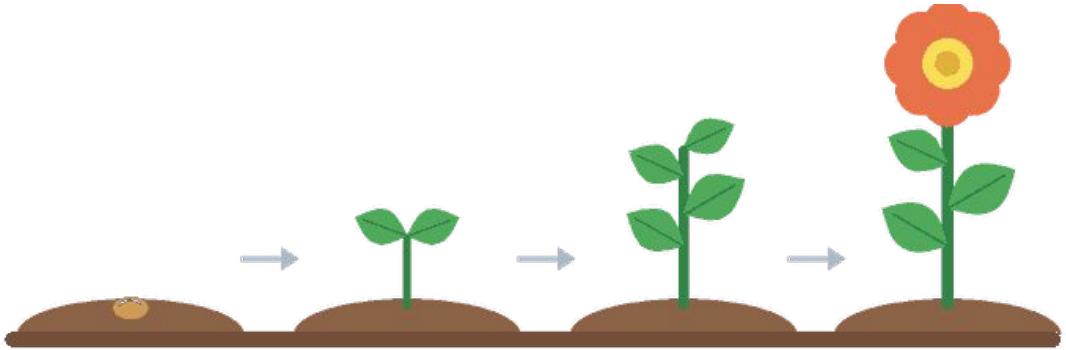
Post-Traumatic Growth

- Making sense of what happened
- Curiosity about humanity and the existential
- Getting clear on values
- Dealing with whatever comes next
- Spiritual growth
- Commitments to self and others
- Healthy boundaries
- Being of service

Every person we serve deserves this opportunity. We don't demand it — we nurture it, and create the space for it.



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House People Every Day

Important Reminders: A Systems Perspective

What leaders and teams can practice in every meeting, conversation and decision

1

Set the intention

At the start of a discussion or meeting, be informed, not adversarial.

2

Seek to understand

Where is the person coming from, and what are you reacting to? Listen actively.

3

Respond, don't react

Stay out of judgment, and don't respond from your own emotions.

4

It's OK to pause

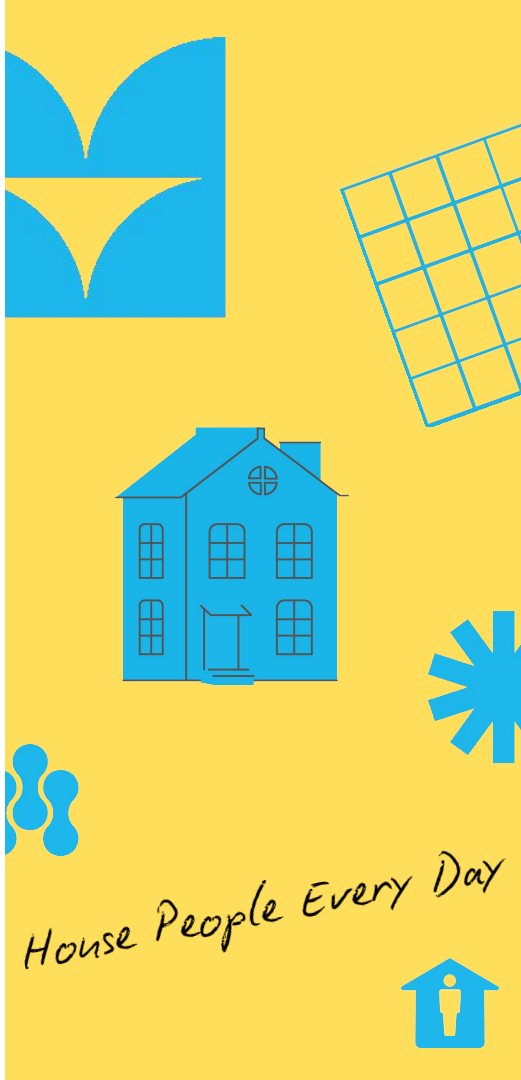
Take a pause to process information before you act.

This is an ongoing journey, not a destination. We keep growing as trauma and culturally informed leaders.

Pause + Notice

Exit Check-In: Return to Your Partner

- Find your partner from the opening activity
- Name how you're feeling right now — use a feeling word, not "fine" (Feelings sheet in your workbook)
- Share a recent experience where you felt good — confident, strong, safe, capable
  - What do you notice in your body?
  - If you could describe it in one word, what would it be?
- About 1 to 1.5 minutes each



Resources...

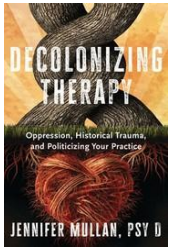
Training/Certification:
Mental Health First Aid:
https://www.thenationalcouncil.org/

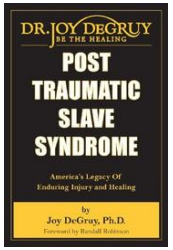
Articles:
Mothers Unresolved Trauma Blunts Amygdala Response to Infant Distress
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4260525/

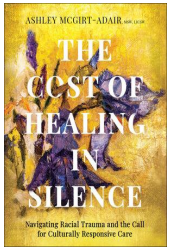
Post-traumatic stress Disorder in Parents
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8541994/

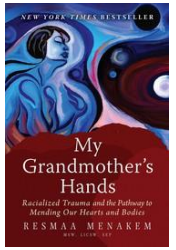
Traumatic Stress: Effects on the Brain
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181836/

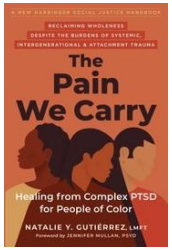
Books

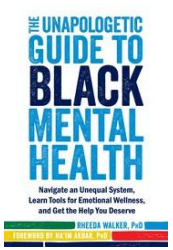


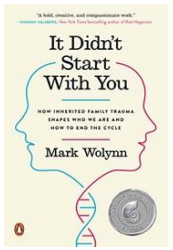


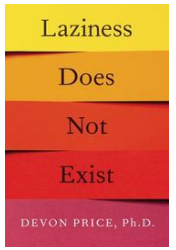


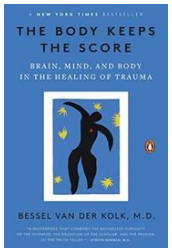


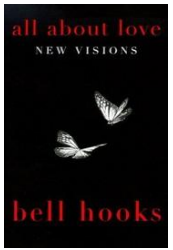


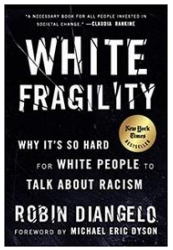


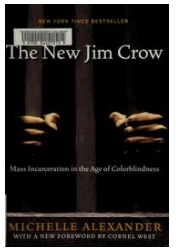












Final Thoughts + Questions

REFLECT + COMMIT: QUESTIONS TO TAKE WITH YOU

? What concerns or resistance might you or your organization have in implementing trauma and culturally informed practices?

? What is one concrete commitment you will make? Say it to someone near you and test it: is it specific, and can you start next week?

Questions for us? We'll stay after the session to talk.

Survey

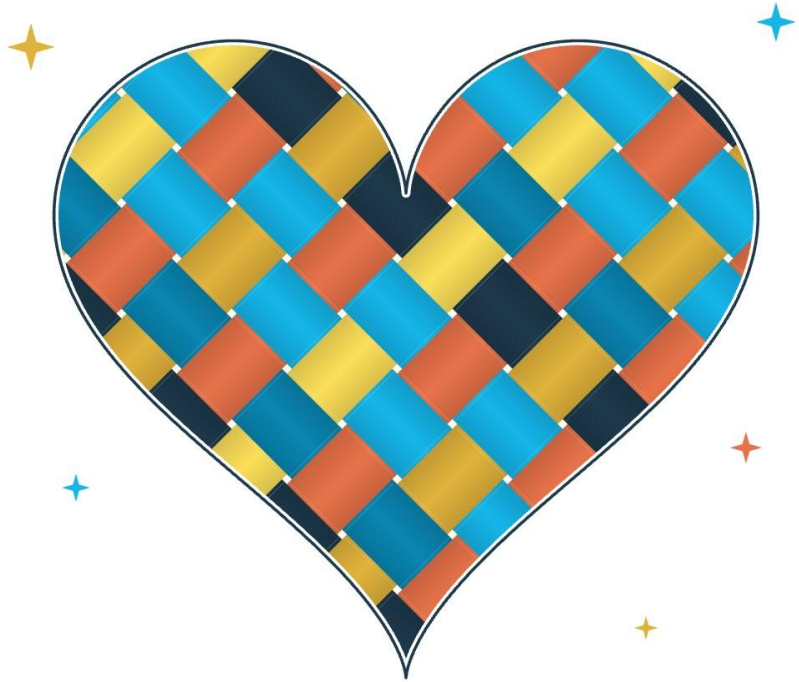
Please take a few minutes to take the survey. Your feedback is very important to us.

https://survey.alchemer.com/s3/9042138/2026-BFZ-Learning-Session-Workshop-Session-Feedback

Thank you!

We thank you for your interest and appreciate your time to participate in today's learning circle workshop.

Please direct any and all questions to:
pwleh@community.solutions



Parking Lot: Slides Not Yet Decided (They follow this one)

- These weren't clearly kept or cut on our planning call. Decide at Friday's meeting, then delete this section.
-
- Margaret's slides 27-30: Emotion Dysregulation, Emotional Flashbacks, Intense Emotional States, Emotion Dysregulation Past → Present
- Margaret's slide 35: Trauma-Based Beliefs Past → Present
- Margaret's slide 55: Randy (rupture and repair) — "move up after Anderson," or cut as a scenario?
- Margaret's slide 3: Healing Powers of Humming
- Community Solutions scenarios 1-3 (if we use these instead of the new scenario)

Emotion Dysregulation

- Responding to the past in the present
- Intense emotional states that feel out of control
- Hyper-regulation vs.
  Hypo-regulation

Adapted from "A Practice Framework for Serving Folks with Complex Trauma," Margaret Wessner, LCSW, Mental Health Clinical Specialist, Contra Costa Health. Used with permission.

Emotional Flashbacks

- No visual component = don't realize it's a flashback
- Blacked out memory, or period of life with intense emotional states
- Triggers are often relational or body-based

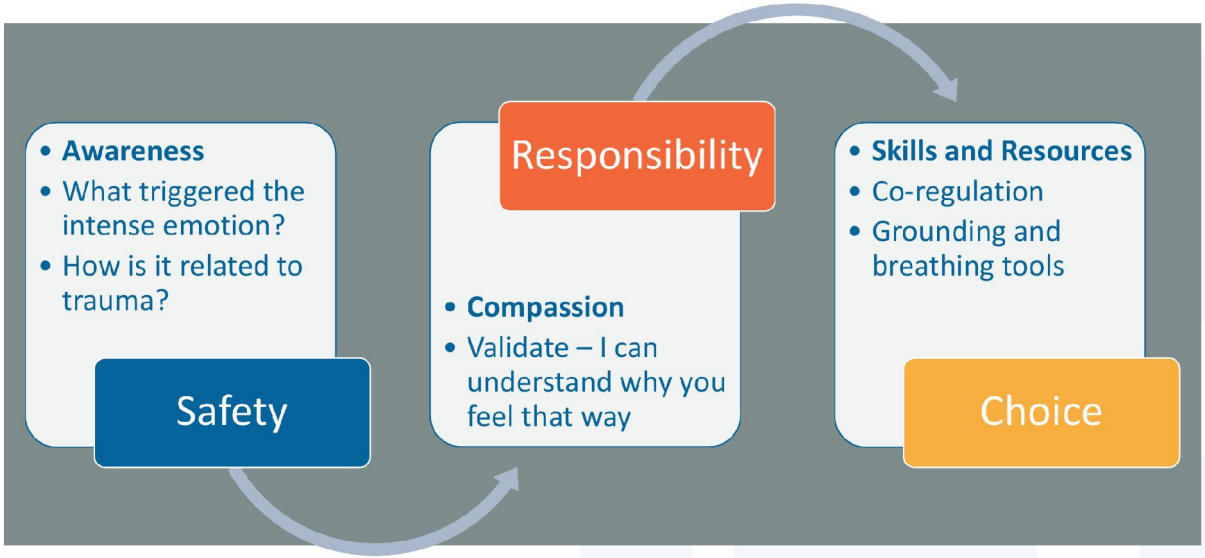
Adapted from "A Practice Framework for Serving Folks with Complex Trauma," Margaret Wessner, LCSW, Mental Health Clinical Specialist, Contra Costa Health. Used with permission.

Intense Emotional States & Swings

Helpless	Invincible	Horror	Euphoria
Betrayal	Devotion	Shame	Superiority
Rage	Numbness	Abandonment	Infatuation

Adapted from "A Practice Framework for Serving Folks with Complex Trauma," Margaret Wessner, LCSW, Mental Health Clinical Specialist, Contra Costa Health. Used with permission.

Emotion Dysregulation: Past → Present



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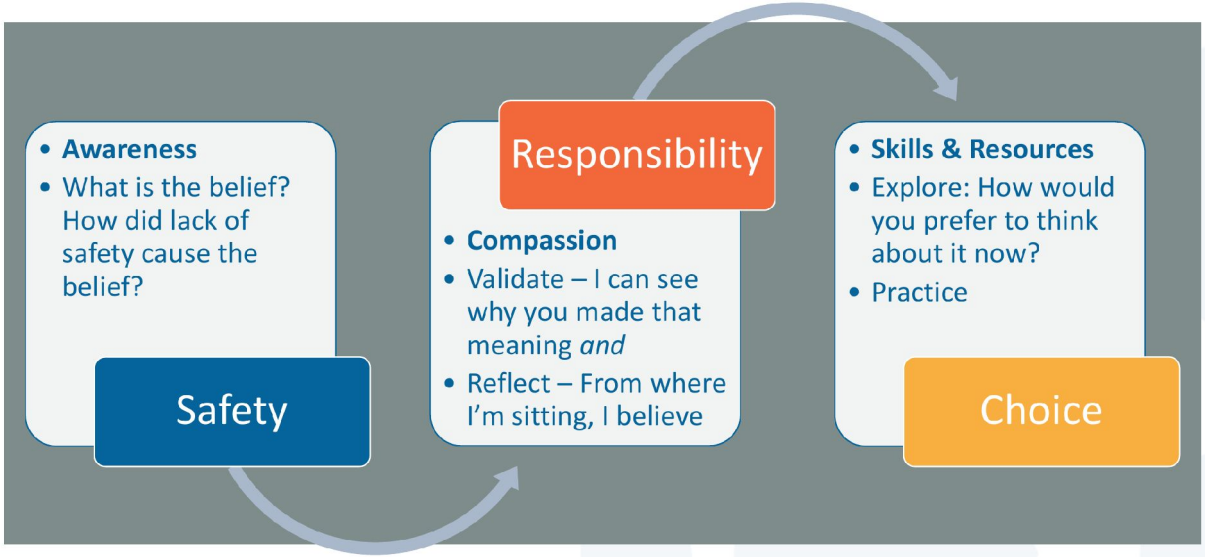
Trauma-Based Beliefs: Past → Present



Adapted from "A Practice Framework for Serving Folks with Complex Trauma," Margaret Wessner, LCSW, Mental Health Clinical Specialist, Contra Costa Health. Used with permission.

Randy

"You know I mean over time, I became comfortable with you. We worked through a few rough areas where there was disagreements or misunderstandings and, barring those you know, it was just a learning experience. And we just came to an understanding that this is the type of therapy I need. And you personalized it for me. And once we got over anything that I ever might have gotten upset about that you had done or whatever, or that I felt like you were, any way – I don't know how to explain it, that part of it. But once we got beyond that, and I got to where I could trust you, or feel comfortable talking to you, then it was fairly easy for me."

Adapted from "A Practice Framework for Serving Folks with Complex Trauma," Margaret Wessner, LCSW, Mental Health Clinical Specialist, Contra Costa Health. Used with permission.

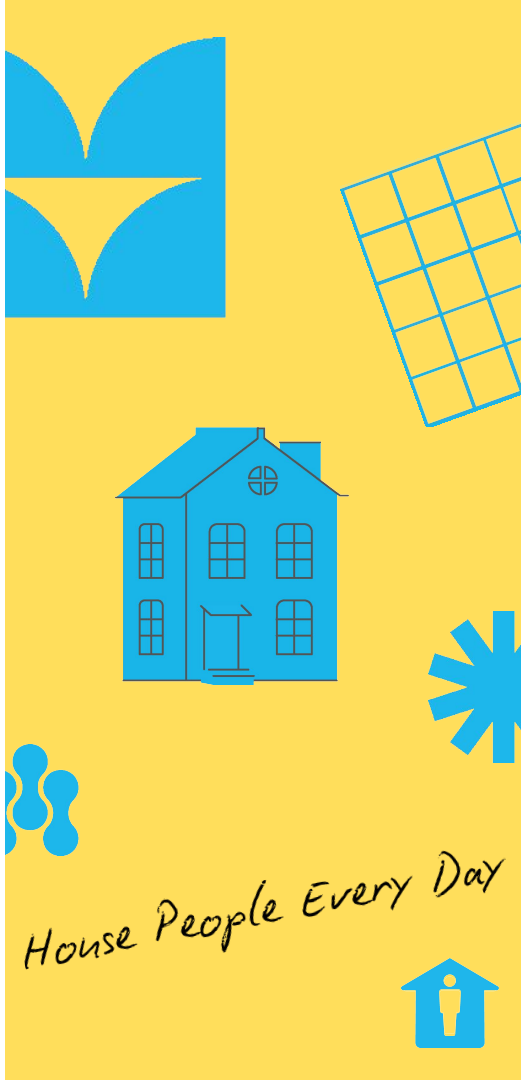
Adapted from "A Practice Framework for Serving Folks with Complex Trauma," Margaret Wessner, LCSW, Mental Health Clinical Specialist, Contra Costa Health. Used with permission.

Activity

Group will discuss scenarios demonstrating how trauma may manifest and talk through what they would suggest to be trauma & culturally informed

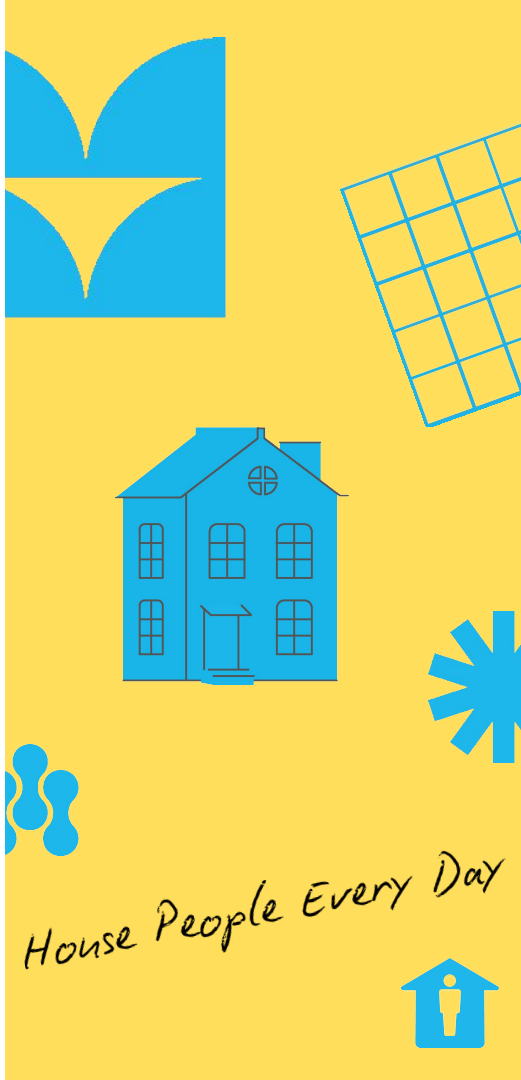
Scenario 1:

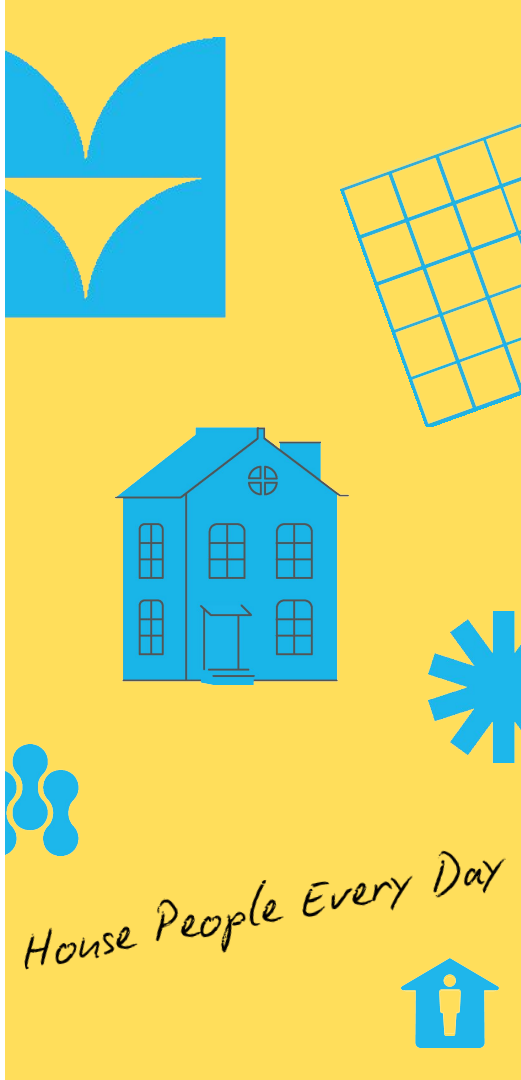
You recently lost close family member and are noticing tensions in the workplace around deadlines and work activity. One person in your organization in particular has raised your shortcomings and challenges in this time of grief. You are doing your best to keep up but want to address the concerns about what you're feeling and experiencing. **What would you do?**



Scenario 2:

One of your colleagues in the workplace has been much quieter than normal, showing up disheveled in appearance and seems to lack concentration. This colleague appears to be behaving out of character and you want to support. **What would you do?**



Scenario 3:

A couple of leaders from your Partners with Lived Experience Advisory Council have elevated concerns around equity. They mention that the group doesn't feel they have equal access to information on all projects and that their voices are often talked over and not reflected in the outcomes of the work. They bring this up in every meeting no matter the topic. **What would you do?**