

Safety-Care[®]

REDEFINING CRISIS PREVENTION

How Safety-Care Aligns with Trauma-Informed Approaches to Care



Safety-Care[®] by QBS: trusted training solutions
from the leader in behavioral crisis prevention

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Introduction

▶ Trauma

- a set of circumstances experienced by an individual as physically/emotionally harmful or life threatening
- Single, specific event or several, chronic traumatic events

▶ Trauma-Informed Care (TIC)

- An approach to behavioral health services that includes an understanding of trauma and awareness of its impact
- understood within ecological and cultural contexts
- Anticipating & avoiding institutional processes & individual practices likely to re-traumatize those with histories of trauma.



Common Experiences & Responses to Trauma

Withdrawal

- Numbness
- Detachment
- Difficulty concentrating
- Avoidant behaviors
- Self-neglect
- Cognitive changes

Reactive

- Heightened startle reactions
- Hyperarousal
- Sleep disturbances
- Reexperiencing trauma
- Emotional dysregulation



Trauma & Individuals with Disabilities

Considerations

- Disproportionately high risk
- Presume trauma, even if unreported
- Challenging behaviors may be survival strategies
- Inherent power dynamics between staff & individual
- Staff must be trained to recognize signs

Common Sources of Trauma

- Interpersonal abuse
- Medical trauma
- Caregiver instability
- Loss of Autonomy
- Service-included trauma
- Social isolation
- Systemic ableism

Prevent & Support

- Reduce/eliminate restraint & seclusion
- Enhance choice-making opportunities
- Predictability & consistency
- Collaborate goal setting
- Relationship-based care



Trauma-Informed Care

What It Is

- Universal precaution/systematic framework
- Prioritizing physical & emotional safety
- Transparency & trust
- Empowering choices & autonomy
- Paradigm shift
- Integration of trauma science into existing fields

What It Is Not

- Treatment for trauma
- An excuse for "bad behavior"
- Just being nice
- Only big T trauma
- Disclosure of trauma
- Diagnosis-based approach
- Replacement for evidence-based behavioral principles



Trauma Informed Care Framework: The 4 R's

Realize

- The widespread impact of trauma and potential paths for recovery

Recognize

- The signs and symptoms of trauma in clients, families, and staff

Respond

- By fully integrating knowledge about trauma into policies, procedures, and practices

Resist (re-traumatization)

- By actively seeking to avoid environments or interventions that may trigger past trauma



Why Trauma Informed Care Matters

Prevalence of Trauma

- 64% of people in US have at least one potentially traumatic experience (PTE) before age 18
- More than 1 in 7 adults report being exposed to 4 or more Adverse Childhood Experiences (ACEs) (Forkey et al, 2021)
- Lifetime Exposure: 60–90% of general population have been exposed to at least one PTE in their lifetime (Austin et al, 2024; Rajaraman et al, 2022)



Why Trauma Informed Care Matters

Impacts of Trauma

Exposure to 4+ PTE is associated with:

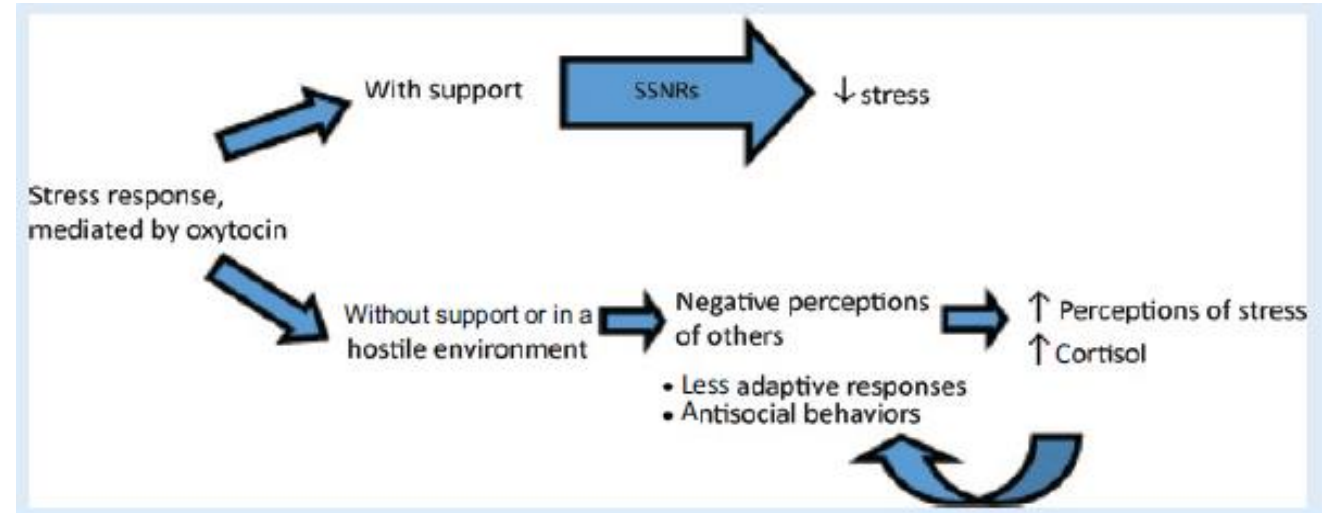
- Poor physical/mental health
- Increased risk of substance use and mental disorders
- Trauma-related distress
- Depressive & anxiety symptoms
- Lower academic achievement
- Worse treatment outcomes for substance abuse disorders



TIC Provides Hope

Counteract negative outcomes

- Safe, stable, nurturing relationships (SSNRs) with trust, safety, and security
- Resilience can be learned
 - Basic needs must be met (Forkey et al, 2021)
 - Environments can be designed to recharge and build strength (Ames & Loebach, 2023)
- Autonomy & Choice
 - Choice making restores dignity and reduces need for crisis behavior (Rajaraman et al, 2023)
- Recovery is the expected outcome (SAMHSA, 2015)



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How it's Trauma-Informed



Whole Person Lens

Current actions are often adaptations to past trauma

Supportive Environment

Prioritize environmental safety by facilitating a supportive physical & social environment

Early Prevention Focus

Train staff to identify individualized triggers and signals of agitation (potential trauma responses)



Decrease Power Struggles

Learn effective alternatives to use instead of engaging in power struggles

Neutral Crisis Responses

Verbal de-escalation skills are simple to learn and carefully crafted to avoid triggering phrases associated with past trauma

Avoids Physical Intervention

Least-to-most restrictive with focus on using verbal de-escalation to prevent the need for more intrusive interventions

Recovery & Debriefing as Trauma-Informed

Recovery

- May take additional time, be patient during the recovery period

Debriefing considerations

- The individual must be willing to participate
- Provide meaningful choices for a sense of control & autonomy
- Opportunity to repair relationship & rebuild rapport



Note: Be wary of excessive apologizing or self-shaming. This is a known trauma response called fawning

Safety-Care & TIC Framework:

The 4 R's in Action

Realize

- Factors that Affect Behavior discusses trauma as impactful
- Staff Behavior emphasizes building trust & rapport by explaining how to communicate with respect and promote dignity

Recognize

- Discuss what trauma responses may look like when reviewing the severity levels of challenging behavior(s)
- Learn how to identify signal behaviors that could be trauma responses

Respond

- SC Core provides a consistent framework for staff training, aligning policy & practice
- Specific language, tone & volume, respecting personal space

Resist (re-traumatization)

- SC Core is heavily prevention-focused. Staff learn how to effectively address the environment and the needs of an individual to prevent crises
- Address keeping a safe environment by eliminating known trauma triggers



Barriers to Implementing TIC

Organizational & Cultural Barriers

- Outdated policy, internal resistance to change, lack of leadership commitment, siloed services

Resource & Systemic Barriers

- Staff turnover & burnout, secondary traumatic stress, inadequate funding

Practitioner & Knowledge Barriers

- Misconceptions, philosophical clashes, lack of framework, fear of reporting, and boundary confusion

Physical & Design Barriers

- Unavoidable environmental triggers



Safety-Care Helps Remove Barriers

Organizational & Cultural Barriers

- SC provides an evidence-based, prevention-focused training that aims to protect both the individual & staff
- Conversations facilitated by the curriculum can assist with paradigm shifts

Resource & Systemic Barriers

- Consistent staff training delivered in-house by Safety-Care Trainers
- Discussions on staff resilience and witnessing stress & trauma

Practitioner & Knowledge Barriers

- Shared foundational knowledge base across staff.
- Abbreviate the course so staff learn what they need for their role

Physical & Design Barriers

- Staff discuss how to create supportive physical & social environments and how to adjust for safety



How SC Helps Your Staff Become Trauma-Informed

Context & Empathy for Behavior

- Assess the severity of challenging behavior to determine least-restrictive, most effective strategy
- Learn flexibility to meet individuals where they are at
- Reinforce desirable behavior unrelated to trauma

Prevention

- Address the environment
- Approach the individual non-intrusively
- How to effectively engage with the individual
- Alternatives to power struggles

Proactively respond

- Recognize & respond to early warning signs
- Effective evidenced-based strategies to de-escalate an individual without the use of physical interventions



Already a Safety-Care Trainer?



▶ Safety-Care Extras On Trainer Connect

- *Training Safety-Care with Trauma-Informed Considerations*
 - Ways to expand and highlight the trauma-informed care embedded throughout the Core Curriculum.
- *What Makes Safety-Care Trauma-Informed?*
 - Details research behind trauma-informed aspects of the Core Curriculum.



References

Ames, R. L., & Loebach, J. E. (2023). Applying trauma-informed design principles to therapeutic residential care facilities to reduce re-traumatization and promote resiliency among youth in care. *Journal of Child & Adolescent Trauma*, 16(4), 805–817. <https://doi.org/10.1007/s40653-023-00528-y>

Austin, J. L., Rajaraman, A., & Beaulieu, L. (2024). Facilitating greater understanding of trauma-informed care in applied behavior analysis: An introduction to the special issue. *Behavior Analysis in Practice*, 17(2), 669–678. <https://doi.org/10.1007/s40617-024-00988-0>

Blanton, M., Nadeem, E., Vona, P., Sahay, A., Kycia, O., Dudek, C., Garcia, J., & Coccaro, C. (2025). Co-Creating a District-Wide Professional Development Program and Implementation Model for Trauma-Informed Schools. *Behavioral Sciences*, 15(6), 726. <https://doi.org/10.3390/bs15060726>



References

▶ Coleman, E. (2024). Education for Health Care Providers on Implementation of Trauma-Informed Care in Practice. *The Journal of Continuing Education in Nursing*, 55(5), 246–252. <https://doi.org/10.3928/00220124-20240201-06>

Huckshorn, K. A. (2004). Reducing seclusion & restraint use in mental health settings: Core strategies for prevention. *Journal of Psychosocial Nursing and Mental Health Services*, 42(9), 22–33.

Forkey, H., Szilagyi, M., Kelly, E. T., Duffee, J., Council on Foster Care, Adoption, and Kinship Care, Council on Community Pediatrics, Council on Child Abuse and Neglect, & Committee on Psychosocial Aspects of Child and Family Health. (2021). Trauma-informed care. *Pediatrics*, 148(2), Article e2021052580. <https://doi.org/10.1542/peds.2021-052580>



References

▶ Rajaraman, A., Austin, J. L., & Gover, H. C. (2023). A practitioner's guide to emphasizing choice-making opportunities in behavioral services provided to individuals with intellectual and developmental disabilities. *International Journal of Developmental Disabilities*, 69(1), 101–110. <https://doi.org/10.1080/20473869.2022.2117911>

Rajaraman, A., Austin, J. L., Gover, H. C., Cammilleri, A. P., Donnelly, D. R., & Hanley, G. P. (2022). Toward trauma-informed applications of behavior analysis. *Journal of Applied Behavior Analysis*, 55(1), 40–61. <https://doi.org/10.1002/jaba.881>

Substance Abuse and Mental Health Services Administration. (2015). *Trauma-informed care in behavioral health services: KAP keys for clinicians* (HHS Publication No. SMA 15-4420). <https://library.samhsa.gov/sites/default/files/sma15-4420.pdf>



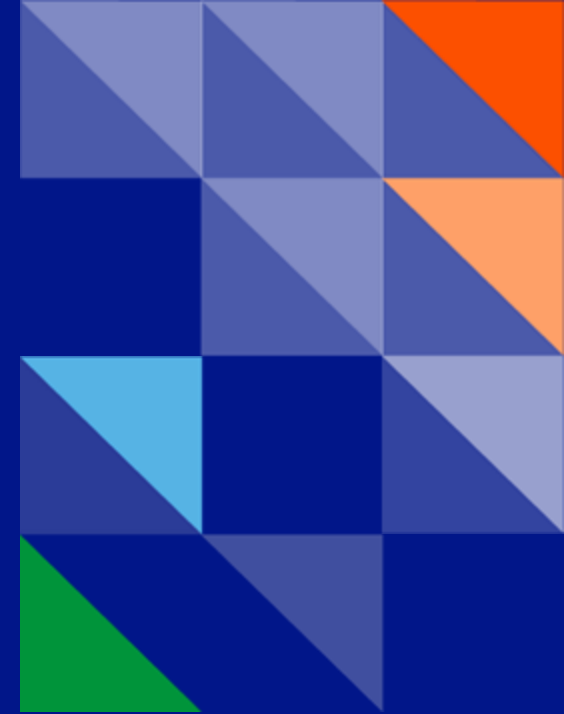
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Thank you!

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