Slide 1

AHMA

AHMA-PSW 2025 CONFERENCE & EXPO

DRIVING CHANGE
IN AFFORDABLE HOUSING

Supporting the Neurodiverse Population in a Trauma-Informed & Resilient Way

Presented to you by:
Resilient Therapy Center, Inc

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Slide 2

Supporting the Neurodiverse Population in a Trauma-Informed & Resilient Way

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Slide 3

Your Presenters

Ana Amador, LCSW
CEO and Co-Founder
Resilient Therapy Center, Inc.

Claudia Avalos-Garcia, LMFT
CFO and Co-Founder
Resilient Therapy Center, Inc.

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Before We Begin

Pen/Pencil and paper   **Nourishment**   **Safe Space**

THIS IS A SAFE SPACE

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As a result of participating in this training, participants will be able to:

Understand key traits of neurodiversity, intellectual & developmental disabilities (IDD), and autism spectrum disorder (ASD).

Understand trauma-informed principles and their role in creating safe, supportive housing environments.

Identify common triggers and signs of distress among neurodiverse and disabled residents.

Implement de-escalation techniques to prevent and manage altercations.

Develop creative, collaborative approaches, to foster positive relationships with residents.

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Who's Joining Us Today?

1. Maintenance Staff
2. Supervisors
3. Main Office
4. Property Managers

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What is Neurodiversity?

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Diversability and Why It Matters

Differences in cognitive, social-emotional, and physical abilities add to the layers of ability diversity.

We get married.

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Neurodiversity: a concept where neurological differences are to be recognized and respected as any other human variation

Name	Description	Common Behaviors
Developmental Disabilities	A group of conditions due to an impairment in physical, learning, language, or behavior areas.	Language difficulties Poor memory & planning Limited attention span Difficulty with abstract concepts Problem with cognitive rigidity
Intellectual Disabilities	A disability characterized by significant limitations both in intellectual functioning & in adaptive behavior, which covers a range of everyday social and practical skills.	Difficulty understanding new information Poor communication & social skills Slow cognitive processing time Difficulty with abstract concepts
Autism Spectrum Disorder	A complex developmental condition that involves persistent challenges in social interaction, speech, nonverbal communication & restricted/repetitive behaviors.	Limited eye contact Wanting to be alone-limited interest or ability to play with peers Difficulty engaging in play Difficulty using expressive language Sensory sensitivities to smells, sounds, taste, & textures

National Symposium on Neurodiversity at Syracuse University

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Levels of Support

Level 1	Level 2	Level 3
Minimal Support	**Substantial Support**	**Very Substantial Support**
• People may see me as awkward, not disabled. • I can befriend or date, but it is hard and I am often lonely. • I can handle change, but I prefer routine. • My fidgeting is seen as quirky or annoying. • People may think my delays are signs of laziness or insecurity	• People can usually tell that I have a disability • My social life is very limited • Coping with change is very challenging • My repetitive behaviors are noticeably unusual. • I have developmental delays and will meet milestones late.	• My disability is obvious. • I only communicate to express needs or answer questions. • Change and transitions can be unbearable. • My intense repetitive is calming and important to me. • I have large developmental delays and may not meet every milestone.

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Moving Forward with Acronyms

DD = Developmental Disability

ID = Intellectual Disability

ASD = Autism Spectrum Disorder

IDD = Intellectual/Developmental Disability

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Common Challenges

• Sensory sensitivities (e.g., noise, lighting, smells, crowded spaces).
• Social communication differences.
• Emotional regulation and processing delays.
• Routine and predictability needs.
•Safety and crisis prevention.
•Health and medical considerations.
•Ongoing independence and daily living skills.
•Social and recreational inclusion.
•The need for advocacy and self-determination.

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Trauma & Neurodiversity

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Why is the IDD population a higher risk for trauma?

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Higher Risk for Experiencing Trauma

Due to...

- Communication and mobility **impairments**
- Are taught or trained to be **compliant**
- **Dependent** on caregivers
- Face societal **stigma** and **discrimination**
- Are not provided with education on **healthy relationships** or sexual harassment/assault or consent

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Common Traumas in the IDD Population

Physical abuse

Physical Restraint

Seclusion

Sexual abuse

Emotional neglect

Increase medical procedures

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What People with IDD May Experience After a Traumatic Experience

Hyper arousal/numbing

Higher emotional states with lower levels of thinking

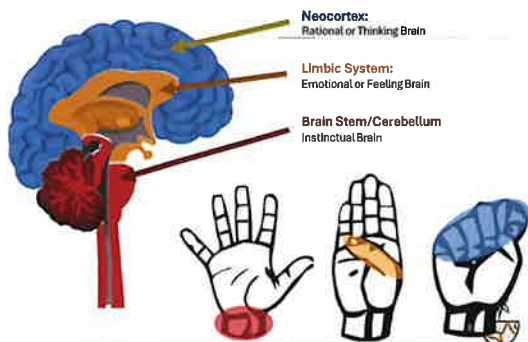Lack of energy, avoidant patterns, excessive fear of others

Decline in skills development

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Hand Model of the Brain

Neocortex:
Rational or Thinking Brain

Limbic System:
Emotional or Feeling Brain

Brain Stem/Cerebellum
Instinctual Brain

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Additional Behaviors to be Aware of

- Sleep disturbance
- Startle response
- Disrupted sense of safety
- Shattered self-identity

- Regressive behaviors
- Become non-verbal
- Hyperactivity, headaches, stomach aches, back pains, nightmares

High Risk Behaviors:

Aggressive patterns towards self, caregivers, pets, etc.

Breaking rules, increased impulsivity

Property Destruction

Self-harm behaviors

Suicide attempts

YIELD

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Trauma Response Variability

Trauma responses in individuals with IDD may manifest differently, often through behaviors or physical symptoms rather than verbal expressions.

They may not understand or notice safety cues, making them more vulnerable.

They may not grasp what trauma is or how it affects them.

They may struggle to control emotions like fear or anger without help.

Difficulty reading body language or facial expressions can make safety signals unclear.

They often rely on caregivers to help manage emotions and understand situations.
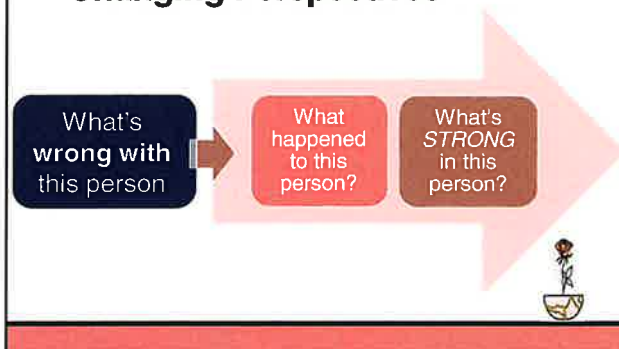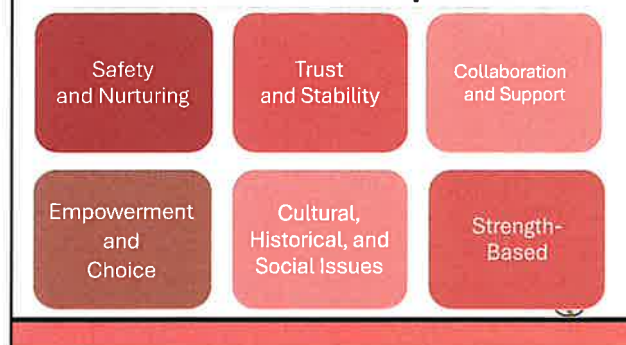
STRESS

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Creating a Supportive & Inclusive Environment

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Changing Perspectives

What's **wrong with** this person

What happened to this person?

What's *STRONG* in this person?

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Trauma-Informed Principles

Safety and Nurturing

Trust and Stability

Collaboration and Support

Empowerment and Choice

Cultural, Historical, and Social Issues

Strength-Based

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Core Principles of Trauma and Resilience-Informed Care

	Safety & Nurturing	Trust & Stability	Collaboration & Support	Empowerment & Choice	Cultural, Historical, & Social Issues	Strength-Based
Example	Staff can provide schedules (using pictures, words, or both) in shared areas to help residents understand daily routines and changes.	If maintenance or inspections will take place, staff should give advance notice in multiple formats (verbally, written, or visually) and explain the process step-by-step.	When planning community activities, involve residents in choosing options that accommodate different abilities.	Allowing them to stop when feeling overwhelmed gives them a choice to resume the interview for another day.	Staff should be aware of cultural preferences and adaptive needs related to food, holidays, and personal care.	Support residents, for example, by using a tablet with a text-to-speech app so they can share concerns or requests in writing.
Self-Reflection						
Chosen Action Step						

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Activity

1. From the 6 principles, select one Action Step you would like to implement.
2. Be prepared to share with the group your selected Action Step.

⏱ **4 mins**

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Sharing of Ideas

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Key Takeaways

The brain prioritizes survival. Trauma can have long-lasting and widespread impacts.

The IDD population often needs additional support in recognizing and reporting traumatic events.

Relationships are important for healing. You only need one to make a difference.

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Putting it into practice

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Case Vignette - Jason

Jason is a 27-year-old resident who has autism spectrum disorder (ASD) and sensory processing sensitivities. He has lived in the apartment complex for two years and generally keeps to himself. He prefers a structured routine and becomes anxious when unexpected changes occur. Jason communicates best through written messages and short, direct conversations.

Recently, the property management team scheduled emergency plumbing repairs in Jason's building, requiring water to be shut off for several hours. Notices were posted in the main office and on apartment doors, but Jason did not see them. On the day of the repair, he attempted to take a shower and realized there was no water. Feeling overwhelmed, he ran to the leasing office, pacing back and forth, speaking loudly, and repeatedly saying, **"I need my water back! This isn't right!"**

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Applying a Trauma-Informed Lens

READ
Moving from a problem-based perspective to a trauma and resilience informed lens

Problem Lens: "What's wrong?"

REFLECT
Trauma-Informed Lens: "What are the possible answers?"

EMPATHIZE
Resilience Informed Lens: "What are the strengths?"

ASK
Action Steps: "What can you do?"

DEVELOP

Problem Lens: What are your initial thoughts about Jason's behaviors?

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Applying a Trauma-Informed Lens

READ

Moving from a problem-based perspective to a trauma and resilience-informed lens

Problem Lens: "What's wrong?"

REFLECT — Trauma-Informed Lens: "What are the possible causes?"

EMPATHIZE — Resilience-Informed Lens: "What are the strengths?"

ASK — Action Steps: "What can you do?"

DEVELOP

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D

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Slide 32

Applying a Trauma-Informed Lens

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Problem Lens: "What's wrong?"

REFLECT — Trauma-Informed Lens: "What are the possible causes?"

EMPATHIZE — Resilience-Informed Lens: "What are the strengths?"

ASK — Action Steps: "What can you do?"

DEVELOP

Reflect as to what's going on.

Trauma-Informed Lens:

What could Jason be responding to?

What could possibly be going on for Jason that would help me understand his behavior?

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What has Jason been through?

READ

Moving from a problem-based perspective to a trauma and resilience-informed lens

Problem Lens: "What's wrong?"

Frustration, Angry, "I need my water back!"

Trauma-Informed Lens: "What are the possible causes?"

REFLECT

Disruption of routine, lack of communication/information

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What are Jason's strengths?

READ
Moving from a problem-based perspective to a trauma and resilience-informed lens

Problem Lens: "What's wrong?"

REFLECT
Trauma-Informed Lens: "What are the possible causes?"

EMPATHIZE
Resilience-Informed Lens: "What are the strengths?"

ASK
Action Steps: "What can you do?"

Empathize the Strengths:
What tools are available and what you have to work with

Resilience-Informed Lens:
What is Jason doing well?

DEVELOP
What adaptive strengths can I gather from the situation?

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What can you do to support Jason?

READ
Moving from a problem-based perspective to a trauma and resilience-informed lens

Problem Lens: "What's wrong?"

REFLECT
Trauma-Informed Lens: "What are the possible causes?"

EMPATHIZE
Resilience-Informed Lens: "What are the strengths?"

ASK
Action Steps: "What can you do?"

DEVELOP

Action Steps:
How can we best support Jason during this and future situations?

Reflect on the ways to Ask

Ask to build resilience and support strengths

- Empower

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What are Jason's strengths? How can you support him?

Resilience-Informed Lens: "What are the strengths?"

EMPATHIZE
Responsive to structure.

Action Steps: "What can you do?"

ASK
Validate by using non-verbals (e.g., nodding as he speaks)

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Applying a Trauma and Resilience-Informed Lens

READ

Problem Lens: "What's wrong?"

Trauma-Informed Lens: "What are the possible causes?"

REFLECT

Resilience-Informed Lens: "What are the strengths?"

EMPATHIZE

Action Steps: "What can you do?"

ASK

DEVELOP

Develop

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Key Takeaways

Relationships are healing and you only need 1 to build resilience.

A shift in paradigm, moving from deficit-thinking to a strength's-based perspective.

Using the Core Principles and READ, we can create a more inclusive and empowering environment.

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Communication Strategies

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Prevention is Key!

95% of preventing problem behaviors is done by modifying the demands of the environment.

Behaviors happen when the demands are high, and rewards are low

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Keeping Track is Prevention

1. **Resident Feedback System**
2. **Staff Observation Logs**
3. **Incident & Support Reports**
4. **Family & Advocate Input**
5. **Community Council or Resident Meetings**
6. **Staff Reflection & Team Meetings**
7. **Data Review & Trend Analysis**

The first thing is we need to track how well or not well things are going at the properties.

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Communication

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Clear and Accessible Communication

- Use Simple & Direct Language
- Offer Multiple Ways to Communicate
- Give Extra Processing Time
- Confirm Understanding
- Be Aware of Sensory and Cognitive Differences
- Respect Individual Communication Preferences
- Use Predictability and Routine
- Show Patience and Encouragement

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Cultural and Linguistic Considerations

Non-verbal and alternative communication supports

Emergency Communication Strategies

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QR Codes & Barcodes for Easy Access to Information

Place QR codes on doors, bulletin boards, and common areas that link to digital versions of notices in multiple formats (text-to-speech, large print, and easy-read versions).

Digital maintenance request forms with step-by-step visuals.

SCAN HERE

Please Scan for the latest updates.

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Predictability and Routine

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Consistent & Predictable Notices

Visual maintenance schedules posted in common areas, sent via email, and available in accessible formats (e.g., pictorial guides, audio recordings).

Provide at least **48-hour notice** for non-emergency maintenance, with a reminder 24 hours before.

Personalized alerts for residents who need additional support (e.g., text message reminders).

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Structured Maintenance & Cleaning Schedules

Post a monthly schedule of routine inspections (elevator, plumbing, pest control).

Allow residents to opt into notification systems for reminders about upcoming repairs affecting their unit.

MAINTENANCE & CLEANING SCHEDULE

THE BEST PROPERTY MANAGEMENT COMPANY

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Community Meetings with Accommodations

Provide multiple ways to participate (in-person, virtual, written feedback).

Ensure materials are available in accessible formats (Braille, large print, easy-read guides).
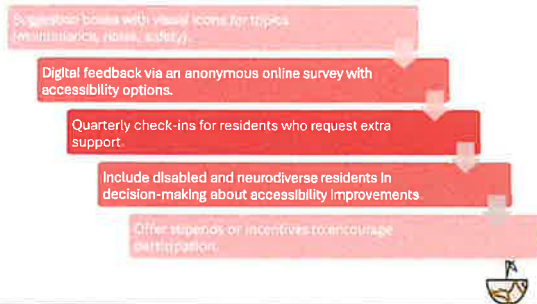
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Resident Involvement & Feedback Channels

WE HEAR YOU.

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Multiple Feedback Options

Suggestion boxes with visual icons for topics (maintenance, noise, safety).

Digital feedback via an anonymous online survey with accessibility options.

Quarterly check-ins for residents who request extra support.

Include disabled and neurodiverse residents in decision-making about accessibility improvements.

Offer stipends or incentives to encourage participation.

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Environmental Accommodations & Accessibility Enhancements

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Reasonable Accommodations

Encourage residents to create sensory spaces in their homes.

Provide fidget tools, weighted lap pads, or rocking chairs in designated areas.

Flexible Lease Accommodations for Neurodiverse & Disabled Residents.

Offer longer notice periods for major changes to help residents adjust.

Provide flexibility in lease agreements for those with fluctuating needs due to disability-related challenges.

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Inside Accommodations:

Sensory-Friendly Spaces: Create quiet rooms or areas with minimal noise, soft lighting, and neutral colors to help with sensory sensitivities.
Accessible Furniture: Offer adjustable-height desks, chairs with lumbar support, and easy-to-move furniture for comfort.
Voice-Activated Technology: Install smart home devices that can control lighting, temperature, and appliances for those with mobility or cognitive challenges.
Flexible Floor Plans: Ensure that living spaces are open and allow easy navigation for individuals with mobility issues, including wide doorways and hallways.

Clear Signage: Use visual markers or Braille labels for important rooms, switches, and appliances.
Calm Lighting Options: Install dimmable lighting or soft, warm lighting that reduces glare and harshness.
Noise Control: Offer options like soundproofing or noise-canceling devices in bedrooms or common areas.
Accessible Kitchen Tools: Provide easy-to-use kitchen equipment, such as accessible-height counters or one-touch appliances.

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Outside Accommodations

Wheelchair-Accessible Paths: Ensure that all pathways, ramps, and entryways are smooth and easily navigable for individuals with mobility devices.
Reserved Parking Spots: Provide designated spaces near entrances for tenants with physical limitations.
Textured Paths for Orientation: Use textured walkways or clear markers for those with vision impairments or cognitive challenges.
Accessible Amenities: Ensure shared spaces like gyms, laundry rooms, and lounges have accessible equipment and clear, easy-to-understand instructions.
Community Events: Host inclusive events with a focus on neurodiversity awareness or physical accessibility, making sure venues are accommodating.
Pet-Friendly Policies: For tenants with autism or neurodiversity, pets can provide emotional support, so offering pet-friendly options is helpful.

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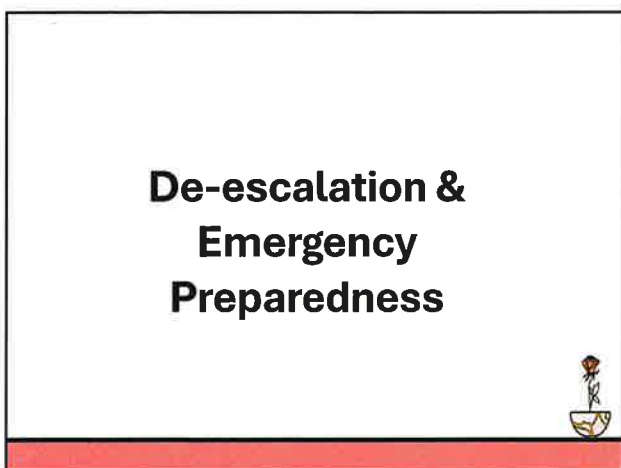## Collaboration with Community Support Services

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Partnerships with Local Disability Advocates & Service Providers

Connect	Connect with regional centers, disability advocacy groups, and independent living programs to provide additional resources.
Host	Host quarterly workshops on tenant rights, self-advocacy, and independent living skills.
Support	Support Networks for Residents.
Establish	Establish a peer-support system where experienced residents can mentor new tenants.
Offer	Offer optional check-ins with property management for residents who prefer ongoing communication.

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De-escalation & Emergency Preparedness

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Precipitating Factors

Feeling unsafe

Feeling sick

Not understanding what is occurring

Not being understood by those around

Fearful of what is happening

Loss of personal power

Failure

Seeking attention
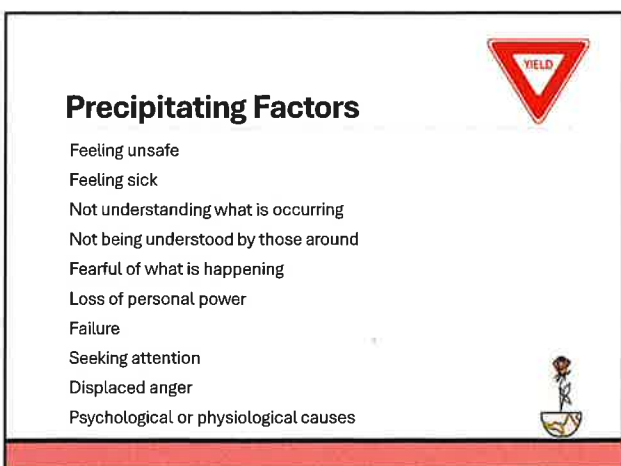
Displaced anger

Psychological or physiological causes

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Look Out for Warning Signs

- Energy Change
- Increased Fidgeting
- Verbal Changes
- Emotional Changes
- Initiating Power Struggle
- Balled Fists
- Erratic Movements
- Wild Gesturing
- Pacing
- Aggressive Posture

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There are two key concepts to remember

Reasoning with an escalated person is not possible. The first and only objective of de-escalation is to reduce the level of agitation so that discussion becomes possible.

De-escalation techniques are inherently abnormal. They go against our natural 'fight or flight' reflexes. **To be effective, we must remain calm and centered.** We need to be professionally detached. Therefore, **these skills require practice to become useful.**

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De-Escalation

1. **Low & Slow-** refers to body movements and the tone of your voice.
- Keeping the tone of your voice low and slow will help the other person process what you are saying and not feel threatened.
- Slow down your body movements and posture and try to sit on a chair or on the floor especially if interacting with a person in a wheelchair, walking-assisted device, or a child.
2. **Name it to Tame it-** By naming emotions, we gain control over them.
- Acknowledge their emotion and validate them.
- Recognize that their safety is a priority.

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De-Escalation

3. **Regulate over Educate-** Reasoning and providing education is not possible when someone is in distress.
- The goal is to regulate their emotions.
- This can be achieved by providing them with space and time, remaining calm, and providing a calming environment.
4. **Validate & Empathy-** Validate their feelings and be empathic.
- "If it's okay with you, I'll stay with you until you feel better."
- Use reflective language- "I see this is hard for you."

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De-Escalation Strategies

- Stay Calm and Regulate Yourself
- Identify and Reduce Triggers
- Respect Personal Space and Boundaries
- Use Clear and Simple Communication
- Validate Feelings and Provide Support
- Redirect Attention to a Calming Activity
- Provide an Exit Strategy
- Follow-Up After the Incident

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No One Has All Of The Expertise

Consult and strategize with your team.
Implement support.
Review and revise.
Let's rethink the way we approach our strategies for individuals with IDD.
Revising a plan is the expectation.
It is not a failure if it did not work.
If it worked sometimes, then it worked!
People grow and develop. We let the plan develop with them.

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Caregiver Stress

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Incorporating the Caregiver

Acknowledge the Caregiver's Role – Recognize caregivers as key advocates and sources of information about the resident's needs.

Communicate with Respect – Speak directly to the resident when possible, using clear and simple language, while including the caregiver as needed.

Ensure Privacy & Dignity – Avoid speaking about the resident in front of them without their involvement and respect their personal choices.

Offer Support, Not Assumptions – Ask how you can assist rather than assuming what is needed; caregivers can provide helpful insights.

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Helpful Resources

1. **Los Angeles County Department of Mental Health (LACDMH):** LACDMH offers resources for individuals with developmental disabilities and mental health needs, including programs like LA Found, which assists caregivers of those with Alzheimer's, dementia, autism, or other cognitive impairments.

www.dmh.lacounty.gov

2. **Los Angeles Department on Disability:** This department provides information and support for various disability-related programs, including the Deaf and Disabled Telecommunications Program and Disability Rights California.

www.disability.lacity.gov

3. **Jay Nolan Community Services:** Jay Nolan offers programs designed to empower neurodiverse individuals and their families, including Supported Living Services to promote independence and community integration.

www.jaynolan.org

4. **New Horizons:** New Horizons is a non-profit organization dedicated to helping individuals with special needs achieve their potential, offering support in daily living and community engagement.

www.newhorizons-sfv.org

5. **UCLA Tarjan Center:** Part of the University of California, Los Angeles, the Tarjan Center provides educational programs, training, and resources related to autism and developmental disabilities for individuals, families, and professionals.

www.dds.ca.gov

6. **211 LA:** a nonprofit organization that has operated on public, private, and charitable funds to provide comprehensive, streamlined care to the Los Angeles community, matching people with the needed services.

www.211la.org

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Helpful Resources

7. Wayfinder Family Services: Wayfinder offers services for individuals who are blind, visually impaired, or multi-disabled, including early intervention, education, recreation, and rehabilitation programs.
https://www.wayfinderfamily.org/

8. Rancho Los Amigos National Rehabilitation Center: This comprehensive medical rehabilitation center provides services to individuals with various disabilities, focusing on helping patients regain skills and achieve independence.
https://dhs.lacounty.gov/rancho/rancho-los-amigos-learn-more/

9. Easterseals Southern California: Easterseals offers a range of services for individuals with disabilities, including adult day services, employment training, and support for caregivers.
https://www.easterseals.com/

10. Epilepsy Foundation of Greater Los Angeles: This foundation provides support and resources for individuals affected by epilepsy, including educational programs and community events.
https://epilepsylosangeles.org/

11. Disability Community Resource Center (DCRC): DCRC offers information, education, and support for people with disabilities and their families, including support groups and peer mentoring programs.
https://www.dcrc.co/

12. The Painted Brain: A mental health and wellness organization that uses art to support individuals living with mental health conditions, including those with neurodiversity and trauma. They believe in the therapeutic power of creative expression as a tool for emotional healing, self-discovery, and empowerment.
https://www.paintedbrain.org/

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Key Takeaways

Prevention is Key in decreasing problematic behaviors.

Use positive strategies to avoid Escalation Traps.

Teaching independent living skills is part of building resiliency in the IDD Population.

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Let's Compare Notes!

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Let's Hear From You!

What is one thing you learned about during this training that you are excited to try?

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Professional Well-Being

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Taking care of ourselves is a personal and professional necessity in order to be sustainable while serving the needs of others.

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What are the magic ingredients?

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Evidence-Based Strategies for Mitigating Stress

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Reflection

What are the tools you use to practice your well-being? What is one self-care or well-being tool you will engage in today?

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Thank you for joining us

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