

# Triage for Transition

SUPPORTING CLIENTS IN ACUTE CRISIS



GOLDEN  
THREAD  
*collaborative*

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Grief Movement Guide In Training  
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# Where we're going today...

Recognize signs of acute crisis

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Distinguish normal stress from  
trauma responses

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Nervous system 101

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Apply a triage and trauma-  
informed mindset to planning  
conversations

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Protect your own energy while  
offering meaningful support

# Core Characteristics of Acute Crisis

Sudden Onset - Little to No Anticipation

Perceived Threat or Loss of Control

Time-Limited but Intense

Disruption of Normal Functioning

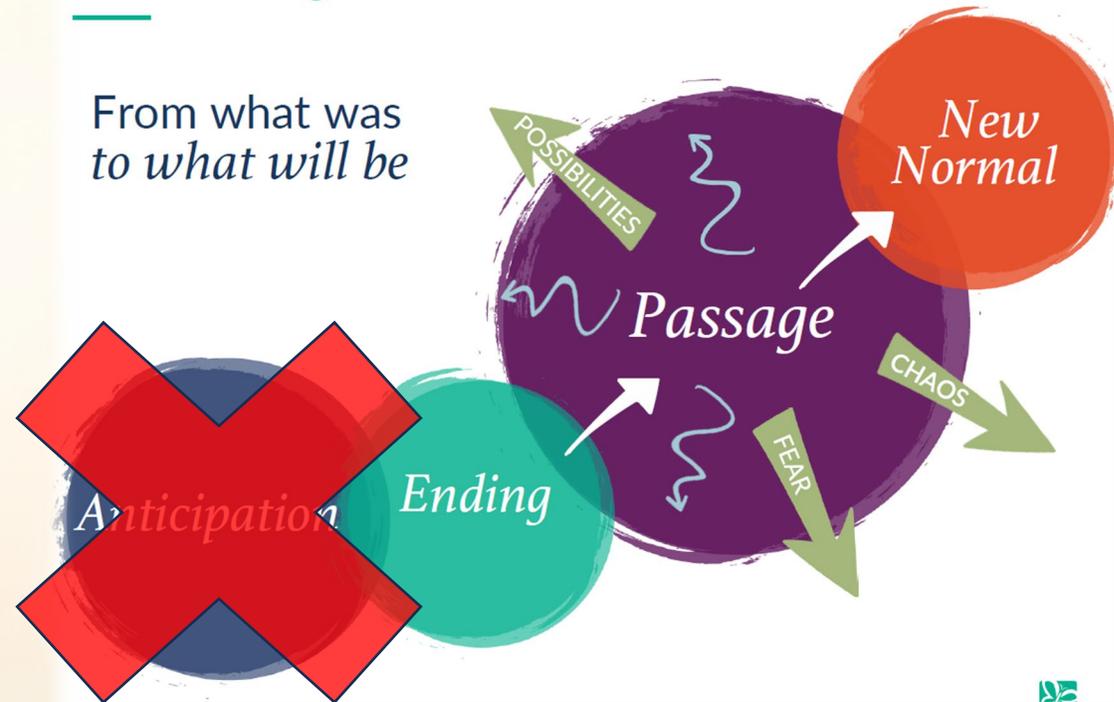
Demand Immediate Adaptation

Heightened Risk

- External or Internal Events
- “Negative” or “Positive”

## Four Stages of Transition

From what was  
*to what will be*



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# What is acute crisis?

“Negative” events:

- Social Benefit of the Doubt

Unexpected death of loved one

Sudden, serious diagnosis

Traumatic accident or injury, or victim/witness of violent crime

Rapid decline of loved one

Complications in pregnancy, childbirth, or stillbirth

Abrupt divorce / end of relationship

Discovery of infidelity

Sudden estrangement from family

Immediate job loss/layoff

Business collapse

Unexpected bankruptcy

Sudden lawsuit

Identity theft

Natural disasters

Significant property loss

Mass-violence incident

Unexpected incarceration of self or loved one

Deportation or sudden immigration status change

Public scandal or damaged reputation

Sudden spiritual crisis or loss of faith

Abrupt displacement (eviction, political upheaval, refugee experience)

# What is acute crisis?

“Positive” events:

- Less Social Benefit of the Doubt

Engagement or marriage

Birth or adoption of child

(especially if it happens faster than expected)

Reconciliation with loved one

Sudden money

Venture funding

Acceptance to a prestigious program

Viral fame

Athletic or Artistic “Big Break”

Buying dream home on short notice

Immigrating by choice

Retirement earlier than planned

Election/Appointment to a public office

Spiritual awakening or sudden religious calling

# Recognizing a Client in Acute Crisis

## Look for sudden, pronounced changes

Overwhelm & Disorganization

Intense Emotional Distress

Impaired Decision-Making

Physical Signs of Stress

Urgency & Time Distortion



### STRUGGLE

Identity Compromised

Confusion/Overwhelm/Fog

Hopeless

Invincible

Mental & Physical Fatigue

Numb/Withdrawn

Narrow or Fractured Focus

Inconsistent Behavior

Combative

# Normal Stress VS Trauma Response

**BOTH** normal stress and trauma release a cocktail of chemicals into our bloodstream to activate our Fight/Flight/Freeze/Fawn (4F's) defense response

**The 4F's** are a set of behaviors we deploy to try to return ourselves and our environment to a sense of safety

### Common Experiences

- Tense muscles
- Increased heart rate
- Increased body temperature
- Angry
- Embarrassed
- Threatened
- High energy
- Faster/ shallow breathing

### Common Behaviours

- Rage outbursts
- Bullying
- Intimidation
- Criticizing
- Controlling
- Incessant monologuing
- Acts of entitlement
- Exertion of power

### Recovery Strategies

- Self-initiated time outs
- Accept support
- Safe space
- Physical movement
- Have gratitude
- Offer forgiveness
- Healthy communication

## FIGHT



## FLIGHT

### Common Experiences

- Anxiety
- On edge
- Tense limbs
- Obsessive thoughts
- Difficulty relaxing
- Easily distracted
- Difficulty focusing
- Tunnel vision
- Excessive sweating

### Common Behaviours

- Worry/ Rumination
- Perfectionism
- Hypervigilance
- Micromanaging
- Overachieving
- Escape route planning
- Use of safety behaviours
- Avoidance
- Repetitive compulsions
- Always on the go

### Recovery Strategies

- Decrease habitual responses/ rituals
- Being with, not fighting anxiety
- Introspection
- Shrink the inner critic
- Pace yourself

### Common Experiences

- Numb/ dissociated
- Low energy
- Reduced heart rate
- Stiff, heavy, cold
- Terror
- Stuck/ paralyzed
- Breath holding

### Common Behaviours

- Isolation
- Avoidance of decisions or situations
- Rumination
- Over sleeping
- Day dreaming
- Self-deprecation

### Recovery Strategies

- Understanding the needs of your 'inner parts'
- Coping skills for dissociation
- Mindfulness/ grounding
- Self acceptance & compassion
- Relational healing
- Start saying 'yes'
- Somatic or energy focused therapies

## FREEZE



## FAWN

### Common Experiences

- Overwhelm
- Emotional burnout
- Shame
- Dissatisfied with self
- Chronic pain/ illness
- Depression
- Lack of authentic self

### Common Behaviours

- Difficulty saying 'no'
- Acceptance seeking
- Over caring
- Exploited by others
- Lack of boundaries
- Codependance
- People pleasing
- Flatters others

### Recovery Strategies

- Build healthy, authentic relationships
- Challenge limiting beliefs
- Self-acceptance and self-love
- Journaling/ talking in a safe space
- Self-validation
- Strengthen assertiveness
- Start saying 'no'
- Creative outlets

# Normal Stress VS Trauma Response

**BOTH** normal stress and trauma release a cocktail of chemicals into our bloodstream to activate our Fight/Flight/Freeze/Fawn (4F's) defense response

**The 4F's** are a set of behaviors we deploy to try to return ourselves and our environment to a sense of safety

## NORMAL STRESS

The body can recover relatively quickly and return to a nervous system state of 'Rest & Digest', 'Safe & Social'

Don't stay in the 4F's very long

Larger Window of Tolerance

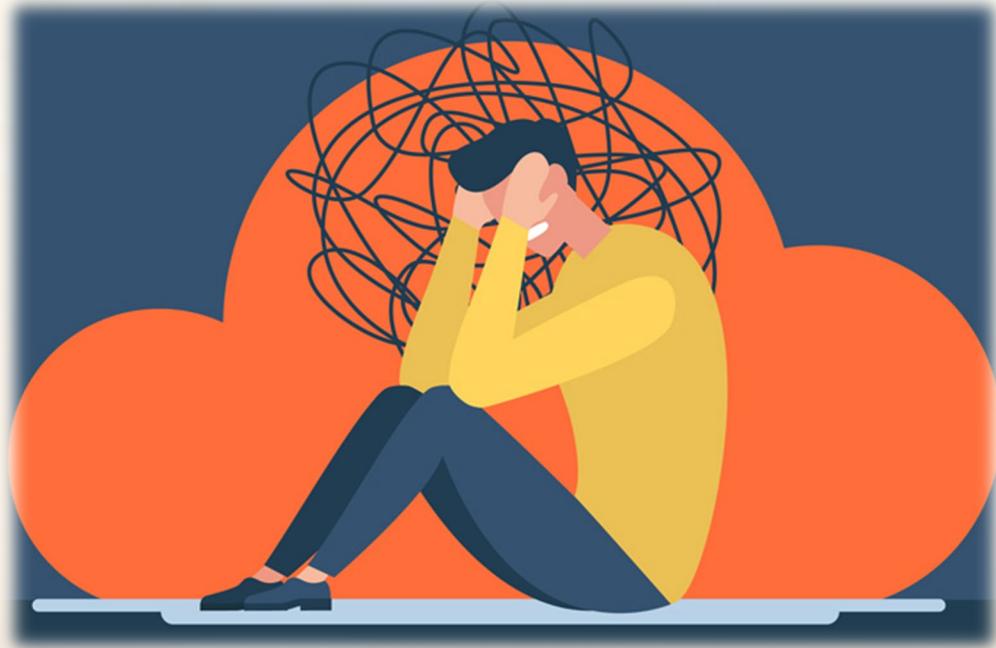
## TRAUMA RESPONSE

Traumas overwhelm our body's capacity to recover and prevent us from accessing 'Rest & Digest', 'Safe & Social'

Get stuck in one or more of the 4F's

Narrow Window of Tolerance

# When Acute Crisis Is More Likely to Be Experienced as Trauma



Perceived threat to life, safety, or core identity

Lack of control, agency, or predictability

Insufficient support or belonging

Prior trauma or high baseline stress

Subjective appraisal

# Protective Factors That Reduce Trauma Risk



## **Immediate, Compassionate Support**

- Family, friends, professionals

## **A Sense of Agency**

- Even small choices about next steps

## **Healthy Coping Skills**

- Mindfulness, somatics, prior therapy

## **Gradual Processing**

- Time and space to integrate the experience

# Becoming Trauma-Informed Planners



Recognize that everyone's nervous system and behaviors are shaped by past and present experiences of overwhelm

Goal is to avoid re-traumatizing, and to create conditions where the client can feel safe enough to engage

## FIVE PRINCIPALS OF TRAUMA-INFORMED PRACTICE

- Safety
- Trustworthiness & Transparency
- Choice
- Collaboration
- Empowerment

# Becoming Trauma-Informed Planners



## FIVE PRINCIPALS OF TRAUMA-INFORMED PRACTICE

- Safety
- Trustworthiness & Transparency
- Choice
- Collaboration
- Empowerment

## FTI CORE PRINCIPALS

- Keep the client safe
- Get on the balcony
- Give the work back

# We Are Not Attorneys



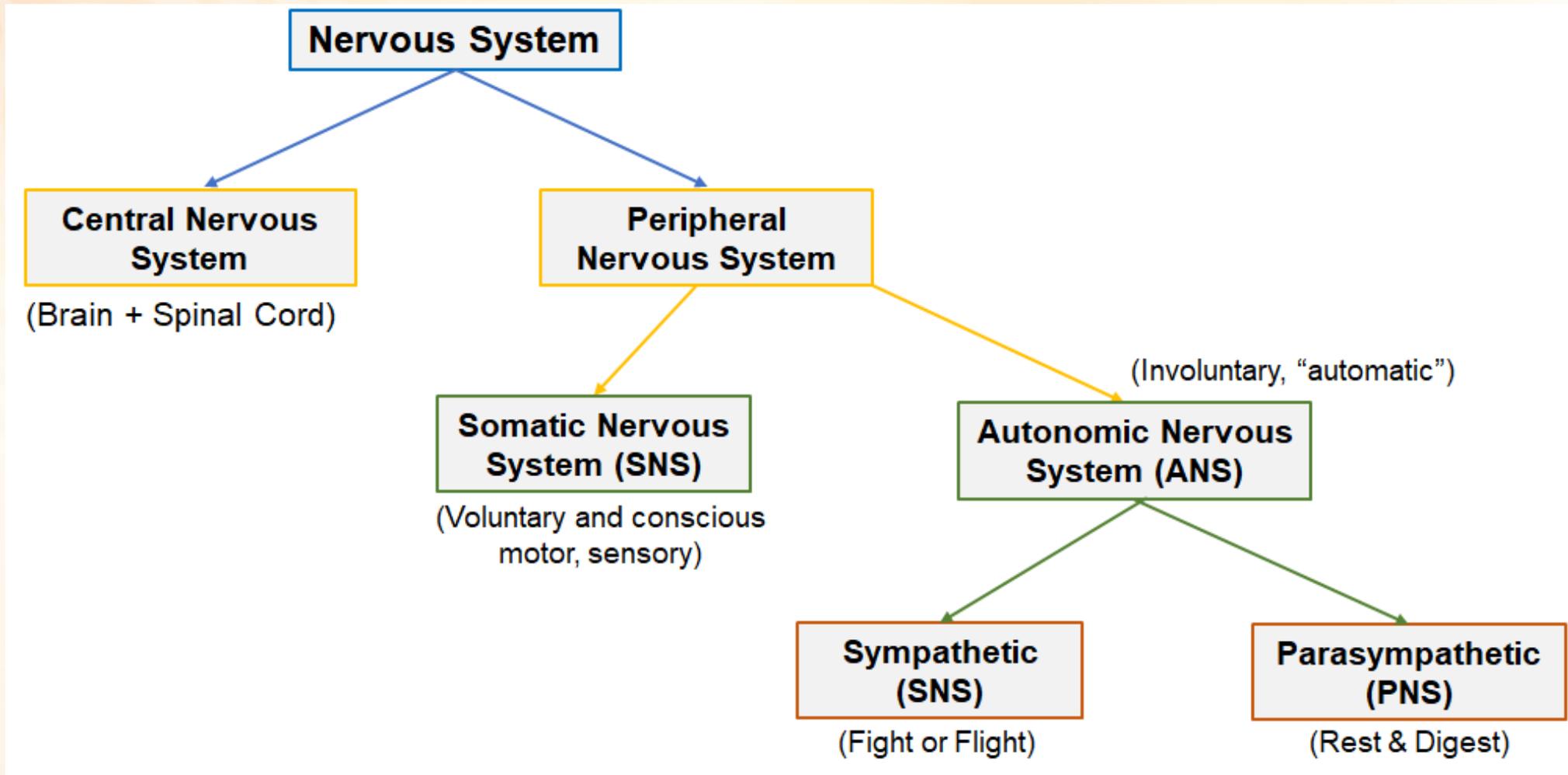
...but we know stuff about the law,  
and we help clients with 'law-adjacent' topics  
...most of us regard this as integral to our practice

# We Are Not Therapists

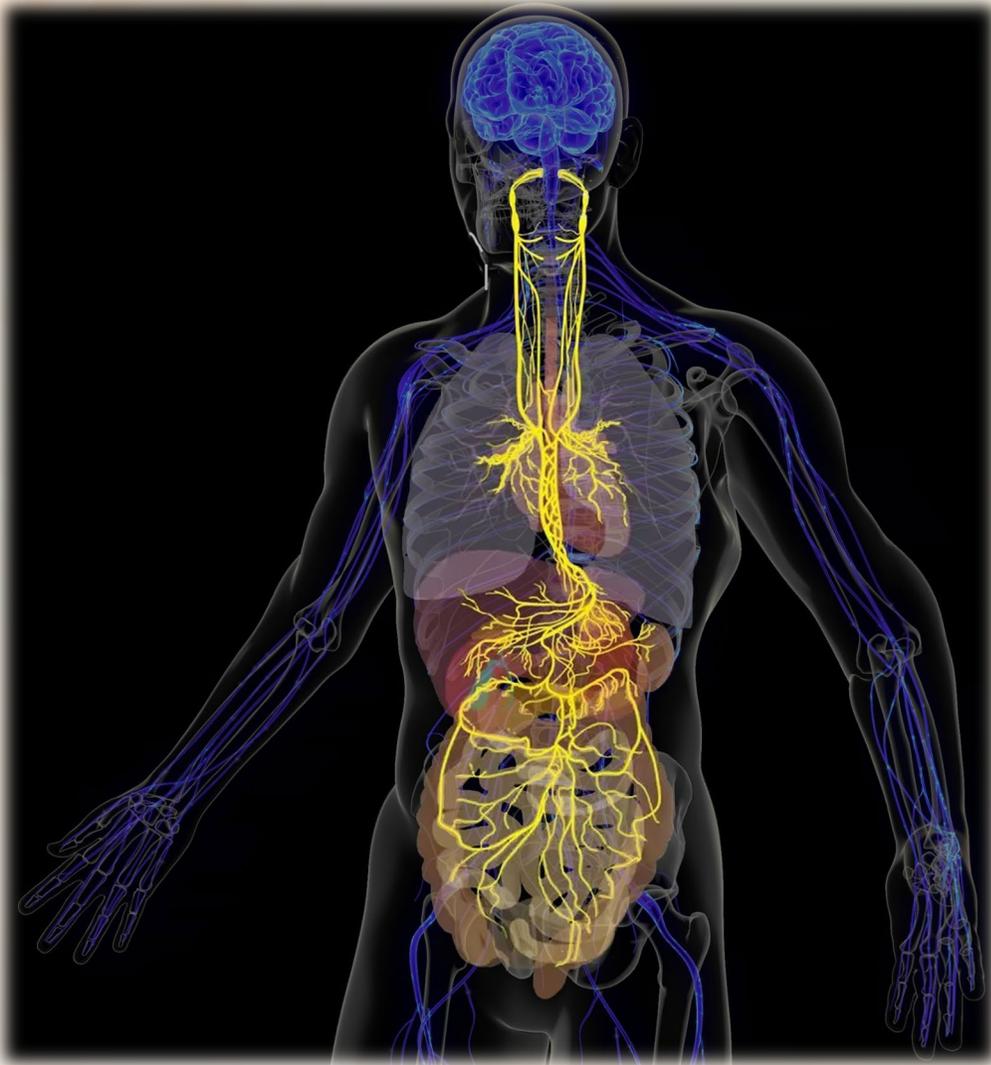


...we can also know stuff about the nervous system  
and can support clients with 'trauma-adjacent' needs  
...I suggest this become integral to our practice, too

# Nervous System 101



# Polyvagal Theory 101



Proposed by Stephen Porges in 1994

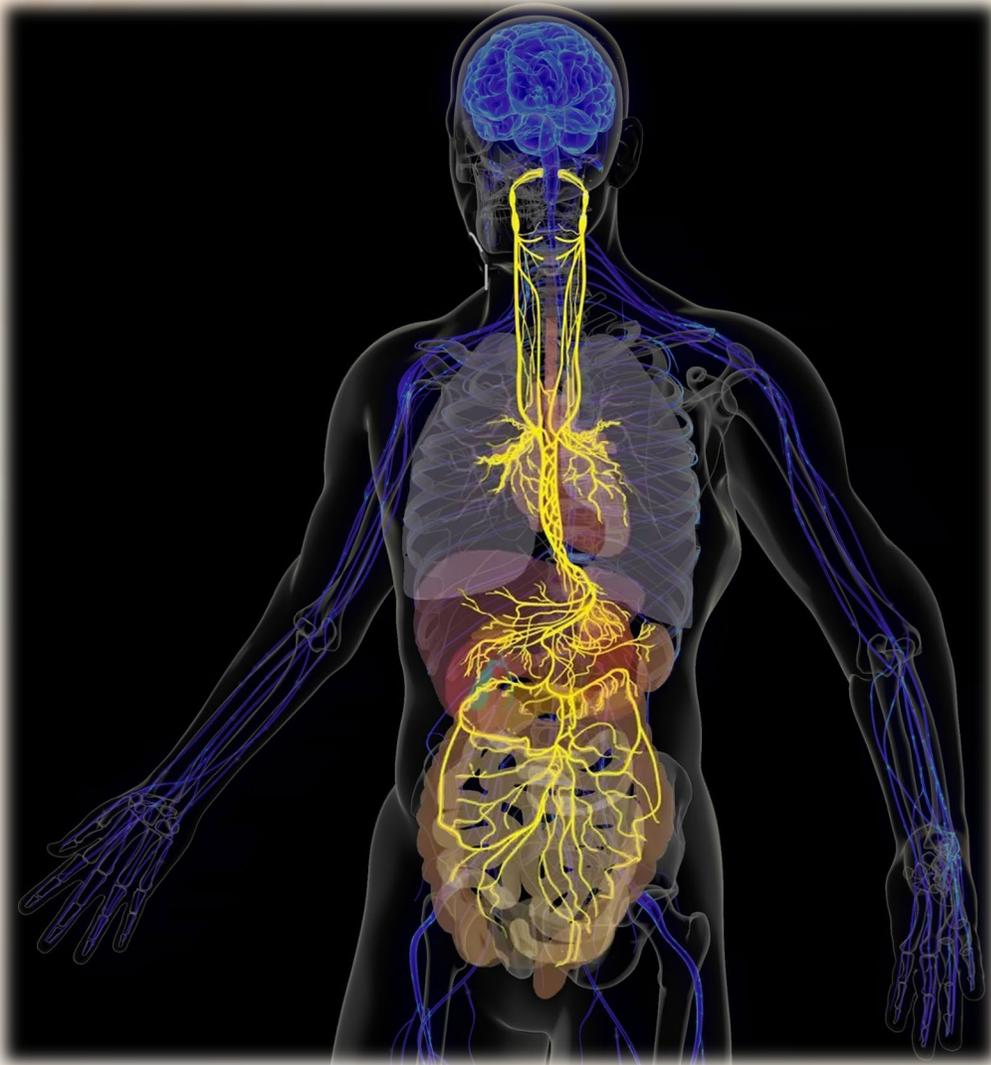
Explains how the Autonomic Nervous System creates three different states based on perceived safety

- Social Engagement (Safe & Social)
- Mobilization (Fight/Flight)
- Immobilization (Freeze)

Regulated by the vagus nerve

Determines our physical and emotional responses to our environment and social cues

# Polyvagal Theory 101



**Vagus Nerve is the largest nerve in the body**

Main nerves of your parasympathetic nervous system (Ventral Vagal & Dorsal Vagal)

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Communicates information between your brain, heart, and gut

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80% of signals go FROM the vagus nerve to the brain: “Trust your gut/heart” is legit

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Neuroception – body processes 11 million bits of information/second; the conscious mind can only handle about 40 bits/second

## STRUGGLE

Identity Compromised  
Confusion/Overwhelm/Fog  
Hopeless  
Invincible  
Mental & Physical Fatigue

Numb/Withdrawn  
Narrow or Fractured Focus  
Inconsistent Behavior  
Combative

## FLOW

Identity Intact  
Clarity  
Hopeful/Resilient  
Realistic About Possibilities  
Refreshed/Energized

Open/Collaborative  
Focused/Attentive  
Consistent Behavior  
Composed

## polyvagal theory at a glance



# But wait... where's Fawning?

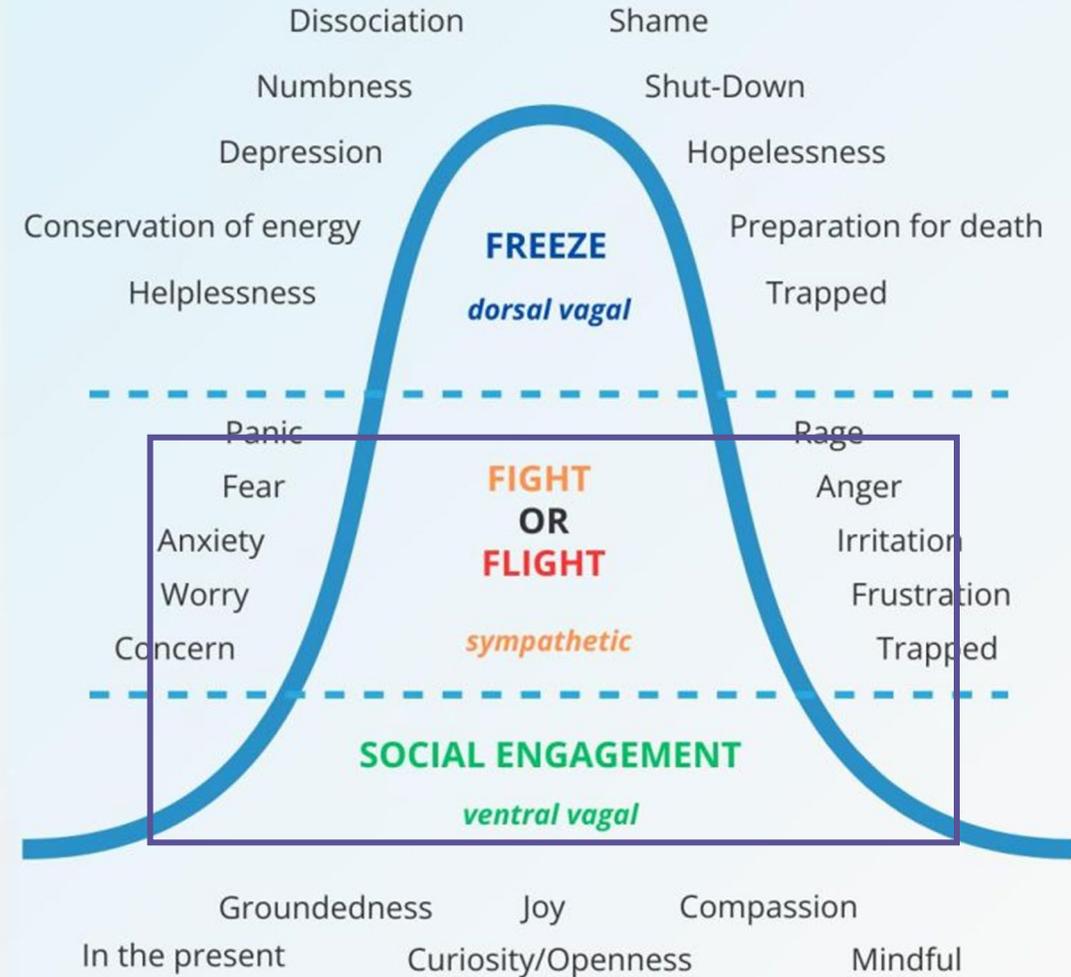
Outside Looks Like:



Inside Feels Like:



## *polyvagal theory at a glance*



## Rest & Digest



- Deep, even breathing
- Relaxed face and shoulders
- Clear thinking, appetite & thirst return
- Feels like an exhale

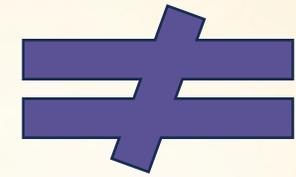
Clients can absorb information, think about the future, and make values-aligned decisions

## Safe & Social

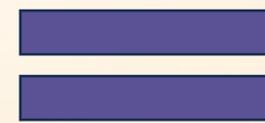


- Eye contact, warmth, humor
- Balanced tone and pace of voice
- Able to both express and receive empathy
- Feels “present”, not guarded or detached

Relational doorway to effective financial work—the client feels safe

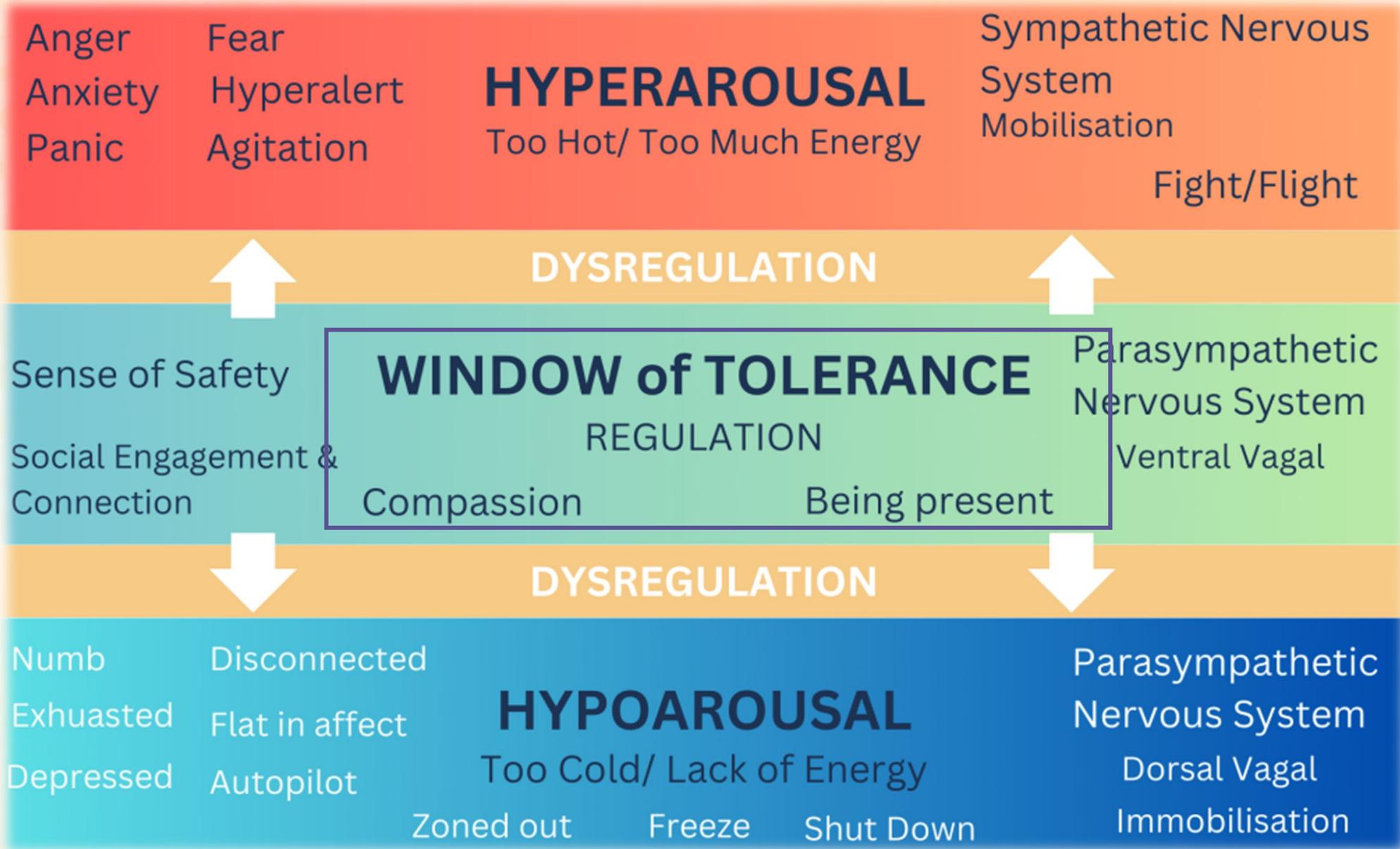


**The Goal**



**Reality**

(Life is Lify)



**Help Clients Return To Their Window of Tolerance**

# How First Responders Treat Physical Trauma & Shock



## Primary goals:

Stabilize vital functions, prevent further harm,  
and create a sense of safety

## Rapid Assessment (ABCs)

Control & Contain

Calm & Orient

Pain & Symptom Management

Handoff & Monitoring

# Financial First Responders

## **Assess Physical & Emotional Safety**

*Tools: Financial Triage*

## **Contain the Crisis**

*Tools: Am I Okay?; What Has Changed; Communication Preferences; DFZ*

## **Ground & Orient**

*Tools: DFZ; One Pagers*

## **Relationship First, Planning Second**

*Toos: DFZ; One Pagers*

## **Watch for Ongoing Dysregulation**

*Tools: What Has Changed*

# Somatic Tools For Acute Crisis

## **Assess Physical & Emotional Safety**

Rate Your Readiness

## **Contain the Crisis**

Things That Can Wait + Exhale

## **Ground & Orient**

5-4-3-2-1 Sensory Orienting

## **Relationship First, Planning Second**

Grounded Pause

## **Watch for Ongoing Dysregulation**

Observation Loop

# The What & Why of Somatic Tools

**Somatic Tools are ‘Communication Science for Stress States’**

**Acute crises are inherently embodied** – bodies feel threat before minds can reason through it

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**Regulation enables reasoning** – you can’t *think* your way out of dysregulation; you have to *feel your way* back into safety

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**You are part of the client’s co-regulation system** – we are wired to borrow each other’s nervous systems when ours is overloaded; you can use your body, breath and voice to model “you are safe”

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**Trauma is stored in the body, not the just the story** – read a client’s body, not just hear their words, for signs of overwhelm; no fixing, just stabilizing

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**Somatic literacy protects you, too** – without body awareness, we unconsciously mirror client distress and absorb tight jaws, held breath, and over-helping; somatics are how we hold space without absorbing

# Somatic Tools For Acute Crisis

## Before You Start

**Get Consent:** Creates psychological safety, reinforces agency, avoids becoming a therapist

Your pacing and calm voice help the client feel they can say no without consequence

**Less is More:** One simple, concrete cue is enough

# Somatic Tools For Acute Crisis

## Assess Emotional Safety

Are they at risk of self-harm? Do they have immediate housing, food, social/therapeutic support?



## “Rate Your Readiness” Check In

Invite a brief self-assessment to gauge nervous-system capacity

Consent: “Before we get going, would it be okay if asked how grounded you’re feeling, to get a sense of where to start today?”

“On a scale of 1-10, how grounded do you feel today?”

7-10 → Move forward gently: can access more technical topics

4-6 → Slow down, hold space, emotional containment

1-3 → Pause entirely, focus on safety, breathing, basic orientation

Notice their breathing, tone, posture

Holding breath, speaking in fragments, or being slumped signal overwhelm

Your steady cadence and calm tone support co-regulation

# Somatic Tools For Acute Crisis

## Contain the Crisis

Focus on the most urgent, concrete needs:  
contacting family, securing finances,  
postponing non-essential decisions



## Things That Can Wait

Naming what does **not** need attention today

Consent: “Would it help to specifically name the things that don’t need attention today, so you can release them from your mind?”

This is basically the DFZ, with a slight twist; couples cognitive work with somatic work

Once Now, Soon, and Later have been identified, look at the Soon list

Co-regulate with them: “Let’s take a deep breath together, and as you slowly exhale, I will read aloud the things that can wait.”

Read at a pace that makes their exhale longer than their inhale

Repeat with the Later list

Longer exhales activate the parasympathetic (rest and digest) system

# Somatic Tools For Acute Crisis

## Ground & Orient

Speak calmly, validate their experience, give them agency over small tasks, offer simple next steps



## 5-4-3-2-1 Sensory Orienting

A trauma-informed classic that gently anchors attention to the present

Consent: “You’ve been talking about a lot of really heavy things. Would it feel okay if we paused for a moment to help your body catch up by noticing what’s around you?”

Ask the client if they can notice:

- FIVE things they can see
- FOUR things they can touch
- THREE things they can hear
- TWO things they can smell
- ONE thing they can taste

This resets the body’s sense of place and time without diving into emotion

# Somatic Tools For Acute Crisis

## Relationship First, Planning Second

No analysis or long-term decisions until they show basic regulation



## The Grounded Pause

When the conversation gets heavy or confusing, invite a shared pause

Consent: “We can talk logistics in a minute. Before we do, would it be alright if we take thirty seconds to slow our breathing together? It helps me focus too.”

Both of you take a slow inhale through the nose, and a long exhale through the mouth: 7-4-11 x 3 (Inhale for 7, hold for 4, exhale for 11)

Models emotional regulation and signals safety through tone and pacing

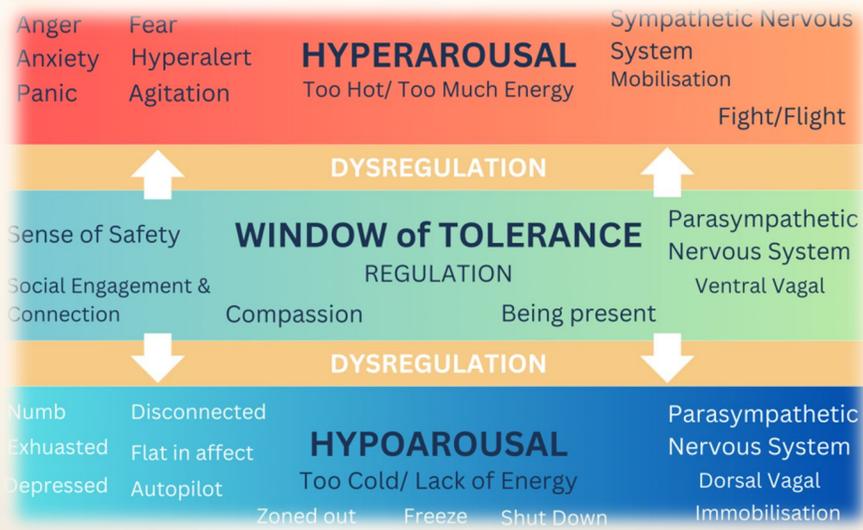
If appropriate, add gentle movement like shoulder rolls, head circles, wiggle the jaw

The tells the nervous system, “We’re not trapped”

# Somatic Tools For Acute Crisis

## Watch for Ongoing Dysregulation

Track signs of persistent hyper- or hypo- arousal and refer to mental-health support when needed.



## The Observation Loop

Silently track **breath, voice, body** and look for shifts—if you sense dissociation or flooding, offer a break

Consent: “I’m noticing it might be hard to focus right now—does that feel true for you? Would you like to take a short pause or stretch before we continue?”

## What to look for:

### Client’s Somatic Cues

fast speech, shallow breathing, flushed skin

long silences, blank stare, monotone

deeper breaths, humor, curiosity

### Your Response

slow your own breath, lower voice, orient to environment (“We’re safe here, we can slow down”) – COLD/COOL DRINK

invite gentle movement or sensory input (“Would it help to stand or get a sip of water?”) – HOT/WARM DRINK

resume light planning or recap key points

# When Your Client Is In The Swamp... Don't Fall In With Them

## First Responder Rule:

Before helping anyone, ensure the area is safe for yourself and others, as a hazard could endanger the rescuer as well.

**SELF**  
*care*  
IS NOT SELFISH

# Before the Session: Build Your Boundaries

**Set a Centering Ritual**

**Clarify Scope Up Front**

**Create Time Buffers**

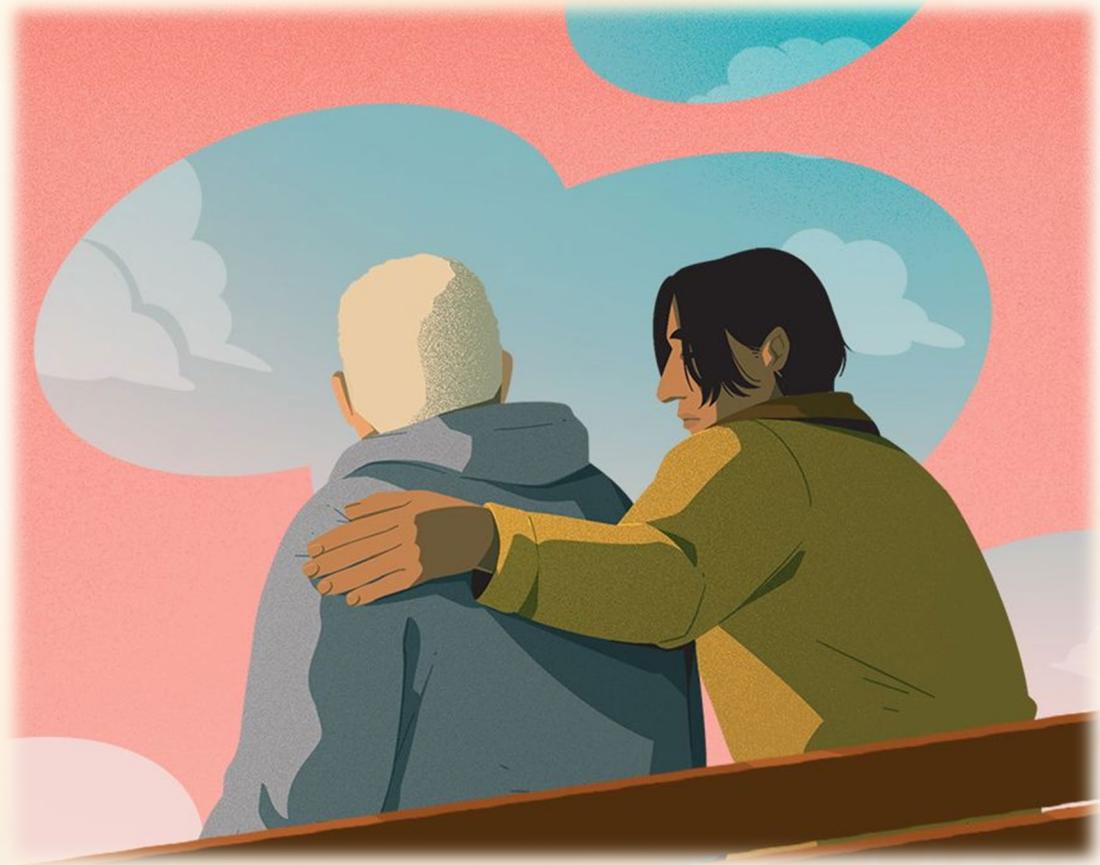


# During the Session: Hold Space, Don't Absorb

**Co-Regulate, Don't Merge**

**Offer Pauses**

**Use Your Body Wisely**



# After the Session: Release & Recharge

**Physical Reset**

**Debrief or Journal**

**Ground Through the Senses**



# Ongoing Practices for Energy Hygiene

**Regular Supervision or Peer Consultation**

**Consistent Self-Care**

**Clear Emergency Protocols**



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# Resources For Trauma Literacy

## Books

- “The Body Keeps The Score” – Bessel van der Kolk
- “Complex PTSD” – Pete Walker
- “No Bad Parts” – Richard Schwartz
- “The Polyvagal Theory in Therapy” – Deb Dana
- “Anchored: How to Befriend Your Nervous System Using Polyvagal Theory” – Deb Dana
- “Waking The Tiger: Healing Trauma” – Peter Levine
- “Trauma Stewardship” – Laura van Dernoot Lipsky

## Podcasts

- “The Polyvagal Podcast” – Deb Dana & Justin Sunseri
- “Therapy Chat” – Laura Reagan (trauma-informed practice for non-therapists)
- “Feminist Wellness” – Bea Albina
- “The Mindful Kind” – Rachel Kable
- “The Conscious Consultant Hour” – Sam Liebowitz

## Trainings/Workshops

- [Grief Movement Guide](#)
- [Somatic Experiencing Intro Workshops \(Peter Levine Institute\)](#)
- [Polyvagal-Informed Professional Training](#)
- [Applied Polyvagal Workshops](#)
- [Financial Therapy Association](#)
- [Trauma-Informed Care Certification](#)



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