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Visit https://www.surveymonkey.com/r/PreTest_TraumaPart3

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We will get started shortly!



CENTER OF
EXCELLENCE
FOR BEHAVIORAL HEALTH
IN NURSING FACILITIES



PART 3: Trauma Screening and Trauma Assessment – Why the Difference Matters

September 13, 2023



CENTER OF
EXCELLENCE
FOR BEHAVIORAL HEALTH
IN NURSING FACILITIES

Today's Event Host

Nikki Harris, MA, CBHC-BS

COE-NF TRAINING AND EDUCATION LEAD

- For the past 20 years, Nikki has provided program implementation, development, management, external and internal trainings, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.
- Previously, she served as the program manager for the Division of Behavioral Health and Substance Use Services within the South Carolina Department of Corrections.
- She has a B.A. in psychology from the University of South Carolina, a M.A. in counseling from Webster University and is a certified behavioral specialist.



Today's Presenter

Paige Hector, LMSW

PRINCIPAL, PAIGE AHEAD HEALTHCARE EDUCATION & CONSULTING

Paige is a consultant, nationally recognized speaker, and author with over 25 years of experience in post-acute and long-term care settings.

She specializes in diverse topics for the interdisciplinary team, person-centered trauma-informed care, Nonviolent Communication, sustainable process improvement and advance care planning.

Paige writes extensively on topics relevant to nursing homes, including multiple chapters of *Managing the Long-Term Care Facility, 2nd Edition*, due for publication in 2023.

She is actively involved in the AMDA Education Committee; the Diversity, Equity, and Inclusion Workgroup; and the Behavioral Health Advisory Council, as well as national work groups to improve trauma-informed care. In 2018, she was named the Gerontologist of the Year for the Arizona Geriatrics Society.



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An Introduction to Creating a Trauma-Informed Culture in the Post-Acute and Long-Term Care Facility

PART 3: Trauma Screening and Trauma Assessment – Why the Difference Matters

Paige Hector, LMSW
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Quick Recap - what we covered in Parts 1 and 2

- Definition of trauma
- Sources of trauma
- Impacts of trauma
- Reactions, not behaviors
- Trauma is cumulative
- Delayed reaction to trauma worksheet
- Triggers and retraumatization
- Becoming trauma-informed is a continual process, not an endpoint
- Trauma-informed principles
- Nervous system response/activation
- Impact of triggers on behavior

Learning Objectives

1. Differentiate between trauma screening and trauma assessment and why this distinction is crucial.
2. Explain direct and indirect screening techniques and how staff can always use indirect screening as part of a trauma-informed culture.
3. Name two things a staff member can do if a resident discloses details of a traumatic experience.



Mindset shift *from* “What’s wrong with this person?” *to* “What is the impact of past experiences on the current presentation?”



Trauma Screening and Trauma Assessment

What is the difference between screening and assessment?

Screening is brief, used to identify whether further evaluation is needed:

- Physical therapy screen identifies a person who walks and transfers well without pain so there is no need to pursue an assessment (or evaluation)
- A hemoccult test (that detects blood in stool) is negative, so no need to pursue a colonoscopy
- Suicide ideation is identified on a PHQ-9, need to assess for suicidality

Rebecca Ferrini, MD, MPH, CMD

Trauma Screening - Trauma Assessment and Treatment

Screening

Generalists (all staff) receive training to notice and respond to the impact of traumatic life events, **not** to treat trauma

Focus on identifying triggers and creating a culture to minimize retraumatization and promote healing

Refer to mental health specialists as needed

Assessment and Treatment

Specialists (clinical social workers, psychologists, etc.) must be specifically trained to provide a thorough evaluation of trauma and develop a treatment plan

A Few Counselor Competencies

- Understands the differences between different types of trauma and the impact on human development
- The role of protective factors that can prevent and ameliorate impact of trauma and also result in psychological and substance use issues
- Knowledge of how trauma affects diverse people throughout their lifespans, with different mental health issues, cognitive and physical abilities
- Knowledge of the impact of trauma on diverse cultures with regard to the meaning various cultures attach to trauma and behavioral health treatment

Diverse Treatment Modalities

- Cognitive Behavioral Therapy (CBT)
- Resonant Healing
- Eye Movement Desensitization and Reprocessing (EMDR)
- Motivational Interviewing
- Seeking Safety Model
- Stress Inoculation Training
- Addiction and Trauma Recovery Integration Model (ATRIUM)
- Biofeedback
- Trauma Affect Regulation: Guide for Education and Therapy (TARGET)

Generalists Focus on the Impact of the Experience

Do not focus on the trauma event itself

Going “digging” for trauma memories may retraumatize the individual or produce other harmful effects

What *signs and symptoms* are showing up that may indicate impact of the trauma?

Use the Delayed Reaction to Trauma worksheet

Delayed Reaction to Trauma

Figure in chapter: Ganzel, B., Kusmal, N., Cheatham, C., Hector, P. & Clarke, D. (accepted). Trauma-informed long-term care. In R. Perley (ed.), *Managing the long-term care facility: Practical approaches to providing quality care* (2nd Edition, Chapter 3). John Wiley and Sons.

Box 3.9

DELAYED REACTION TO TRAUMA Signs & Symptoms of Posttraumatic Stress

Possible Delayed Emotional Reactions YES/ NO source _____

Irritability; Aggression; Negative affect; Distress at trauma reminders; Fear of trauma happening again; Negative thoughts about self; Detachment; Feelings of vulnerability; Mood swings; Grief reactions.

Possible Delayed Physical Reactions YES/ NO source _____

Nightmares; sleep disturbance; Hypervigilance/Heightened startle; Persistent fatigue; Changes in appetite or digestion or cortisol levels; Lowered immune function/more colds and infections; Focus on aches and pains

Possible Delayed Cognitive Reactions YES/ NO source _____

Intrusive memories; Flashbacks; Exaggerated self-blame or blame of others about the event(s); Difficulty concentrating; Belief that avoidance or other behaviors will protect them from trauma; Avoidance of trauma-related feelings or memories or preoccupation with the event; Panic & phobia-like behavior in response to trauma triggers; Inability to remember key features of the trauma

Possible Delayed Behavioral Reactions YES/ NO source _____

Avoidance of event reminders ; Decreased interest in activities; Risky or destructive behavior; Isolation/withdrawal; Disrupted social relationships; History of abuse of alcohol or drugs

Possible Delayed Existential Reactions YES/ NO source _____

Questioning ("why me"), disillusionment, cynicism; Loss of purpose or faith; Hopelessness; Also potential adaptive responses such as re-establishing priorities, redefining meaning and importance of life, reviewing life assumptions to accommodate trauma.

Adapted from HHS (2014). *TIP-57*, pp. 61-62.

Areas of Concern with Trauma-Informed Care

- An inservice or two won't make up for general lack of psychological training of the staff
- Cultural and generational differences in comfort in discussing one's personal life
- Very little privacy in communal living, information may be overheard by others (in small towns, a resident's trauma may have implications for workers who learn of it)
- Extremely personal, trauma-related questions are likely to be asked by people with whom no foundation of trust has been established
- Charting of very personal details, medical records security breaches
- Sharing of medical records with other facilities/organizations that may not have had basic training in protocols for TIC
- Triggering of past traumas in staff without adequate supports

[What worries me about trauma-informed care - The World According to Dr. El - McKnight's Long-Term Care News \(mcknights.com\)](https://mcknights.com) by Eleanor Feldman Barbera, PhD

Barriers to Screening

(address in your facility training)

- Screening is not part of the standard intake process
- Underestimation of the impact of trauma
- Not knowing how to respond to the individual's report of trauma
- Fear that trauma inquiry will be too disturbing to the individual
- Concern that the individual will require treatment that the facility cannot provide
- Untreated trauma symptoms of the screener
- Perception of not enough time





In my opinion, the good intention of increasing awareness of mental health issues would be better served by evaluating every resident for psychological services upon admission, the way each resident is assessed by rehab, recreation and other departments, while simultaneously improving the training of staff to refer residents after events such as a decline in physical functioning, a loss of a loved one or a change in behavior.

~Eleanor Feldman Barbera, PhD

[What worries me about trauma-informed care - The World According to Dr. El - McKnight's Long-Term Care News \(mcknights.com\)](#)

Staff With Good Training Can Develop Capacity to SCREEN for Trauma

- The chances of being traumatized by a properly administered screen are far lower than the chances of re-traumatizing a person if you do not screen
 - Exercise caution and be mindful what you are asking people
- Just talking about trauma *does not create instant catharsis*
- Be prepared to respond with “next steps”
 - What resources are available in your community, online, etc.?

“While staff who are trained can provide the screening, they need to understand their role is to provide validation and supportive responses.”

Trauma-Informed Organizational Change Manual, page 76

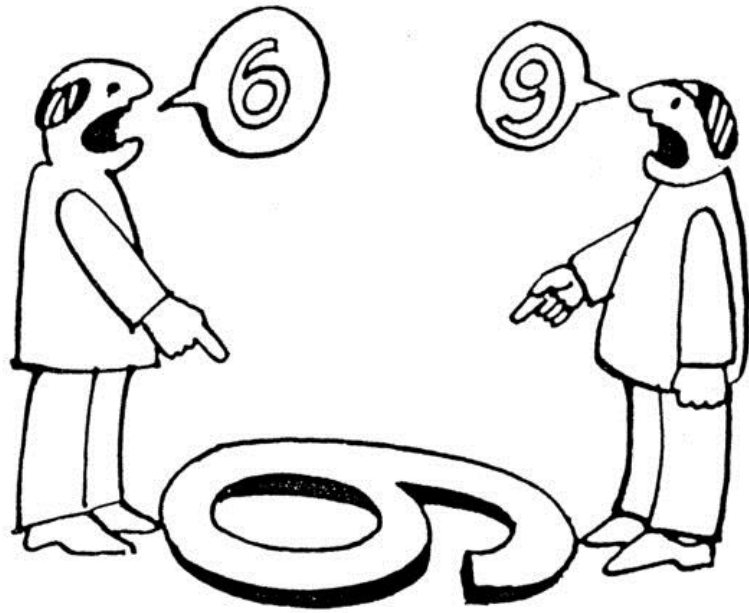
<http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/Trauma-Informed-Organizational-Change-Manual0.html>

Opening the Conversation

- “Many people have had difficult experiences during their life that can impact them for a long time. I would like to ask you a few questions if this might be happening for you...is that okay?”
- “Sometimes when people have life changes, get hurt or sick, memories of past experiences can come back as distressing thoughts, feelings, dreams or unexpected reactions in the present. I would like to ask you a few questions if this might be happening for you...is that okay?”
- “Are you currently bothered by any recent or past upsetting experience?”

If at any point the person says ‘no’, honor that and note it in your documentation.

Importance of Perceptions



“It is important to remember that what happened is not nearly as important as what the trauma means to the individual.”

Strengths Based Questions

(From “What is wrong with you?” To “What has worked for you?”)

- What would you say are your strengths?
- What are some of the accomplishments that give you the most pride?
- How do you manage your stress today?
- What behaviors have helped you survive (cope with) your experiences?
- What characteristics have helped you manage these experiences and the challenges they have created in your life?
- How do you gain support today?



Examples of Strengths

- Identifies feelings
- Sets goals and is open to learning
- Strong family/friend support
- Comfortable with grieving
- Has overcome crisis in the past
- Responds to touch
- Has hobbies that provide comfort
- Good vision
- Participates in decision-making
- Makes needs known

Two Questions to Consider Asking

(Upholds TIC principles of choice and empowerment)

- What information would be helpful for us to know about how your experience is impacting you now in your life?
 - Remember, it is not our task isn't to “fix” anything (impossible to do anyhow)
- From your experience, what responses from others appear to work best when you feel overwhelmed by your emotions?

What Else Can Staff Do?

- Identify strengths and triggers, include them in the plan of care, and communicate them with staff
- Modify the environment to minimize the triggers and integrate the strengths to create a sense of safety, trust, empowerment, voice, collaboration, and choice

What Processes Already Exist That Support Trauma Screening?

- The MDS supports trauma-informed screening
- Are there other things staff are doing in your facility that also support trauma screening?

The MDS Supports Trauma Screening

- 18 sections and many of them may be related to a trauma history, a symptom, or a trigger
 - Delirium, behavioral symptoms, ADLs, bowel and bladder, new diagnoses, weight changes, restraints or alarms
- When completing the MDS sections, consider if the information shared by the resident, the family, and or staff may be related to trauma, trigger a trauma reaction, or be a source of distress
- Do NOT assume that the presence of these conditions or situations automatically indicates trauma or distress

*Refer to handout

2 Types of Screening

Direct & Indirect

(Screening will not capture all people with trauma upfront)



Capacity determines *strategy*, not exclusion.

Barbara L. Ganzel PhD, LMSW
Director of Community Program Development
Clinical Associates/Pathways

Trauma Screening and Limited Capacity

- Using a screening *tool* is not appropriate
- There may be indicators for **staff to act as if** the person is experiencing posttraumatic stress
- Acting **AS IF** is a very important feature of a trauma-informed care approach

Indirect Screening

- We can always be engaged in indirect screening
 - Especially for residents with cognitive impairment and for residents who do not wish to engage in direct screening
- During move-in and day-to-day interactions, pay attention to comments/actions that could indicate symptoms of traumatic stress
- After sufficient trust has been established, ask if they want to discuss your observations
- If discussion indicates presence of symptoms of traumatic stress, ask if they want to speak to someone and if so, make a referral
- In the plan of care, identify all potential trauma symptoms and triggers, and interventions

LOOK & LISTEN - Indications of Prior Trauma

Things residents and family members might say:

"I lost my soul after....."

"If I'd just she'd still be here today."

"It seemed like my brother was missing part of himself afterwards."

"My son/daughter has never been the same."

"I didn't know the person who came back to me."

"My whole world was turned upside down."

Indications of a long-term care resident with a potential prior trauma:

- PTSD or other mental illness
- History of alcohol and/or drug use
- Unsheltered living
- Estranged relationships
- Sleeping "on guard"
- Unfulfilled longings
- Suspicion, lack of trust
- Anxiety, agitation
- Nightmares

-Deborah Grassman, VA Hospice, Bay Pines, FL



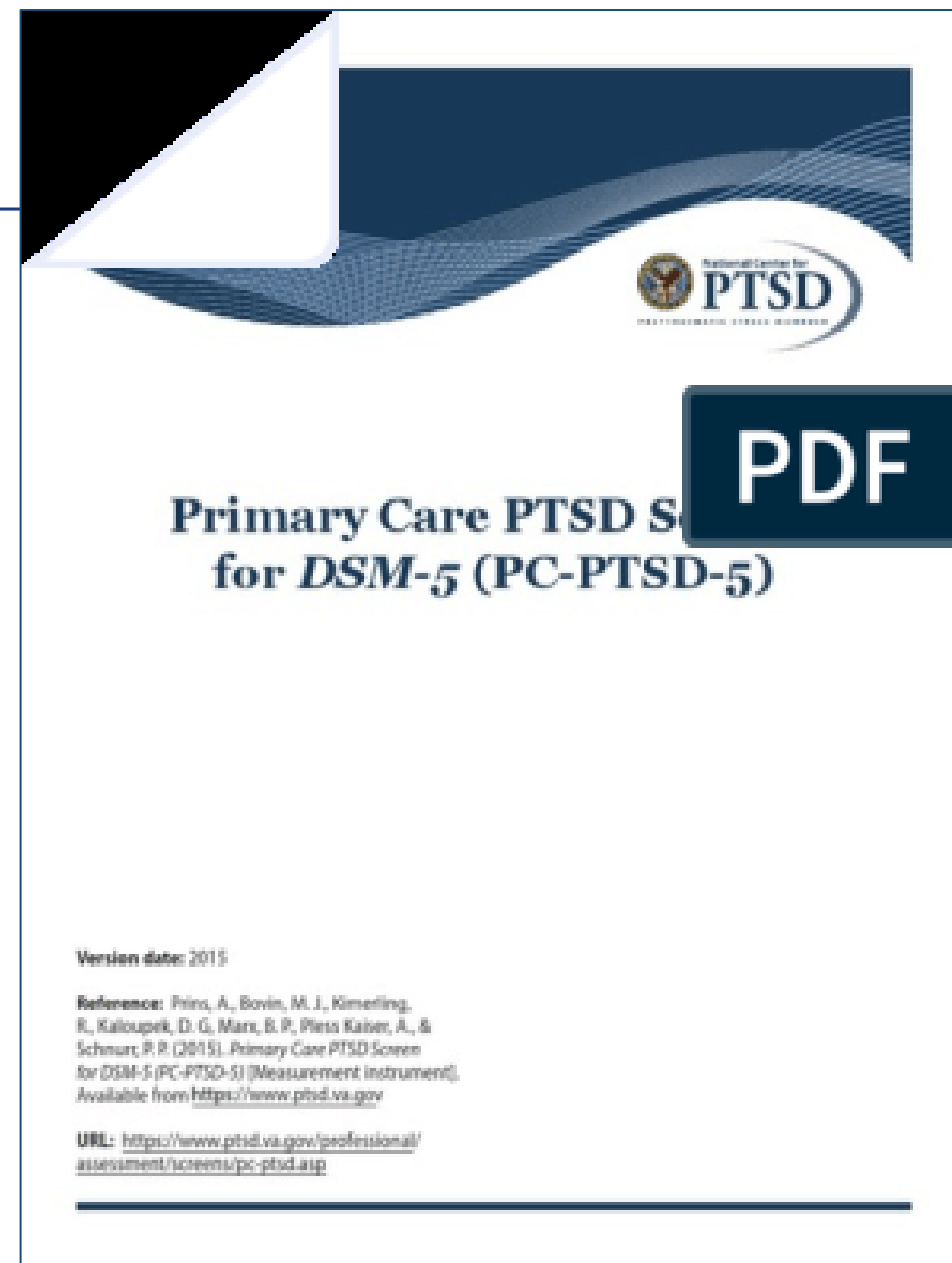
Direct Screening

Suitable when the individual has capacity and agrees with being asked questions (or, completing the tool independently)

Brief Trauma Questionnaire in a Well-Known EMR Program

1. Have you ever served in a war zone, or have you ever served in a noncombat job that exposed you to war-related casualties (for example, as a medic or on graves registration duty)? II
☐ a. No ☐ b. Yes clear
2. Have you ever been in a serious car accident, or a serious accident at work or somewhere else? II
☐ a. No ☐ b. Yes clear
3. Have you ever been in a major natural or technological disaster, such as a fire, tornado, hurricane, flood, earthquake, or chemical spill? II
☐ a. No ☐ b. Yes clear
4. Have you ever had a life-threatening illness such as cancer, a heart attack, leukemia, AIDS, multiple sclerosis, etc.? II
☐ a. No ☐ b. Yes clear
5. Before age 18, were you ever physically punished or beaten by a parent, caretaker, or teacher so that you were very frightened; or you thought you would be injured; or you received bruises, cuts, welts, lumps or other injuries? II
☐ a. No ☐ b. Yes clear
6. Not including any punishments or beatings you already reported in Question 5, have you ever been attacked, beaten, or mugged by anyone, including friends, family members or strangers? II
☐ a. No ☐ b. Yes clear
7. Has anyone ever made or pressured you into having some type of unwanted sexual contact? Note: By sexual contact we mean any contact between someone else and your private parts or between you and someone else's private parts II
☐ a. No ☐ b. Yes clear
8. Have you ever been in any other situation in which you were seriously injured, or have you ever been in any other situation in which you feared you might be seriously injured or killed? II
☐ a. No ☐ b. Yes clear
9. Has a close family member or friend died violently, for example, in a serious car crash, mugging, or attack? II
☐ a. No ☐ b. Yes clear
10. Have you ever witnessed a situation in which someone was seriously injured or killed, or have you ever witnessed a situation in which you feared someone would be seriously injured or killed? Note: Do not answer "yes" for any event you already reported in Questions 1-9 II
☐ a. No ☐ b. Yes clear

The **Primary Care PTSD-5** is a validated screening tool that focuses on **CURRENT** symptoms



Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)

In the past month, have you ...

1. had nightmares about the event(s) or thought about the event(s) when you did not want to?	YES	NO
2. tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	YES	NO
3. been constantly on guard, watchful, or easily startled?	YES	NO
4. felt numb or detached from people, activities, or your surroundings?	YES	NO
5. felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the events may have caused?	YES	NO
Total score is sum of "YES" responses in items 1-5.	TOTAL SCORE	

PC-PTSD-5 Screening Tool with an adaptation

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you...

1. Have had nightmares about it or thought about it when you did not want to? **YES/NO**
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? **YES/NO**
3. Were constantly on guard, watchful, or easily startled? **YES/NO**
4. Felt numb or detached from others, activities, or your surroundings? **YES/NO**
5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused? **YES/NO**

If **yes**, ask if they would like to share what is going on for them. If **no**, accept that and note it.

INDirect Screening Using the PC-PTSD-5

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you...

1. Have had nightmares about it or thought about it when you did not want to?
YES/NO Source
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? **YES/NO** Source
3. Were constantly on guard, watchful, or easily startled? **YES/NO** Source
4. Felt numb or detached from others, activities, or your surroundings? **YES/NO** Source
5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused? **YES/NO** Source

If yes, ask if they would like to share what has been bothering them. *If no*, accept that and note it.

Positive and Negative Trauma Screening Procedures

What to do with a **positive screen**?

- Screening is only as good as the actions taken afterward to address a positive screen (what resources are available?)
- A comprehensive assessment by a *qualified* individual may be indicated

What to do with a **negative screen**?

- Follow-up and re-screen later
- A “no” could mean they don’t want to talk about it, or they don’t recognize something as possibly traumatic

If a resident chooses to share details of a traumatic experience...

- Let the resident know they do not have to talk about what happened if they don't want to. If they want to talk about it at some point, let the resident know someone can be available for them. Follow up.
- Assess current safety. Was it a recent event or far in the past?
- Uphold the resident's privacy, even if the information is unusual.
- Document all known or suspected trauma triggers associated with the experience. This helps the team avoid those triggers.
- When you are done with the conversation, ask the person how they are feeling and if they have any questions or requests for you.
- Consider using grounding practices to support settling, if needed

Barbara L. Ganzel PhD, LMSW

Aya Caspi, Certified Trainer with the Center for Nonviolent Communication



Trauma is less defined by what happens to us
than it is by how we are received afterward.

“When painful things happen, the most
significant question often seems to be, does
anyone believe, notice, or care?”

~Sarah Peyton

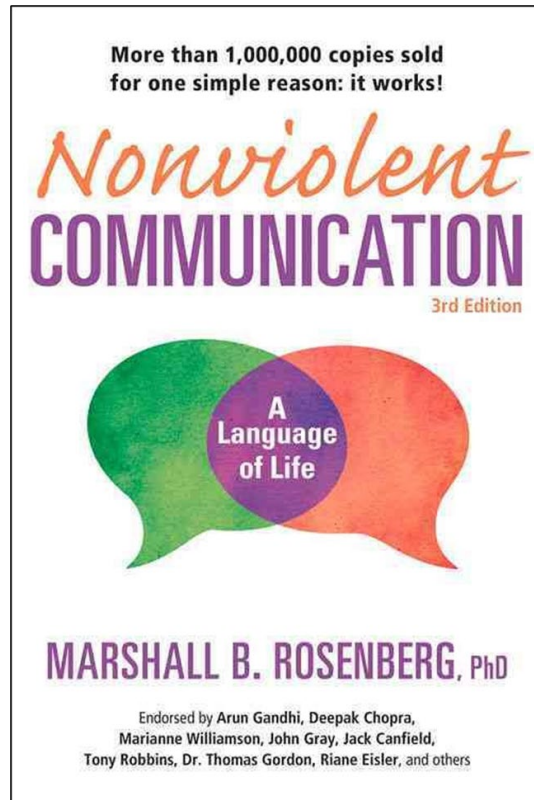
Our Role is to Provide Empathic Listening

Empathic Listening - a quality of understanding another person's experience that provides warm accompaniment without judgment. [Aya Caspi, CNVC Certified Trainer]

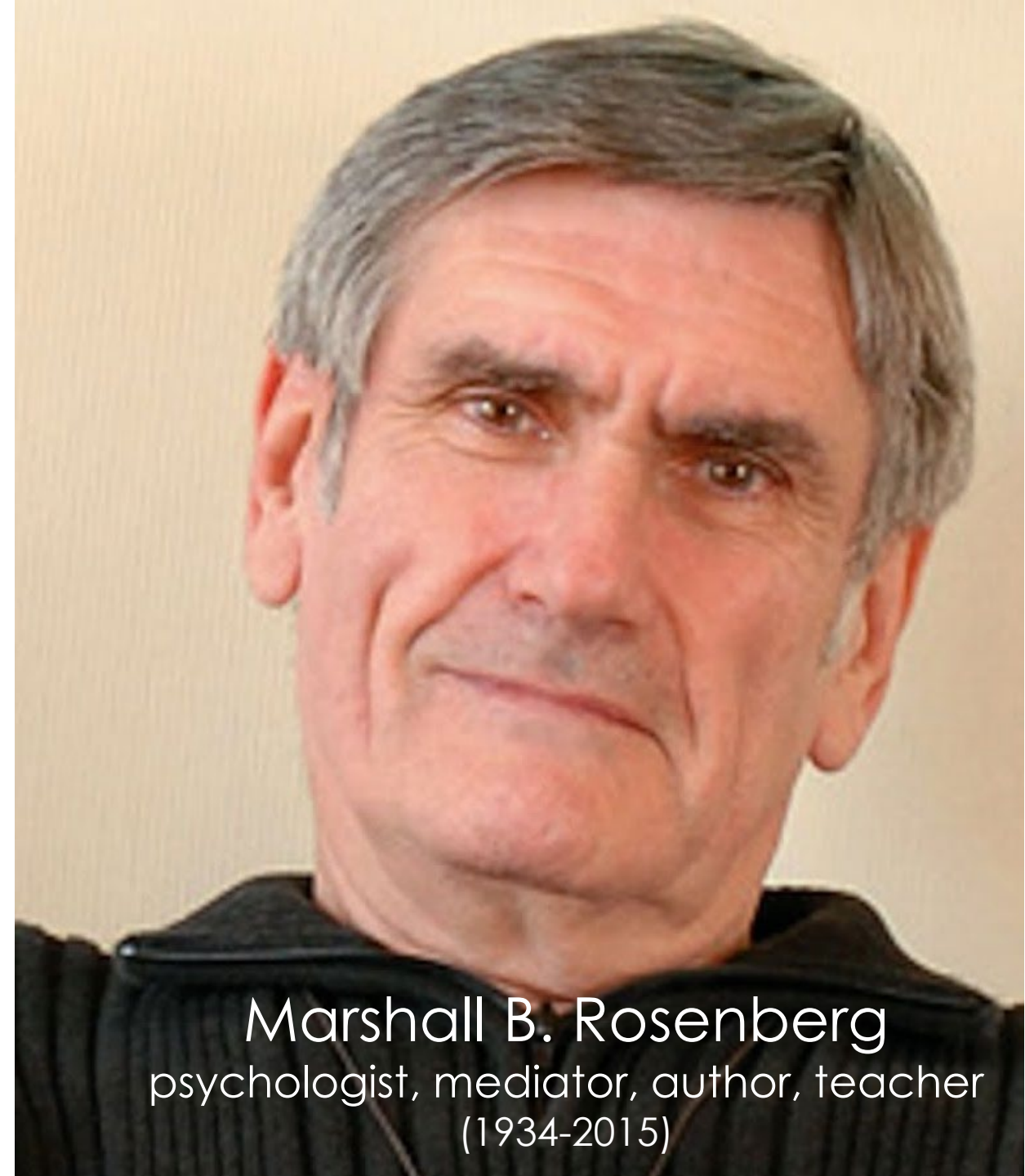
- Accompaniment is the experience of being heard, understood, and mattering

Non-Empathic Responses

- **Offering advice**, “I think you should...”
- **Minimizing**, “Well, at least...”
- **Changing the subject**, “Guess what happened yesterday...”
- **Trying to see the bright side**, “The gift in this is...”, “The silver lining...”
- **Ignoring** mention of sadness
- **Interrogating**, “Why didn’t you...?”, “What was the reason...?”
- **Offering reframes**, “Everything happens for a reason.”
- **Comparing**, “You shouldn’t be so down...it’s not like you were abused.”
- **Dismissing**, “Snap out of it”
- **Shaming**, “You shouldn’t be so sensitive.”
- **Criticizing/judging**, “You’re being so negative.”
- **Catastrophizing**, “This is horrible. I don’t know what we can do.”
- **Diagnosing**, “Maybe you’re depressed” or “You might have PTSD.”
- **Reassuring**, “You’re going to be fine.”
- **Story Telling**, “This reminds me of...”



Nonviolent Communication (NVC) is a set of skills that supports a communication model based on empathy



Marshall B. Rosenberg
psychologist, mediator, author, teacher
(1934-2015)

Shared Human Needs

A key Nonviolent Communication (NVC) principle is that everything people do or say is an attempt to meet their needs.



Human Needs

BODYFULNESS

Water
Food
Digestion
Shelter
Safety
Warmth
Coolness
Pleasure
Hug
Nature connection
Rest
Sleep
Light
Darkness
Breath
Sexual expression
Touch, Being touched
Comfort
Gentleness
Speech
Silence
Privacy
Care
Health
Healing, Being healed
Sunlight
Movement
Exercise
Music, Sound
Rhythm
Death

MEANING

Gratitude
Celebrating life
Self-expression
To matter
Purpose
Flow
Living according to one's values
Courage
Mourning, Tears
Exploration
Discovery
Meaning
Understanding
Contribution
Enrich life
Presence, Centeredness
Hope, Vision, Dream, Faith
Spirituality
Clarity
Focus
Concentration
To know and to be in reality
Learning, Growth
Inspiration, Creativity
Innovation
Challenge, Stimulation
Empowerment
Competence
Participation
Simplicity

ONENESS/UNITY

Authenticity
Integrity
Presence
Honesty
Togetherness
Wholeness
Grace
Bodyfulness

INTERDEPENDENCE

Harmony
Peace
Peace of mind
Flow
Wellbeing of those we love
Beauty
Calm
Relaxation
Tranquility
Ease
Sustainability
Stability
Balance
Predictability
Structure
Wholeness
Capacity
Abundance
Certainty
Truth
Honesty
Integrity

AUTONOMY

Spontaneity
Knowledge, Information
Space
Change
Transformation
Variety
Choice
Power
Responsibility
Freedom
Dissent
Limitation
Security

PLAY

Joy
Laughter
Fun
Humor
Spontaneity
Lightness
Passion
Discovery
Adventure
Renewal
Refreshment
Variety
Diversity
Mystery
Wonder
Amazement
Myth, Story

CONNECTION

Love, Self-love
Self-connection
Empathy, Self-empathy
Compassion, Self-Compassion
That my needs matter
Intimacy
Dignity
Closeness
Friendliness
Community
Cooperation
Collaboration
Belonging
Appreciation
Understand, Being understood
Seeing, Being seen
Hearing, Being heard
To know, To be known
Partnership, Companionship
Friendship
Care, Self-care
Consideration
Acceptance
Reassurance
Respect
Trust
Reciprocity
Inclusion
Involvement
Support, Help, Nurturance
Affection
Giving, Receiving
Tenderness, Softness
Consistency, Continuity

Core Human Needs

- To be heard
- To be understood
- To be acknowledged
- To have choice
- To matter



Physical pain has an important function, to inform you something inside requires attention.



Feelings also have a similar function. They point you in the direction of *what you need*.



Feelings when needs are being fulfilled (are met)

EXCITED

Enthusiastic
Alive
Surprised
Amazed
Flabbergasted
Ecstatic
Enthralled
Thrilled
Radiant
Eager
Awake
Blissful
Astonished
Passionate
Eager
Energetic

CONFIDENT

Empowered
Proud
Hopeful
Optimistic
Strong
Resolute
Powerful
Open
Safe
Secure

COMPASSIONATE

Tender
Warm
Loving
Friendly
Affectionate

ENGAGED

Curious
Fascinated
Inspired
Interested
Involved
Wonder
Anticipation
Inspiration
Alert
Engrossed
Enchanted
Intrigued
Spellbound
Stimulated
In flow

THANKFUL

Grateful
Moved
Touched
Openhearted
Appreciative

PEACEFUL

Calm
Quiet
Mellow
Bright
Zen
At ease
Relieved
Relaxed
Serene
Carefree
Tranquil
Comfortable
At home
Satisfied
Content
Centered
Grounded
Balanced
Clear headed
Refreshed
Fulfilled
Alive
Chilled out
Present
Still
Trusting

HOPEFUL

Desirous
Optimistic
Heartened
Expectant
Encouraged

PAIN

Hurting
Lonely
Grieving
Mourning
Regretful
Remorseful
Devastated
Miserable
Agony
Suffering
Wretched

JEALOUS

Envious

FRUSTRATED

Irritated
Annoyed
Impatient
Irritable
Exasperated

ANGRY

Rage
Mad
Upset
Furious
Resentful

VULNERABLE

Fragile
Uncertain
Sensitive
Reserved

Feelings when needs are calling for our attention (not met)

SAD

Disappointed
Depressed
Down
Gloomy
Nostalgic
Discouraged
Heartbroken
Despair
Devastated
Heavy hearted
Longing

DESPERATE

Helpless
Hopeless
Powerless
uncertain

CONFUSED

Torn
Doubtful
Lost
Hesitant
Baffled
Perplexed
Puzzled
Skeptical
Bewildered
Uncertain

ASHAMED

Embarrassed
Shy
Guilty

TIRED

Weary
Exhausted
Defeated
Burned out
Sleepy
Overwhelmed
Fatigued

HATE

Hostile
Aversion
Bitter
Disgusted
Contempt
Dislike

WORRIED

Tense
Nervous
Anxious
Edgy
Concerned
Stressed
Tense

SCARED

Fearful
Afraid
Suspicious
Panicked
Paralyzed
Startled
Anxious
Terrified
Apprehensive

AGITATED

Shocked
Startled
Upset
Surprised
Disturbed
Alert
Panicked
Overwhelmed
Uncomfortable
Restless
Troubled

WITHDRAWN

Bored
Apathetic
Numb
Withdrawn
Alienated
Cold
Numb
Detached
Isolated
Disengaged

Connect what a person says and does to what they might be feeling and needing

Offer guesses to get more understanding and connection

“Are you [*guess a feeling*] because you need/want/would like [*guess a need*]?”

- Are you feeling worried and need reassurance?
- Are you sad about [fill in] because of how devastating it was for you to [fill in]?
- Are you frustrated and would appreciate some more information?
- Is it exhausting to think about the work it's going to take to regain your strength and you really want understanding around these struggles?

Verbally reflect your understanding to them and check if you got it

- Is that it?

An empathy guess is always a question, not a statement

I'm wondering if you are [fill in a feeling] because you need [fill in a need]?

Not, "I know you're upset and that you need understanding."

Examples of Empathy Guesses

- Are you tired of trying, and do you need ease?
- Are you sad, and do you need to know that you are cared for just as you are?
- Are you lonely, and would love to know that you belong?
- Is it like a sense of hopelessness and do you long for acceptance?
- Is it that you are hitting your limits and really want to be acknowledged for how hard it is to live in this type of environment?
- Is it that you don't have the support you need, and you're exhausted?
- What I'm hearing is that you want understanding and that there is a reason why you declined... [e.g., taking a shower, taking your medications, going to the consultant, signing out when you went to the store, etc.]. ***Is that it?***

Of course, you make sense.

“Of course, you would feel so strongly...”

“Of course, that makes perfect sense that you would feel...”



Case Scenario with “George”

George is a 70-year-old resident living with uncontrolled diabetes and a lifelong history of having a higher weight, well-controlled hypertension, osteoarthritis managed with acetaminophen, and prior stroke which has led to lower extremity weakness requiring wheelchair use. Staff assist him with most activities of daily living, ranging from extensive assistance with transfers and showers to set-up for some hygiene tasks. He has full cognitive capacity. His family brings several home-cooked meals and desserts each week. George stores leftovers and snacks in his room which has resulted in insects. His blood sugars, when he allows them to be checked, vary wildly. George suffered severe neglect as a child, was malnourished and often hungry. As he grew older, his body grew larger and he experienced bullying from peers and criticism from adults. He has lived in your community for two years.

Feelings when needs are being fulfilled (are met)

EXCITED

Enthusiastic
Alive
Surprised
Amazed
Flabbergasted
Ecstatic
Enthralled
Thrilled
Radiant
Eager
Awake
Blissful
Astonished
Passionate
Eager
Energetic

CONFIDENT

Empowered
Proud
Hopeful
Optimistic
Strong
Resolute
Powerful
Open
Safe
Secure

COMPASSIONATE

Tender
Warm
Loving
Friendly
Affectionate

ENGAGED

Curious
Fascinated
Inspired
Interested
Involved
Wonder
Anticipation
Inspiration
Alert
Engrossed
Enchanted
Intrigued
Spellbound
Stimulated
In flow

THANKFUL

Grateful
Moved
Touched
Openhearted
Appreciative

PEACEFUL

Calm
Quiet
Mellow
Bright
Zen
At ease
Relieved
Relaxed
Serene
Carefree
Tranquil
Comfortable
At home
Satisfied
Content
Centered
Grounded
Balanced
Clear headed
Refreshed
Fulfilled
Alive
Chilled out
Present
Still
Trusting

HOPEFUL

Desirous
Optimistic
Heartened
Expectant
Encouraged

PAIN

Hurting
Lonely
Grieving
Mourning
Regretful
Remorseful
Devastated
Miserable
Agony
Suffering
Wretched

JEALOUS

Envious

FRUSTRATED

Irritated
Annoyed
Impatient
Irritable
Exasperated

ANGRY

Rage
Mad
Upset
Furious
Resentful

VULNERABLE

Fragile
Uncertain
Sensitive
Reserved

Feelings when needs are calling for our attention (not met)

SAD

Disappointed
Depressed
Down
Gloomy
Nostalgic
Discouraged
Heartbroken
Despair
Devastated
Heavy hearted
Longing

DESPERATE

Helpless
Hopeless
Powerless
uncertain

CONFUSED

Torn
Doubtful
Lost
Hesitant
Baffled
Perplexed
Puzzled
Skeptical
Bewildered
Uncertain

ASHAMED

Embarrassed
Shy
Guilty

TIRED

Weary
Exhausted
Defeated
Burned out
Sleepy
Overwhelmed
Fatigued

HATE

Hostile
Aversion
Bitter
Disgusted
Contempt
Dislike

WORRIED

Tense
Nervous
Anxious
Edgy
Concerned
Stressed
Tense

SCARED

Fearful
Afraid
Suspicious
Panicked
Paralyzed
Startled
Anxious
Terrified
Apprehensive

AGITATED

Shocked
Startled
Upset
Surprised
Disturbed
Alert
Panicked
Overwhelmed
Uncomfortable
Restless
Troubled

WITHDRAWN

Bored
Apathetic
Numb
Withdrawn
Alienated
Cold
Numb
Detached
Isolated
Disengaged

Human Needs

BODYFULNESS

Water
Food
Digestion
Shelter
Safety
Warmth
Coolness
Pleasure
Hug
Nature connection
Rest
Sleep
Light
Darkness
Breath
Sexual expression
Touch, Being touched
Comfort
Gentleness
Speech
Silence
Privacy
Care
Health
Healing, Being healed
Sunlight
Movement
Exercise
Music, Sound
Rhythm
Death

MEANING

Gratitude
Celebrating life
Self-expression
To matter
Purpose
Flow
Living according to one's values
Courage
Mourning, Tears
Exploration
Discovery
Meaning
Understanding
Contribution
Enrich life
Presence, Centeredness
Hope, Vision, Dream, Faith
Spirituality
Clarity
Focus
Concentration
To know and to be in reality
Learning, Growth
Inspiration, Creativity
Innovation
Challenge, Stimulation
Empowerment
Competence
Participation
Simplicity

ONENESS/UNITY

Authenticity
Integrity
Presence
Honesty
Togetherness
Wholeness
Grace
Bodyfulness

INTERDEPENDENCE

Harmony
Peace
Peace of mind
Flow
Wellbeing of those we love
Beauty
Calm
Relaxation
Tranquility
Ease
Sustainability
Stability
Balance
Predictability
Structure
Wholeness
Capacity
Abundance
Certainty
Truth
Honesty
Integrity

AUTONOMY

Spontaneity
Knowledge, Information
Space
Change
Transformation
Variety
Choice
Power
Responsibility
Freedom
Dissent
Limitation
Security

PLAY

Joy
Laughter
Fun
Humor
Spontaneity
Lightness
Passion
Discovery
Adventure
Renewal
Refreshment
Variety
Diversity
Mystery
Wonder
Amazement
Myth, Story

CONNECTION

Love, Self-love
Self-connection
Empathy, Self-empathy
Compassion, Self-Compassion
That my needs matter
Intimacy
Dignity
Closeness
Friendliness
Community
Cooperation
Collaboration
Belonging
Appreciation
Understand, Being understood
Seeing, Being seen
Hearing, Being heard
To know, To be known
Partnership, Companionship
Friendship
Care, Self-care
Consideration
Acceptance
Reassurance
Respect
Trust
Reciprocity
Inclusion
Involvement
Support, Help, Nurturance
Affection
Giving, Receiving
Tenderness, Softness
Consistency, Continuity

Be Attuned to Your Scope and Capacity

Notice if and when the conversation goes beyond your capacity or scope of practice.

- Capacity is the limit of what we have available to give of ourselves in any moment.
- Choosing to ignore our capacity limitations doesn't dissolve them, it exacerbates them.

Let the person know you appreciate their sharing and that you would like to take a pause to consider how to support them further.

Reach out for support from someone whom you trust has the skill and capacity to offer further assistance.



What is one little thing that you
are taking with you today?

Thank you for sharing part of your day with me and for your work to create more trauma-informed communities for all.

~ Paige



Resources From Paige



Person-centered Trauma-informed Conversation Prompts (2 pages)

- Provides question prompts for each trauma-informed care principle and guidance on how to use them to develop trusting and healing experiences with residents

Trauma-Informed Touch (1 page)

- Supports staff and providers to care for and consider the potential impact on the receiver of our touch

Grounding Practices (1 page)

- To support a person in reorienting to the present moment

Suggestion: Consider integrating this content in staff training.

What's Coming Up Next?

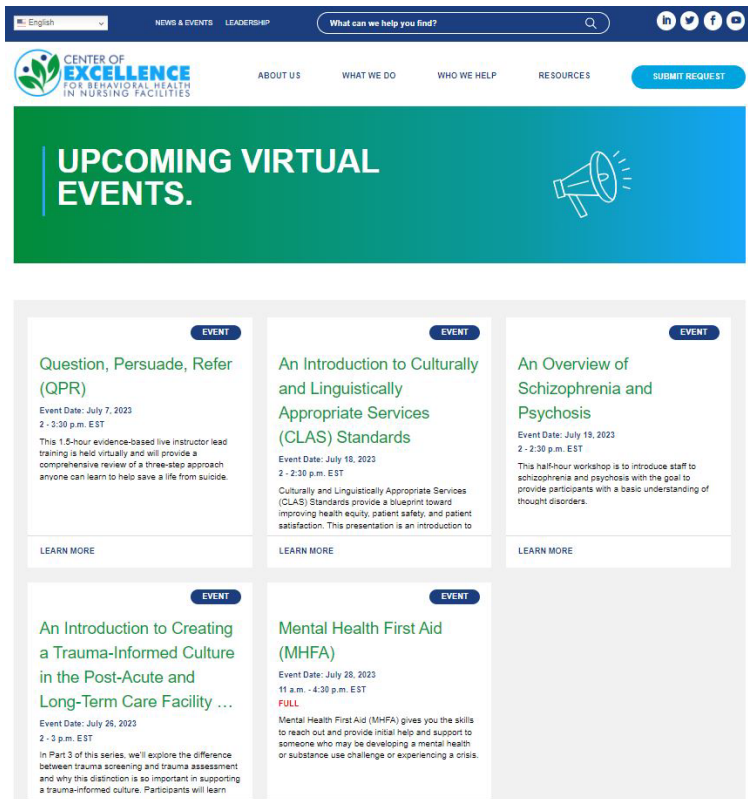


Part 4 - Grounding as an Essential Strategy to Calm an Activated Nervous System

Thursday, September 21, 2023
2-3 p.m. EST

Stay Up-to-date and Register for our Next Event!

<https://nursinghomebehavioralhealth.org/upcoming-events/>



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Contact us:

For more information or to request assistance, we can be reached by phone at **1-844-314-1433** or by email at coeinfo@allianthealth.org.

Visit the website:

nursinghomebehavioralhealth.org

Please complete the post-test and evaluation survey.

Visit https://www.surveymonkey.com/r/PostTest_TraumaPart3

or scan the QR code:

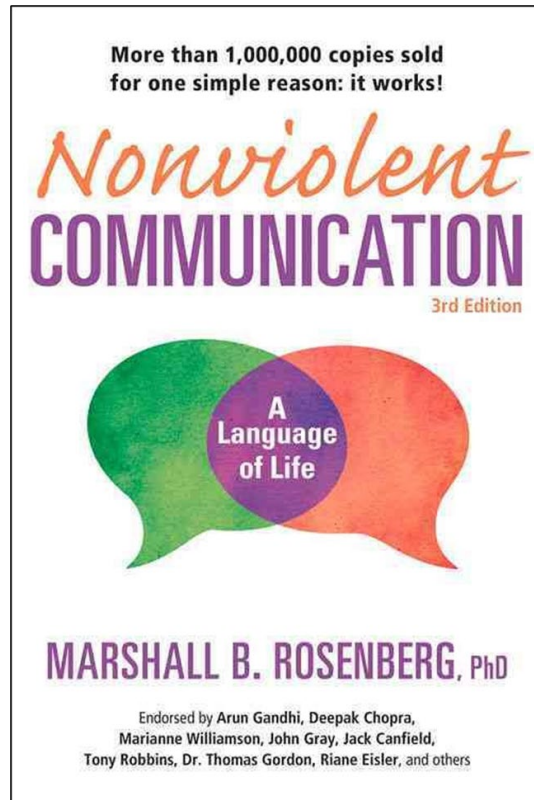


Thank You!

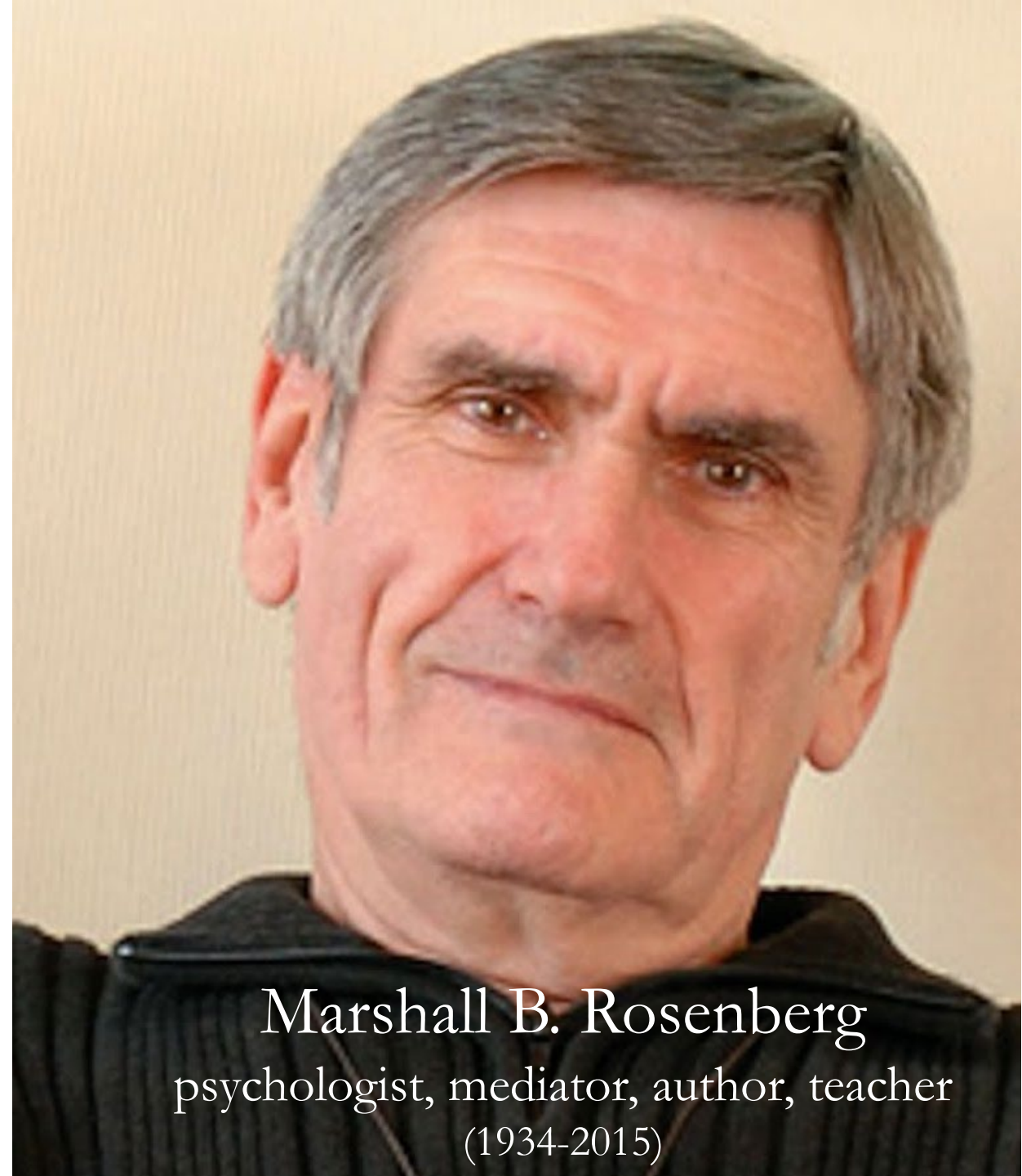


RESOURCES





Nonviolent Communication
(NVC) is a set of skills that
supports a communication model
based on empathy.



Marshall B. Rosenberg
psychologist, mediator, author, teacher
(1934-2015)



The missing link in many organizations is the language of collaboration and things get stuck at the human communication level. The language we are using doesn't serve collaboration because it is centered in right/wrong, either/or, power over, and judgmental consciousness. It doesn't support trust and good will. There is a need to learn a new way to communicate centered around human needs, both/and thinking, power with, and non-judgmental consciousness. NVC offers a tested model of communication that removes the obstacles for collaboration to take place.

Aya Caspi, Certified Trainer with the Center for Nonviolent Communication

Online Resources

NVC Academy, <https://nvctraining.com/>

- A variety of free materials
- Audio and video downloads for purchase

Bay Area Nonviolent Communication (NVC), <https://baynvc.org/>

- Blog and free worksheets
- Classes and events

Empathy is a trauma-informed practice

- When we are willing to see that we have unmet needs, and if we meet those needs, we can contribute to this world in a way that is meaningful and aligned with our purpose.
- When we integrate a needs-based consciousness (awareness), we are more effective and more efficient, both of which help make our nursing homes and assisted living communities better places to live and to work.

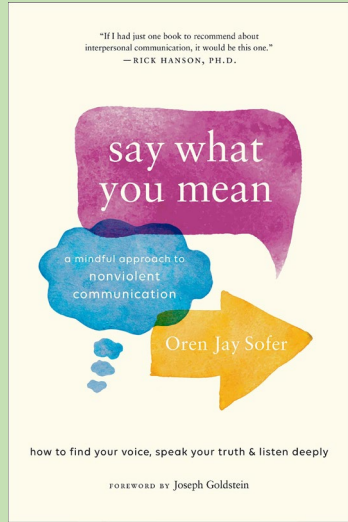
Why do people find value in learning NVC?

- Hungry for skills that can improve the quality of our relationships
- Deepen our sense of personal empowerment
- Help us communicate more effectively
- Transform conflict
- We can more clearly express what is going on inside of us
- Understand what is going on in others
- Develop a consciousness about the impact of how we think and how we use language in everyday conversation
- Every setting – healthcare, schools, corporations, prisons, families

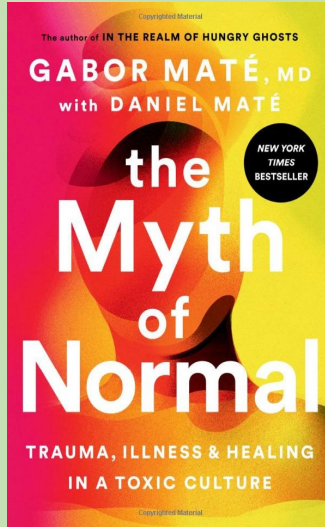
NVC supports us in these types of situations

- Conflict with patients, family members, colleagues, in our personal lives
- Emotional overwhelm – complex issues around dying and death, work-life balance, situations with our kids/partners/spouses
- Transforming judgments and increasing our capacity to listen and respond instead of react with criticism, argue, defend or blame
- Speaking our truth and what's important to us, even in situations when we have less power than the other person/group

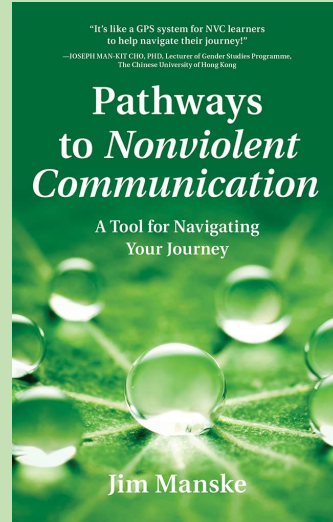
Additional Book Recommendations



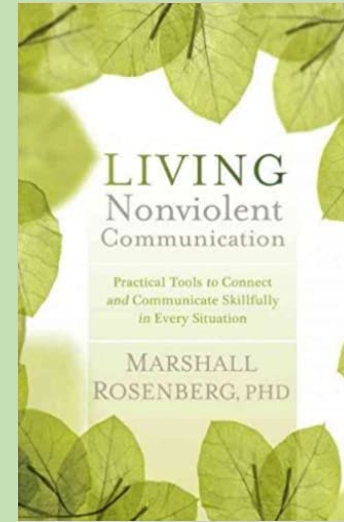
Oren Jay Sofer



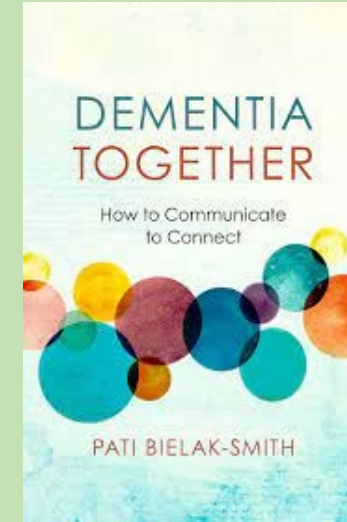
Gabor Mate



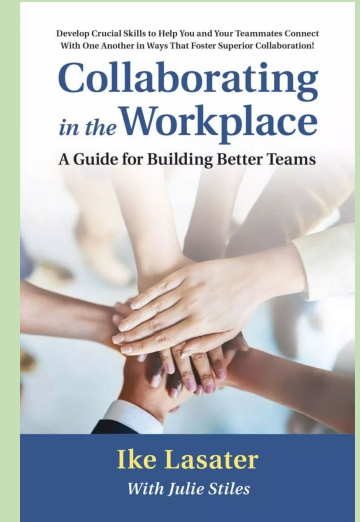
Jim Manske



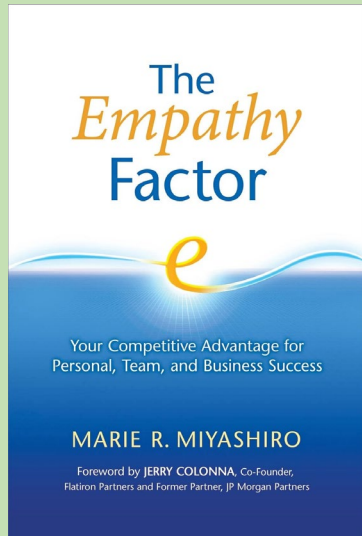
Marshall Rosenberg



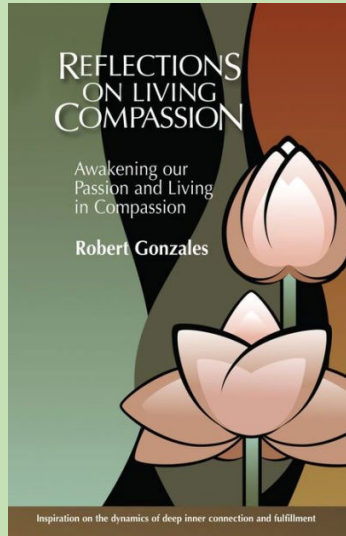
Pati Bielak-Smith



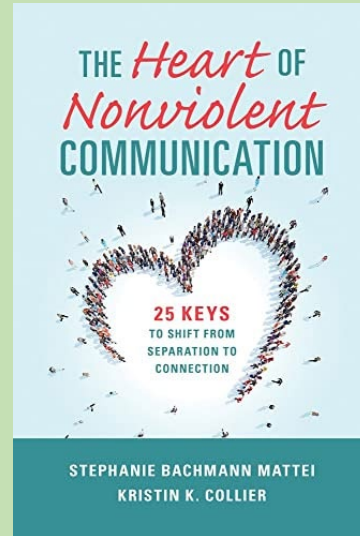
Ike Lasater



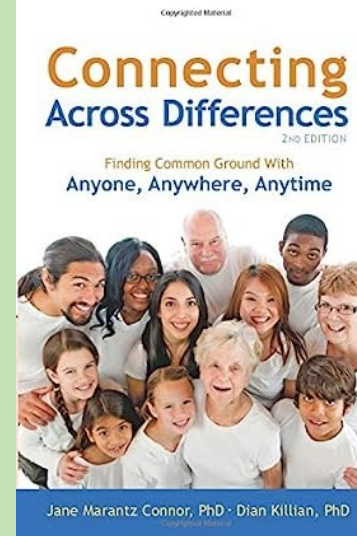
Marie Miyashiro



Robert Gonzales



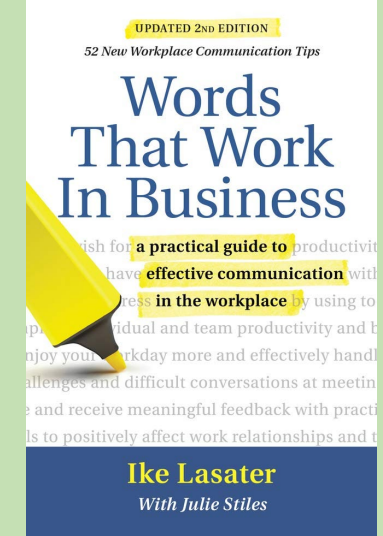
Stephanie Bachmann
Mattei and Kristin Collier



Jane Marantz Connor
and Dian Killian



Sarah Peyton



Ike Lasater

Growing Your Community Around Empathy (GROK card games)



<https://groktheworld.com/>

*GROK is from the novel *Stranger in a Strange Land*, by Robert Heinlein and means “to deeply understand”

Sarah Peyton

author, international speaker,
neuroscience educator

Click ***Get Started***, then ***Explore Topics***
(blog), <https://sarahpeyton.com/>

YouTube Channel

<https://www.youtube.com/c/SarahPeyton>



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Certified Trainer with the
Center for Nonviolent
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**The Center for Nonviolent
Communication**

<https://www.cnvc.org/profile/3192>

**Nonviolent Communication at Ghidotti
High** <https://youtu.be/zWicevVTg8U>

Facebook

<https://www.facebook.com/aya.caspi.7>



Dr. Yvette Erasmus

clinical psychologist,
teacher, writer

Resources and Blog

<https://www.yvetteerasmus.com/>

YouTube Channel

<https://www.youtube.com/c/YvetteErasmusPsyD>

Free Q&A Call

<https://yvetteerasmus.com/conversations-from-the-heart-join-now/>

