

# Welcome!

- This session is being recorded.
- All lines are muted, so please ask your questions in the chat.
- Please complete the pre-test survey prior to the start of our session.

Visit [https://www.surveymonkey.com/r/PreTestTrauma4\\_2023](https://www.surveymonkey.com/r/PreTestTrauma4_2023)



## We will get started shortly!



CENTER OF  
**EXCELLENCE**  
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IN NURSING FACILITIES



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

**PART 4: Grounding as an Essential Strategy to Calm an Activated Nervous System**

September 21, 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 project 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, non-violent 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, 2<sup>nd</sup> 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.



Contact: [www.paigeahead.com](http://www.paigeahead.com) | [paige@paigeahead.com](mailto:paige@paigeahead.com)





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

## **PART 4: Grounding as an Essential Strategy to Calm an Activated Nervous System**

**Paige Hector, LMSW**

Consultant | Speaker | Writer

[www.paigeahead.com](http://www.paigeahead.com)

[paige@paigeahead.com](mailto:paige@paigeahead.com)

520-955-3387

# Learning Objectives

1. Explain reactions (things people say and do) as associated with an activated nervous system.
2. Describe the practice of grounding and name three grounding ideas to try with residents in your community.
3. Discuss trauma-informed touch and how to integrate that awareness into resident care interactions.
4. Correlate trauma-informed principles with staff wellbeing.

# Recap of topics covered in Parts 1-3

- 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
- Difference between trauma screening and trauma assessment
- Direct and indirect screening
- Primary Care – PTSD – 5 screening tool

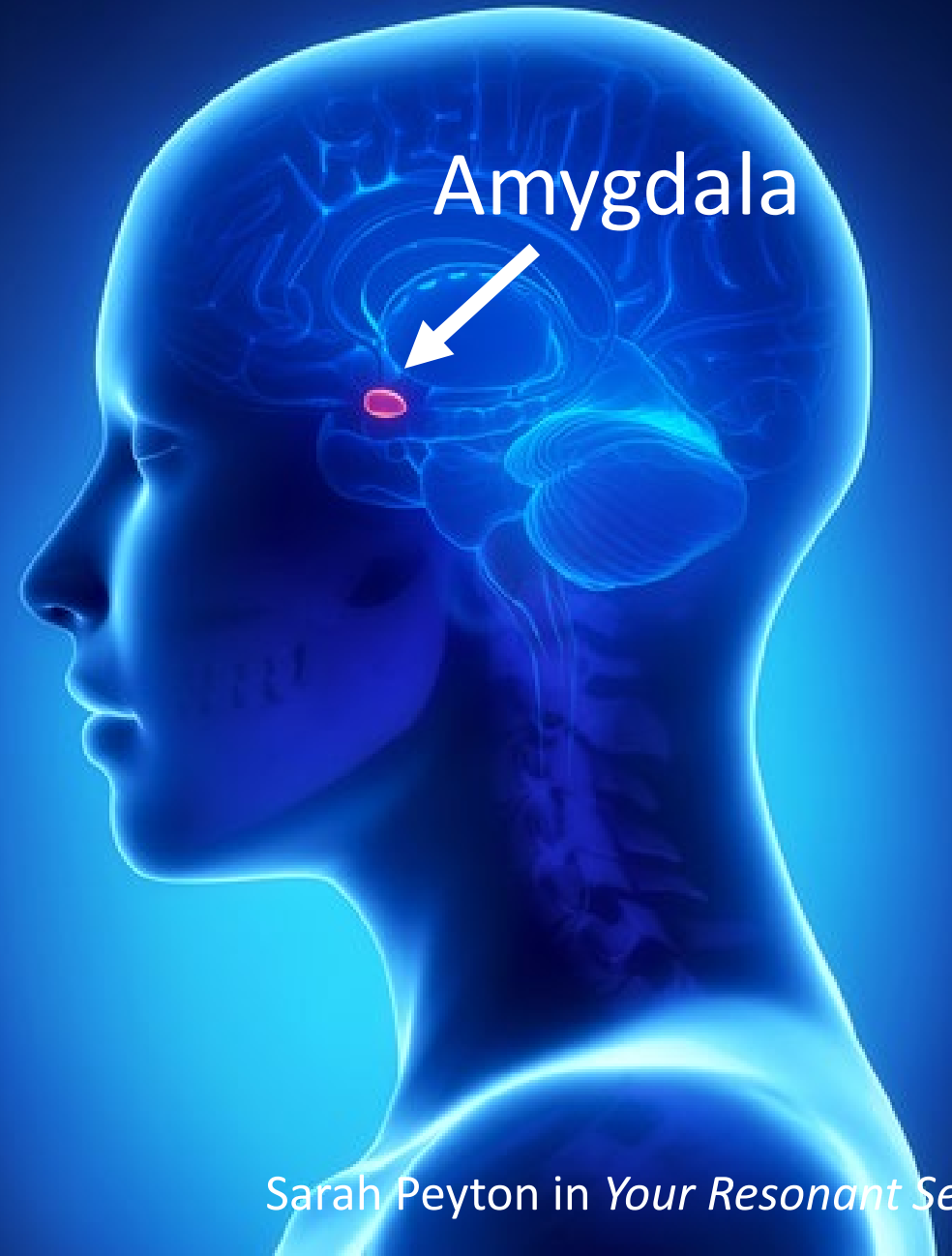


Person-centered trauma-informed care recognizes the pervasive nature of trauma and integrates principles and practices to promote healing and recovery.



# Nervous System Response

- Memories are stored in the amygdala, and this tiny part of our brain filters and sorts everything that comes in with the present-day experience to identify similarities to difficult or dangerous situations from our past
  - While awake, the amygdala is constantly scanning (12-100 times per second!) for safety with essentially asking itself, “Am I safe, do I matter? Am I safe, do I matter?”
- It sets off an alarm whenever there is a sense of historical or present-time danger



# What are Triggers?

- Triggers are reminders of dangerous or frightening things (or people) that happened in the past\* and the person experiences the event all over again, even if the current environment is “safe”
  - Intrusive memories, difficulty focusing, feeling flooded with emotions, or feeling disconnected
  - May experience intense fear, horror, or helplessness
- Triggers come without warning and can be ANYTHING and the person may not even associate the trigger with an event or know that it's happening
  - Sights, smells, sounds, words, social situations, physical sensation, temperature, visual stimuli, a look on someone's face, lack of choice, being trapped, seating arrangement, emotionality from others, tension between people, lack of communication
  - May be associated with a time of day, season, holiday, or anniversary of the event
  - Triggers can be puzzling or disturbing for others, especially when the person associates us or something we are doing with trauma

\*The past can be yesterday or many years ago



# Triggers (trauma reminders) can be interpreted as...

- “I’m not safe.”
- “I can’t protect myself.”
- “I’m going to die.”
- “I don’t matter.”

When a person interprets their environment in this way, they may react in ways that others may not understand or enjoy.

# Reactions, *not* “Behaviors”

(that may contribute to challenging care situations)

- Declining “refusing” care
- Yelling, arguing
- OCD, other anxiety disorders
- Isolation, withdrawal
- Protective gestures
- Aggression (verbal and physical)
- Resistance to care
- Self injurious coping mechanisms – drugs, alcohol, prostitution
- Unwelcome sexual expression

These may be COPING MECHANISMS that made perfect sense at the time of a traumatic experience although they may no longer suit the current circumstance.

They are not character faults and while they may cause us difficulty now, they began as modes of survival.

~Gabor Mate, MD

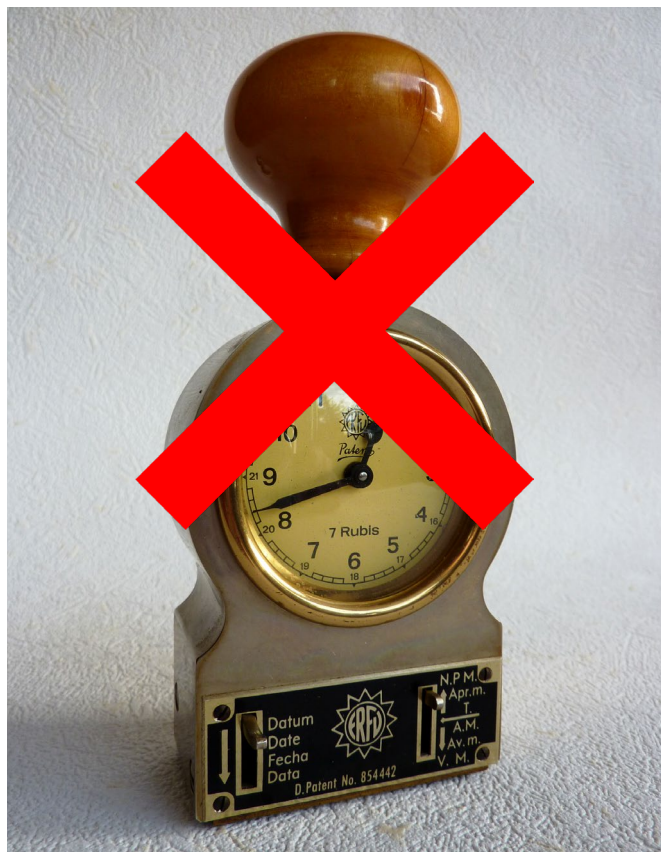
# Trauma Imprints the Mind, Brain, and Body

“We have learned that trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience on mind, brain, and body. This imprint has ongoing consequences for how the human organism manages to survive in the present. Trauma results in a fundamental reorganization of the way mind and brain manage perceptions. It changes not only how we think and what we think about, but also our very capacity to think.” (Dr. Bessel Van Der Kolk, *The Body Keeps the Score*)





# Memories in the amygdala are NOT time-stamped



There is no clear sense that the memory is over, and the body still reacts the same way:

- Getting attacked by a dog as a child and then a pet therapy dog comes into the facility. The person's heart rate goes up and they may exhibit fear, even though there is no danger from this animal. The person's amygdala sprung into action based on the memory that was imprinted in the brain as a child.
- A person was in an abusive relationship and had very little choice in daily life. Now this person is a resident in your community and is told their shower days are certain days of the week. They shut down (give in) or they explode on you.

Mases of associations that form vivid memories of emotionally significant seconds in a person's lifetime become a glacier of experience, triggerable at any moment.



Sarah Peyton in *Your Resonant Self*



# The Power of the Amygdala



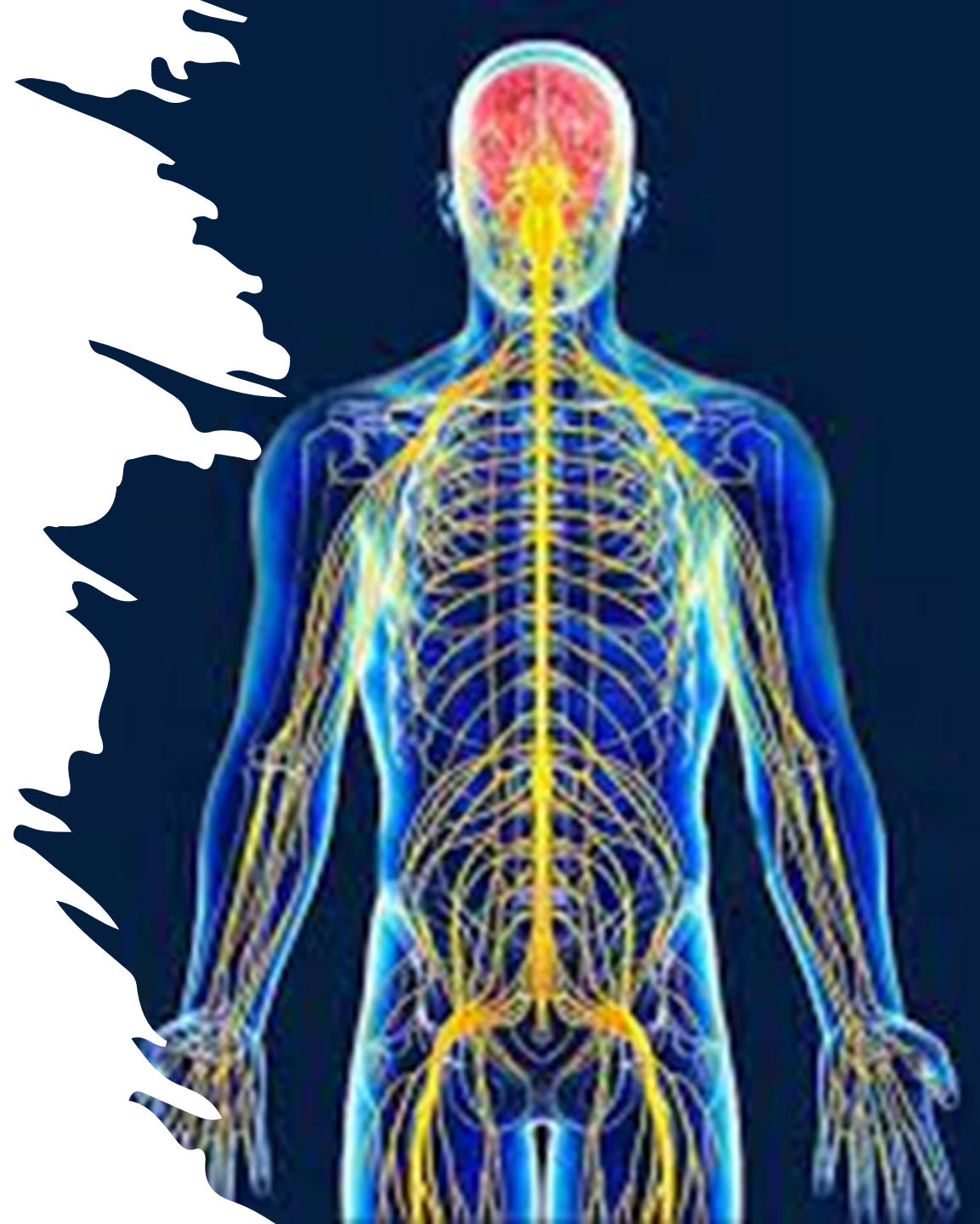
A woman moves into your community following hip replacement surgery...

- The amygdala stores ALL those sensory elements and memories and scans incoming data for signs of life-threatening danger
  - Brain is scanning 12-200 times per SECOND
  - “Am I safe? Do I matter?”
- She may not be aware of all those sensory elements and yet if the amygdala identifies a similar sensation or perception, *her body will react as if the event is happening all over again*
- You go in to assist with ADLs, check her dressing, or offer therapy and she becomes distressed (e.g., declines care, cries, yells, or argues)



## An activated nervous system may show signs of distress including:

- Dilated pupils
- Muscles tense
- Changes in posture
- Repetitive movement like twisting a tissue in their hand
- Hands shaking
- Changes in speech (rapid, slow, losing coherence)
- Changes in breathing (shallow, racing, holding breath)



# Body (Physical) Sensations

## Relaxed

Airy  
Calm  
Floating  
Flowing  
Lax  
Light  
Mellow  
Still

## Energized

Buoyant  
Bubbly  
Buzzy  
Effervescent  
Electric  
Expansive  
Flushed  
Goose bumpy  
Warm

## Comfortable

Fluid  
Full  
Fuzzy  
Loose  
Open  
Radiant  
Radiating  
Releasing  
Spacious  
Strong  
Tender  
Warm

## Mild Discomfort

Antsy  
Bloated  
Blocked  
Breathless  
Chilly  
Closed  
Cool, cold  
Congested  
Constricted  
Contracted  
Clammy  
Disconnected  
Dizzy  
Drained  
Dull  
Empty  
Faint  
Frail  
Full  
Fuzzy  
Hollow  
Lethargic  
Light-headed  
Limp  
Puffy  
Sensitive  
Shaky  
Shivery  
Shuddery  
Sneezy  
Sore  
Spacey  
Tingly  
Vibrating

## Agitated

Frantic  
Frozen  
Hot  
In a knot  
Intense  
Itchy  
Jittery  
Jumbled  
Jumpy  
Nervous  
Sharp  
Spinning  
Squirmy  
Scrunchy  
Shaky  
Twisted  
Twitchy  
Unstable

## High Discomfort

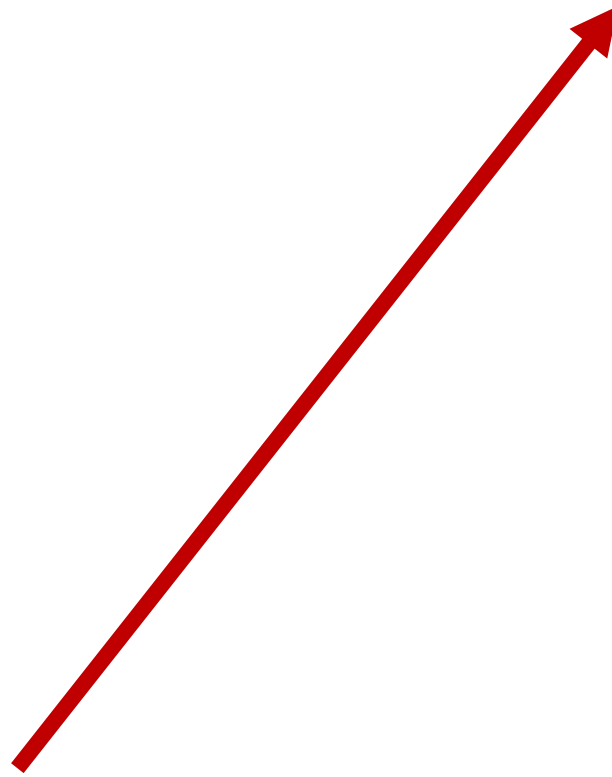
Achy  
Bruised  
Broken  
Burning  
Heavy  
Icy  
Nauseous  
Numb  
Leaden  
Paralyzed  
Pressure  
Prickly  
Pulsing  
Queasy  
Quivery  
Racing  
Sweaty  
Tense  
Tight  
Trembly  
Tremulous  
Wobbly  
Wooden

# The Anger Continuum

(A possible way to look at the words we use as we have less and less of a sense of mattering)

Starts with  
words of mild  
dissatisfaction

- Dissatisfied
- Piqued
- Displeased
- Vexed
- Peeved
- Indignant
- Irritated
- Exasperated
- Resentful
- Aggravated

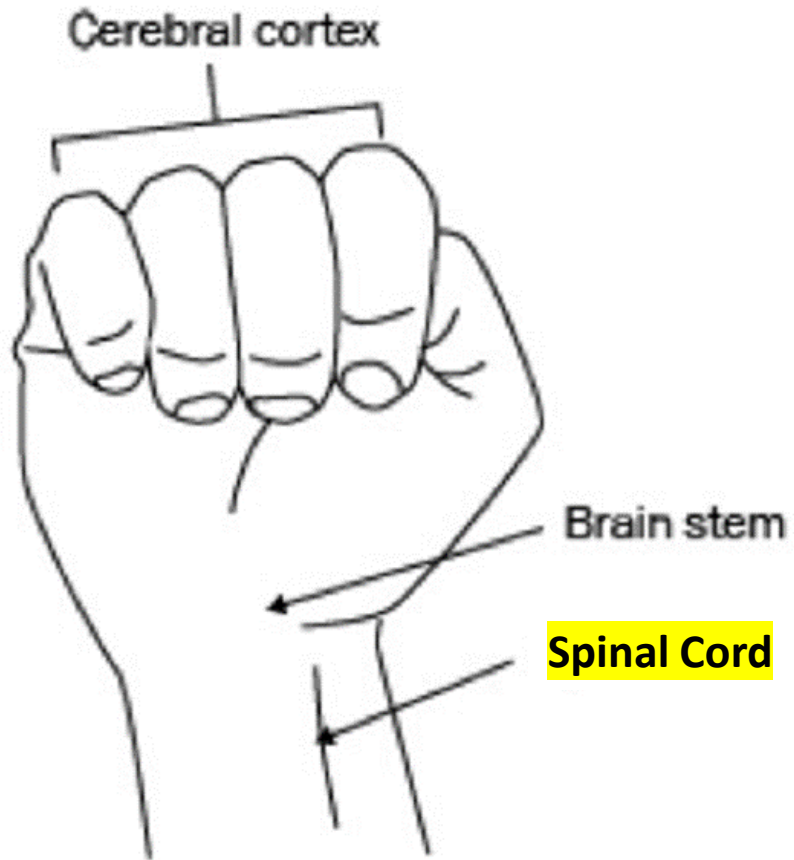


- Mad
- Angry
- Outrages
- Irate
- Fuming
- Seething
- Infuriated, furious
- Incensed
- Enraged
- Livid

Builds in  
intensity

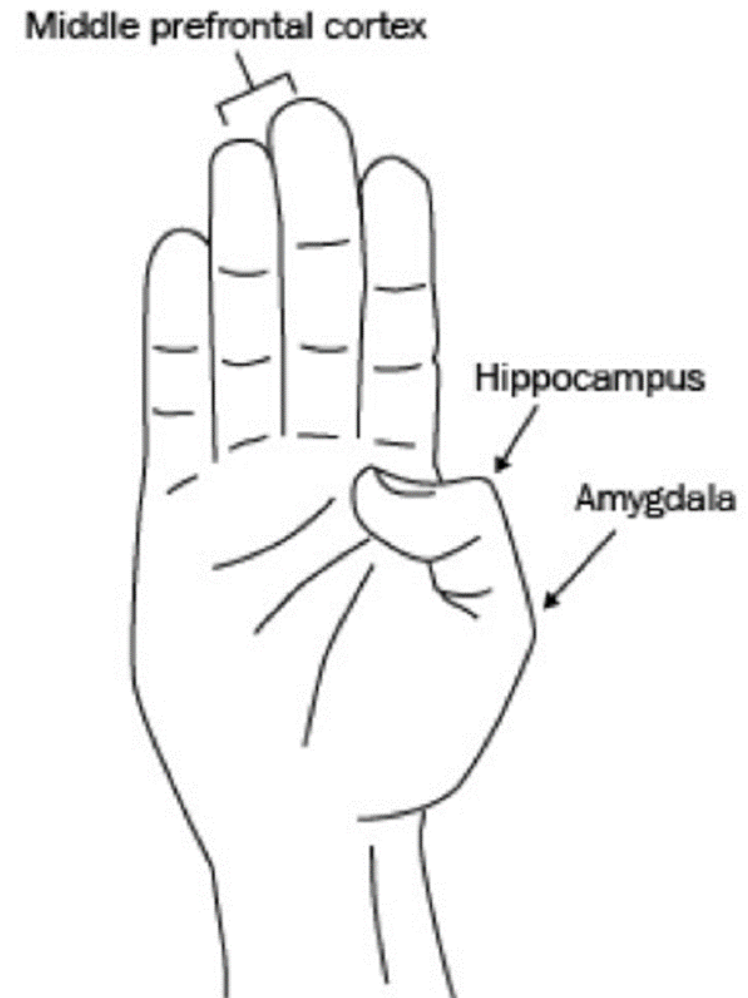
[Feel free to change the order to reflect the level of intensity that you feel with these words.]

## Prefrontal Cortex (PFC)



## Flipped Lid!

The Amygdala (alarm center) is acting on instinct (fight, flight, or freeze)

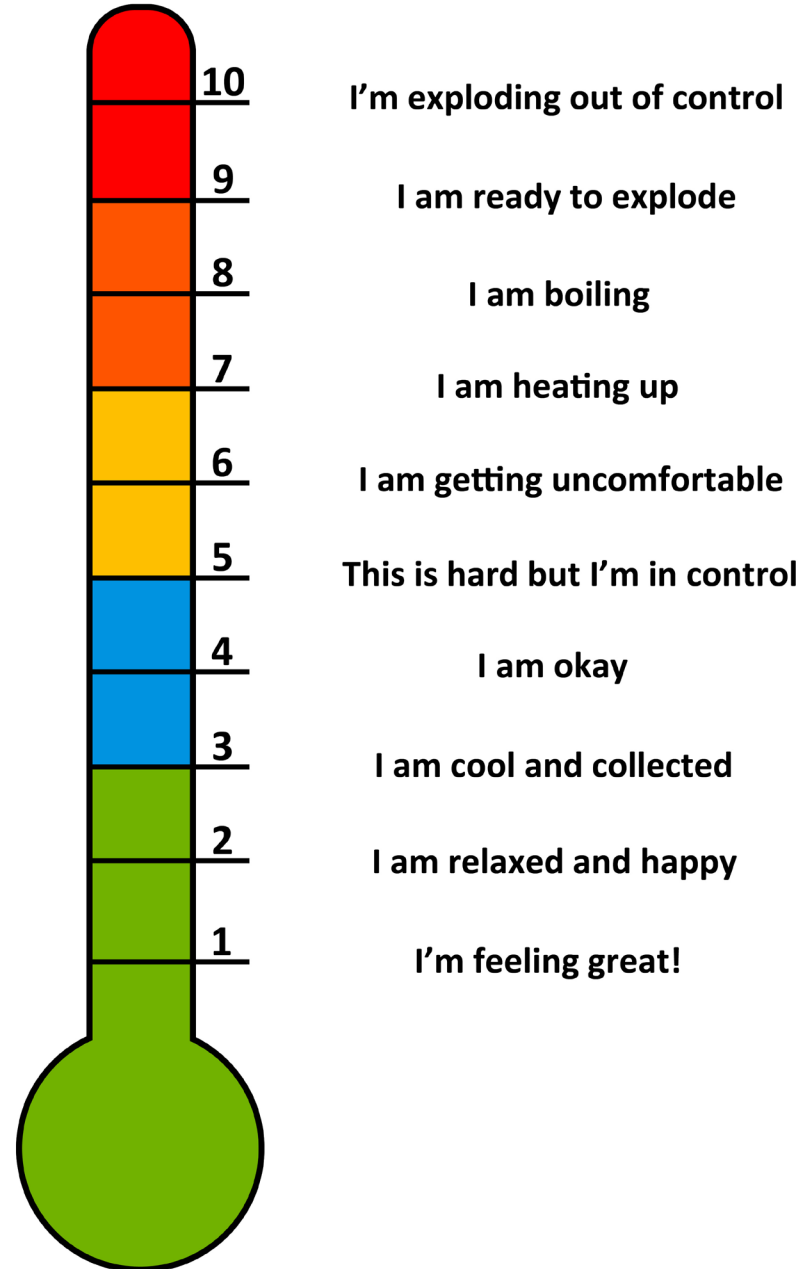


Hand model of the brain by Dr. Dan Siegel, UCLA Clinical Professor of Psychiatry

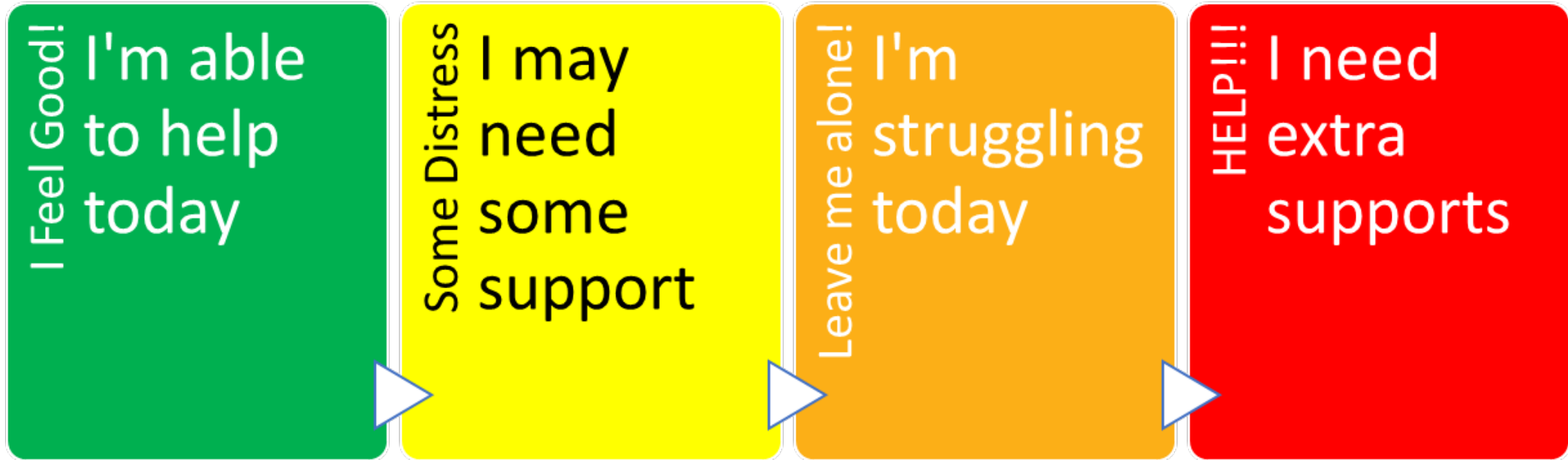


What's Your  
Temperature?

## Feelings thermometer



# Check-in Board to Cultivate Awareness (for staff and residents)



A background image of a sunset over a body of water. The sun is a bright, glowing orb on the left side, partially obscured by clouds. Its light reflects on the water's surface, creating a shimmering path. The sky transitions from a deep orange near the horizon to a dark blue at the top. The water is dark blue with some lighter, shimmering patches where the sun's reflection is visible.

# Radical Acceptance

Accepting reality without resistance

“OK, this is what is happening.  
How can I manage it?”

When your brain is on fire  
from trauma, anxiety, or  
fear it's hard to remember  
resources (e.g., grounding  
strategies).

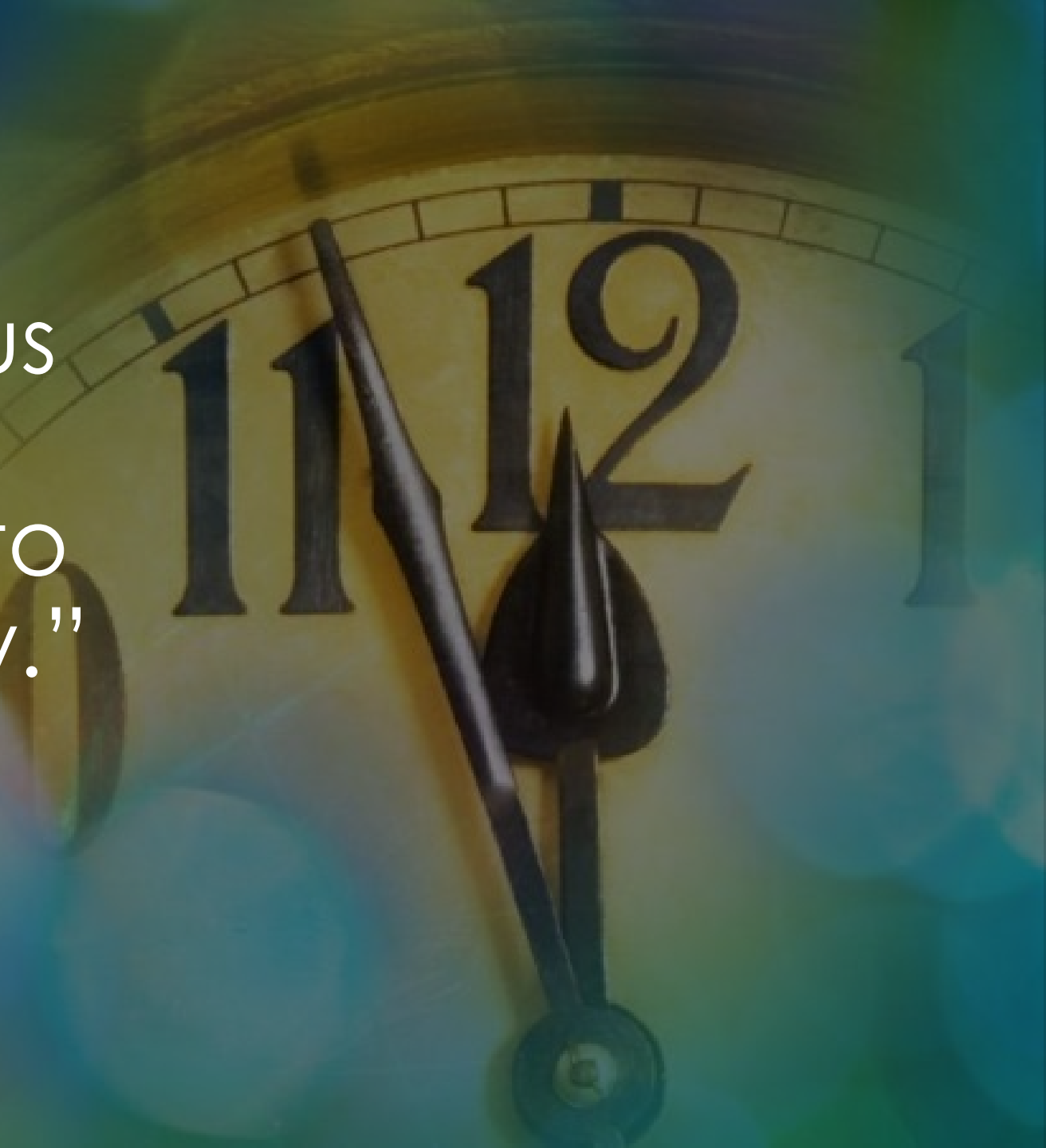






**Grounding** is a method of distraction when a person is experiencing stress or distress in the form of disturbing thoughts, memories, or feelings and connects the person with the present moment.

Grounding helps us  
shift from the  
“then and there” to  
the “here and now.”



Grounding practices attend to trauma-informed principles of trust, safety, choice, voice, empowerment, and collaboration

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- Nursing homes are structured environments, and they serve multiple **functions**
- Using grounding practices in our interactions helps us bring more **relational interconnectedness** between people (what we long for and is often missing)



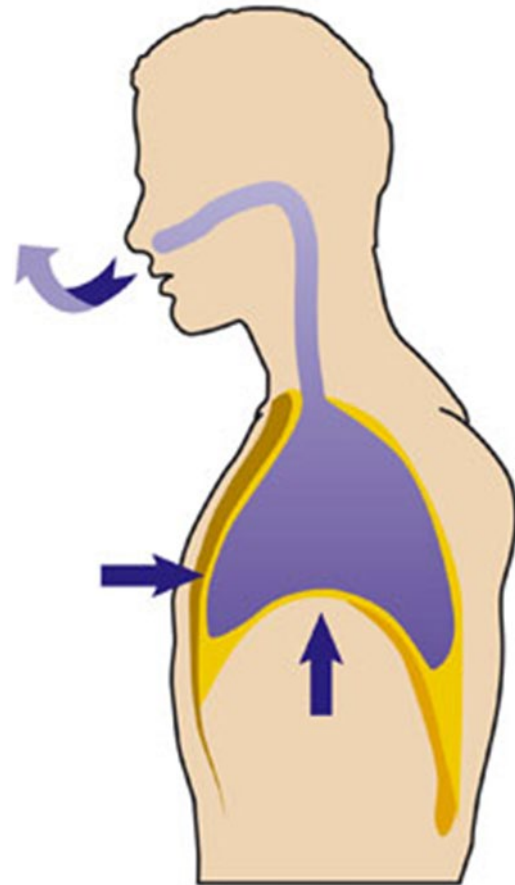
# Breathing is Essential

Deep breaths that engage the abdominal muscles (instead of short, shallow breaths)

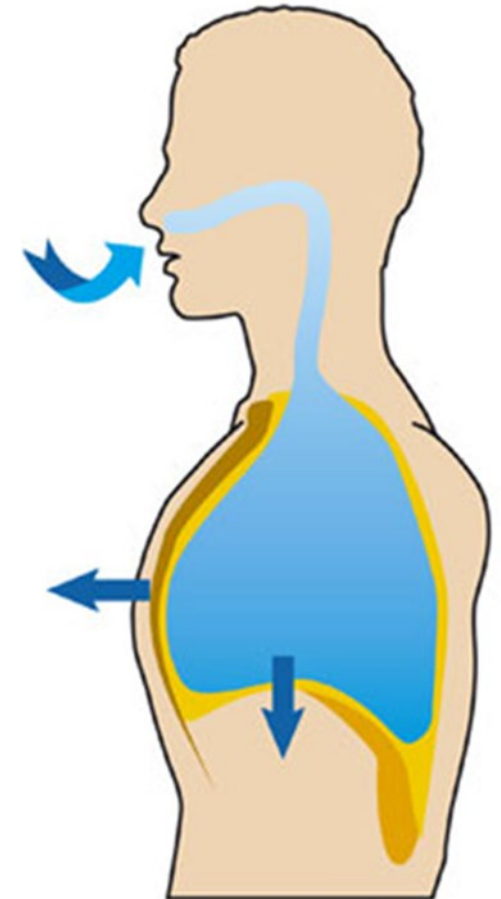


# *Exhaling* Comes FIRST!

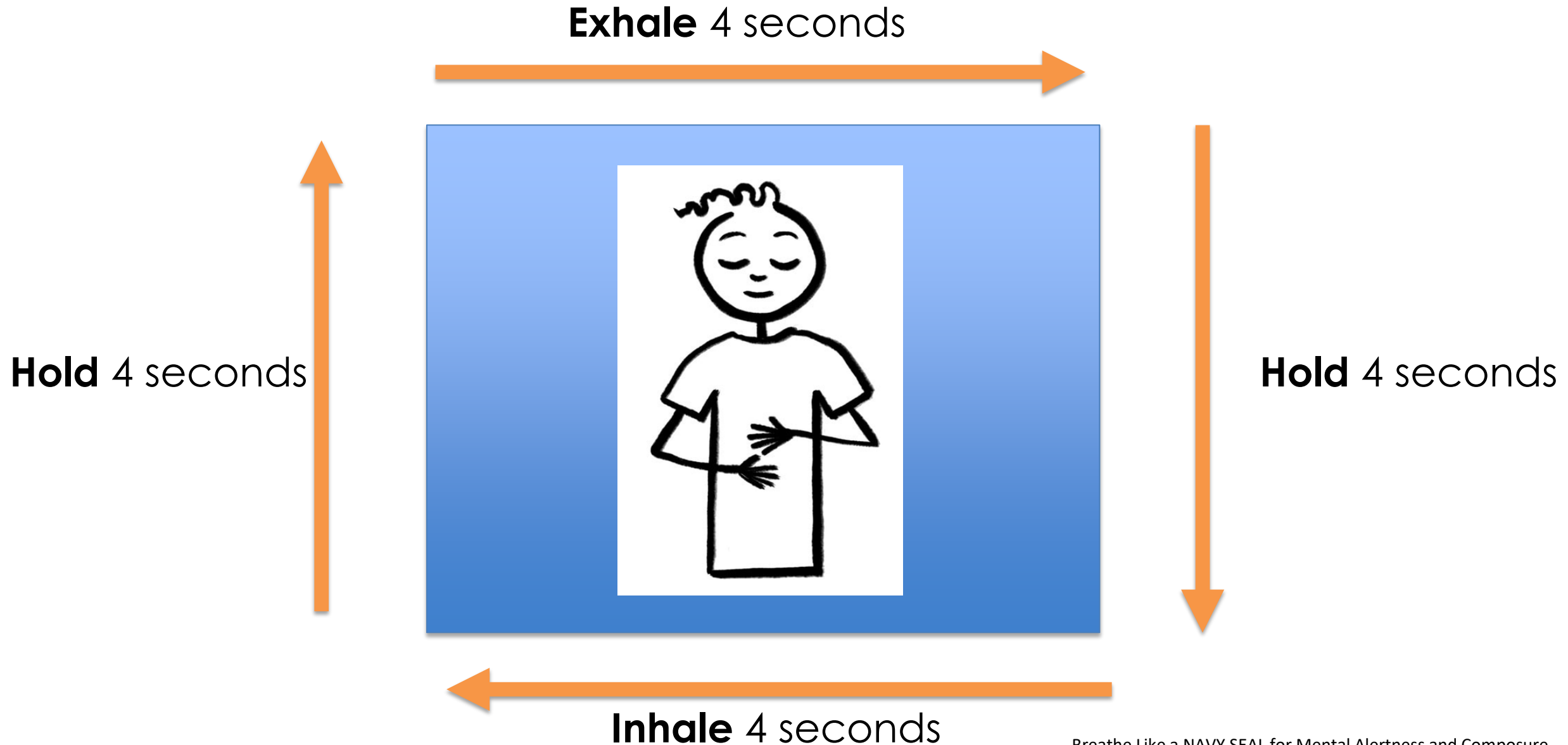
Exhale  
through  
the nose.



Inhale  
through  
the mouth.



# Box Method Breathing Technique



# Handouts on Breathing Techniques

University of California, Berkeley

- [https://uhs.berkeley.edu/sites/default/files/breathing\\_exercises\\_0.pdf](https://uhs.berkeley.edu/sites/default/files/breathing_exercises_0.pdf)

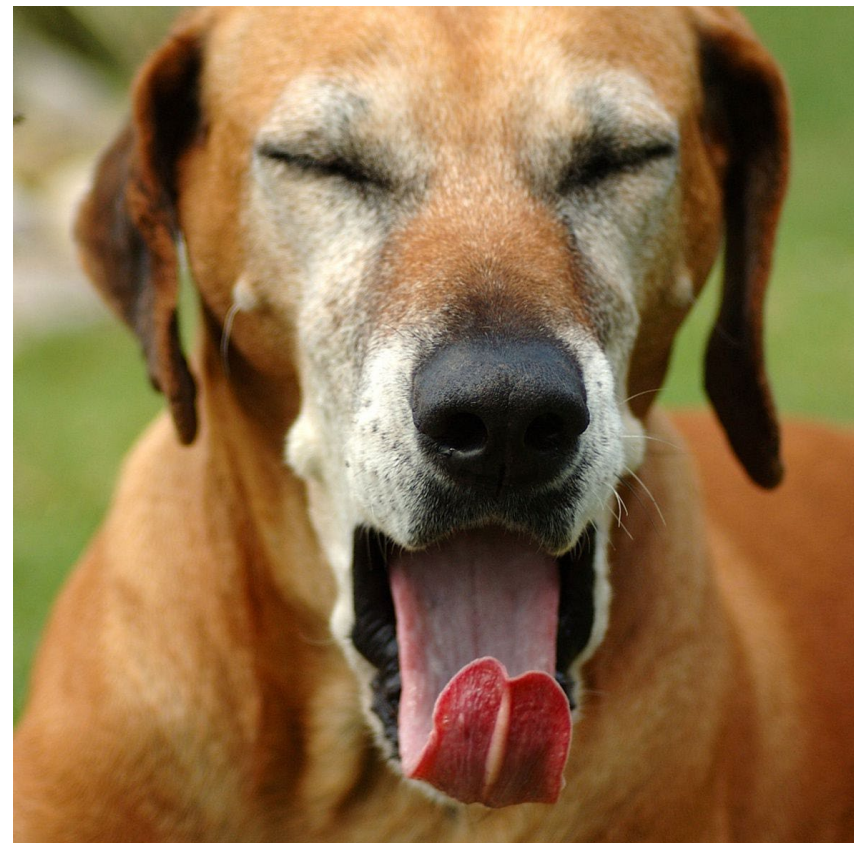
Breathing Techniques for Anxiety and Stress

- <https://mindovermunch.com/wp-content/uploads/2021/01/Breathing-Exercises-for-Stress.pdf>

Harvard Business

- [https://www.harvardbusiness.org/wp-content/uploads/2019/01/StressMgmt\\_BreathingTechniques.pdf](https://www.harvardbusiness.org/wp-content/uploads/2019/01/StressMgmt_BreathingTechniques.pdf)





Open and close your jaw widely to elicit a yawn and invite breath

---

# Movement!

Wiggle your bum, feel the chair beneath you  
Move your feet, feel the floor beneath you





# Move That Body!







What do you see (e.g., colors, objects)?



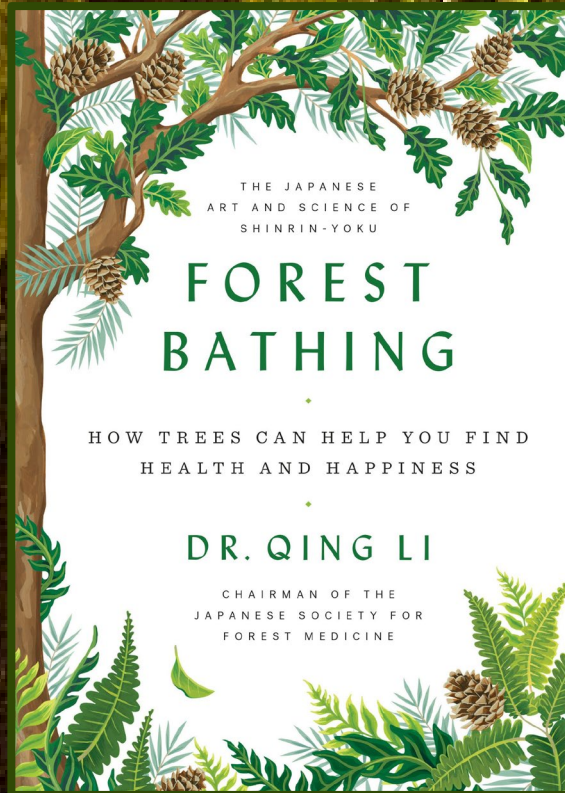


What do you hear?

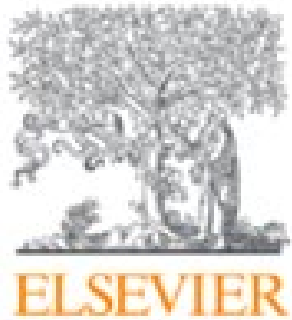
If possible, go outside!  
What do you see? Hear? Touch?







Forest Medicine – the art and science of how trees can promote physical and mental health, e.g., lower heart rate and blood pressure, and reduce stress hormone production to improve overall feelings of wellbeing.





# Journal of the American Medical Directors Association

Volume 21, Issue 4, April 2020, Pages 476-480



Original Study

## Lower Incidence of In-Hospital Falls in Patients Hospitalized in Window Beds Than Nonwindow Beds

Junko Iwamoto RN, PhD <sup>a</sup>, Keigo Saeki MD, PhD <sup>b</sup>, Miwa Kobayashi RN <sup>c</sup>, Yuki Yamagami RN, PHN, PhD <sup>b</sup>, Osamu Yoshida MD, PhD <sup>a</sup>, Norio Kurumatani MD, PhD <sup>b</sup>, Kenji Obayashi MD, PhD <sup>b</sup>  





Hold an ice cube in your hand and let it melt (**notice sensations**).

# Naming Categories

Choose a category and name as many items as you can:

- Fruits and vegetables
- Sports teams
- Animals
- Colors
- Cities
- Cars
- TV shows
- Cereals
- Movies







Listen to favorite music

A close-up photograph of human skin, specifically the upper arm, showing numerous goosebumps (piloerection) raised across the surface. The skin is a warm, light brown tone. In the background, there are blurred shapes of what appear to be clothing or fabric in shades of pink, purple, and dark blue.

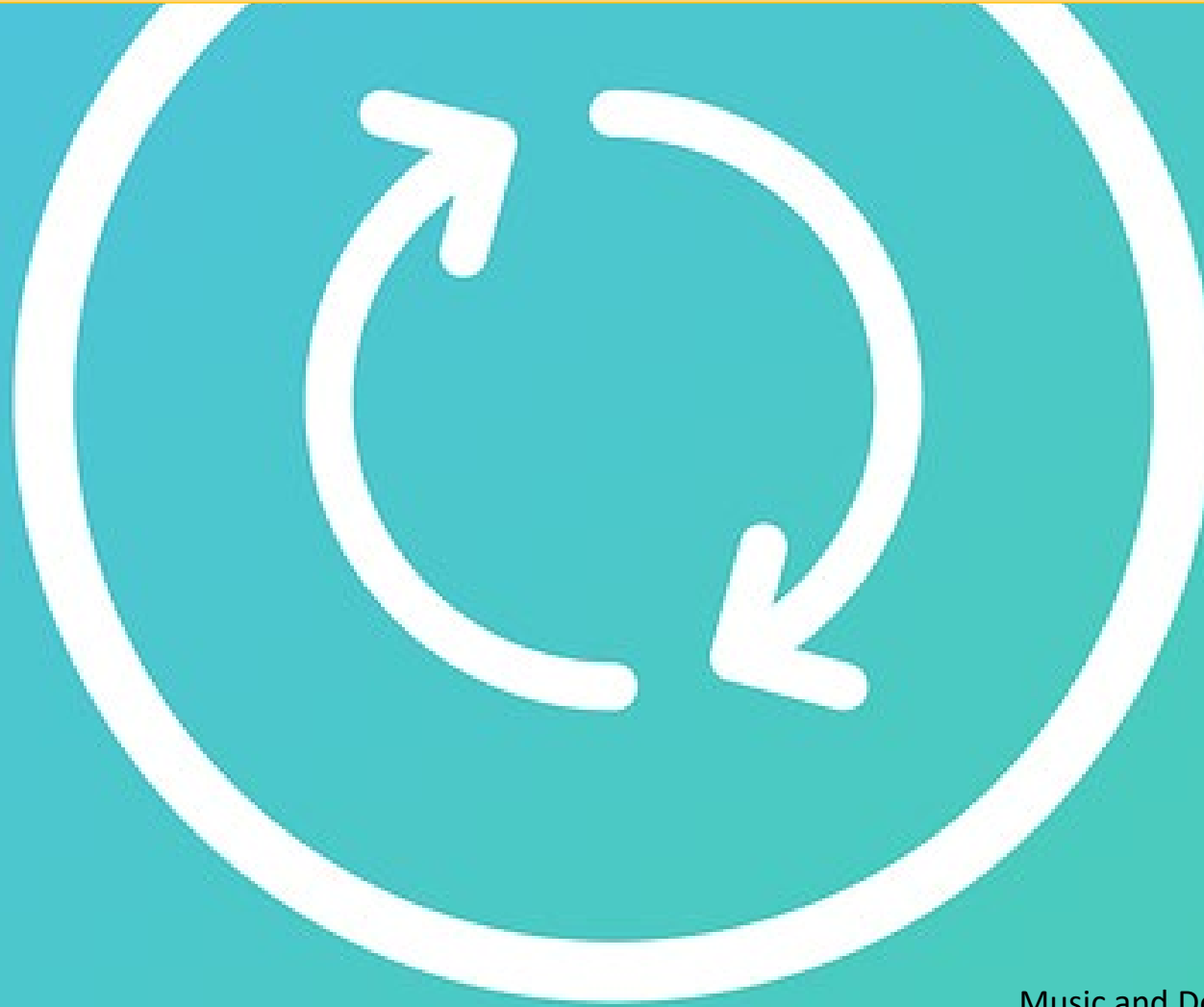
Music can give you chills  
and goosebumps.

Music and Dopamine: The Reason of Your Goosebumps

<https://liveinnovation.org/music-and-dopamine-the-reason-of-your-geosebumps/>



Why do you play a favorite song  
over and over?!



Music and Dopamine: The Reason of Your Goosebumps

<https://liveinnovation.org/music-and-dopamine-the-reason-of-your-goosebumps/>



Strong flavors and  
sensations in the mouth

---





Smells like peppermint,  
bathing salts, and oils

---





Texture and touch are powerful





le - Britains Got Talent 2009 Episode 1 - Saturday 11th April | HD High Quality



Monster Siri Commercial

Laughter and tears!



Share **laughter**  
whenever you can!

Check out Sophie Scott's TED talk on the  
neuroscience of laughter.

[https://www.ted.com/speakers/sophie\\_scott](https://www.ted.com/speakers/sophie_scott)

Snuggle  
an  
animal







Think about someone who loves us.  
(The person can be alive or someone who has died)



Rerunning favorite sporting events or movie scenes



A wide-angle photograph of a desert landscape during sunset. The sky is filled with dramatic, layered clouds in shades of orange, red, and purple. The sun is low on the horizon, casting a warm glow. In the foreground, there are several saguaro cacti of varying heights and some low-lying desert shrubs. The middle ground shows a range of mountains silhouetted against the bright sky. The overall scene is serene and beautiful.

Picturing a beautiful place in nature



# Compassionate Self Talk

- Create mercy and gentleness with self-talk
- Place your hand over your heart (can even gently pat your chest)
- Express kindness to yourself as you would to others
- Recite words directed at *yourself*
  - “Oh, Paige, your soul is aching for peace and comfort today. I hear you, I hear you.”

Imam Jamal Rahman





# Give yourself grace

You are doing everything you can given  
these extraordinary circumstances.



# Mantras

I call upon the peace of my soul.

May there be joy in this day. May I bring joy to others.

A hard moment does not mean a hard rest of the day.

I am choosing grace in this moment.

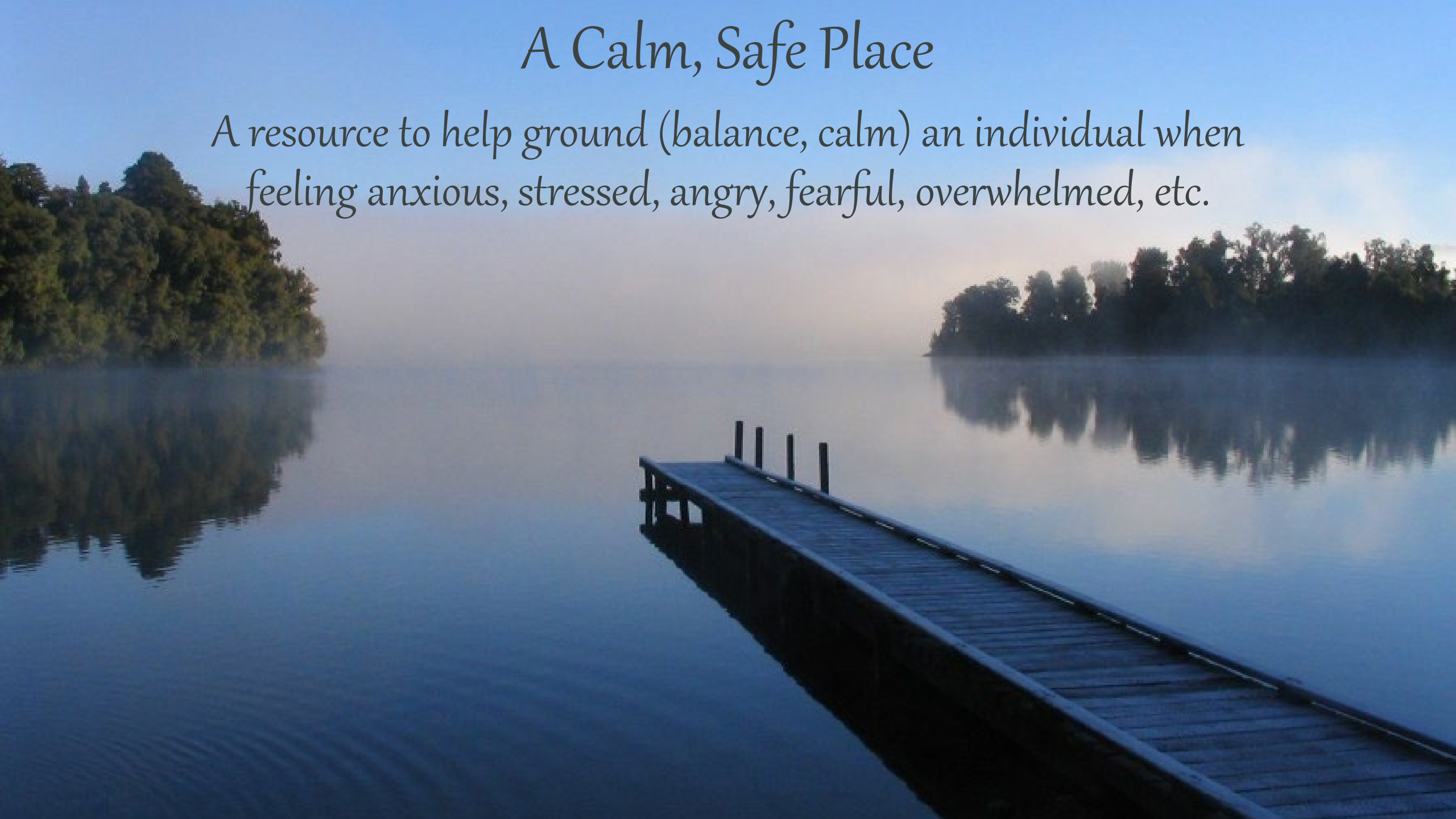
Thank you.





# *A Calm, Safe Place*

*A resource to help ground (balance, calm) an individual when feeling anxious, stressed, angry, fearful, overwhelmed, etc.*



# Tips to Identify Your Calm, Safe Place

Where did you (do you) have fun? Where do you go to relax?

When you think of this place, what comes to mind?

- What is your strongest memory of it?
- What images, sounds, emotions, and smells accompany it?
- Where do you notice these sensations in your body?

Close your eyes and feel those positive feelings, and let a simple word come to your mind that can help remind you of it.

# Personal safety plan

## (grounding strategies in action)



### My Personal Safety Plan

If I am feeling overwhelmed,  
I will:

1. Exhale deeply and inhale, elicit a yawn
2. Soften the muscle in my face and belly
3. Get up and move around, go outside if possible
4. Hold my dog

**My Mantra:** May there be joy in  
this moment!

Sanctuary Model

**What are 3-4 things that help you manage stress, regain balance, and increase a sense of calm in the moment?**

- Work plan and home plan

**If willing (not everyone will feel comfortable), share the safety plans and help support each other**

- *Normalize* using strategies that support wellbeing

**When you notice feelings of overwhelm, (“catching” the stress response), intentionally engage your safety plan**

- Increase sense of being in charge and choosing how you want to respond (not react) in a situation

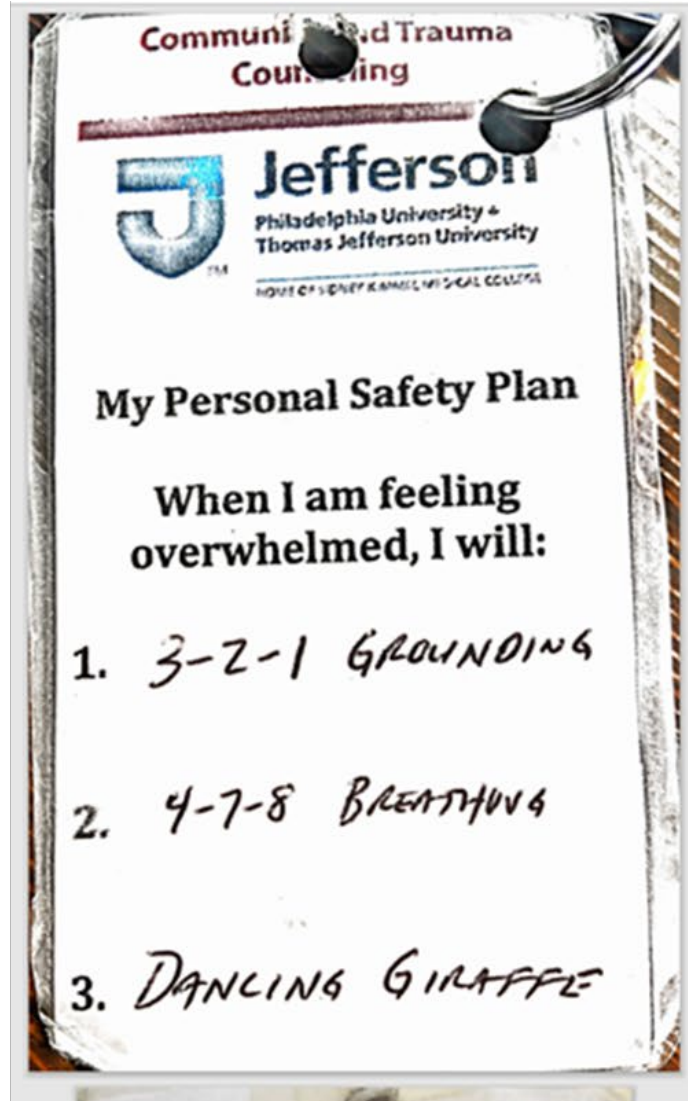
**Make the plans visible and accessible**

- Laminate cards, attach to the back of your ID badge, paste on a clipboard, attach to car dashboard
- Practice when feeling calm!



# Sample ID Badge with Safety Plan

Front



Back







Intentional Choice to **Change Tracks**

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# Experience Settling





When we  
experience being  
grounded there is  
a sense of relief

---

Something physically shifts:

- An exhale
- Softening of the face
- Shoulders drop
- Tears
- Goosebumps
- A pause in their speaking
- More relaxation into the dialogue
- Energetic shift



A blurred background of a gym with various pieces of equipment like barbells, weights, and a red wall. The text is overlaid on this background.

Integrating Grounding Strategies  
is an Intentional Practice

Not “one and done!”

# To Touch or Not To Touch?





# Trauma-Informed Precautions for Sexual Assault

Sexual assault is sufficiently common that every long-term care facility is likely to have multiple female and male residents who have experienced rape, attempted rape, or contact sexual violence (CDC, 2017).

Every staff person who touches a resident's body should practice precautions for sexual assault.

# Considerations Around Touching

- It is not uncommon for a resident to hold a caregiver's hand or to indicate a desire for a hug (caregivers, too!)
- Touch may feel reassuring and nourishing **or** invasive and threatening
- Touch may communicate safety, trust, and care **or** it may trigger a reaction
- Cautions are vital and staff must demonstrate self-awareness, sensitivity, and knowledge of the complexities of touch





# Be Mindful of the Context of Touch

- Patients/residents may feel vulnerable
- Might be wearing a hospital gown and feel exposed or unprotected
- Often visits are in a very personal space like the bedroom with the individual lying in bed
- There is likely a power difference





For a resident in a coma,  
should we touch?

Uncharted territory

Take into consideration the  
context of a prior relationship  
and if there was previously  
permission to touch

- Let the person know what you are doing and tell them you hope it's okay
- Be very gentle and even transient in the touch

# Trauma-Informed Approach to Touch

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- Do not assume every person wants physical contact
- Read the situation and if it appears touch may be welcome, ask them
  - Or, is there a nonverbal invitation (e.g., opening one's arms as the staff member is leaving)?
  - If you reach out your hand, does the individual take it, or not?
  - Learning how to hug in a way that matches the resident and doesn't infantilize, overwhelm, or feel threatening or rote.



What do we do with the  
grounding strategies?





## Person Centered Care (F675)

“...focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives.”

- 
- Emphasis on self-worth, self-esteem
  - Resident as the decision-maker
  - Staff support the resident to make choices
  - Staff make effort to understand what the resident is communicating verbally and nonverbally
  - Staff help the resident identify what is important regarding daily routines and activities
  - Sense of satisfaction with oneself, the environment, care received, accomplishments of desired goals and control over one's life
  - Staff has understanding of resident's life before coming to the nursing home

# Person-Centered and Trauma-Informed (PCTI) Care Plans

**Are care plans exercises in regulatory compliance in your facility or do they truly uphold PCTI principles (e.g., trust, safety, choice, empowerment)?**

- Does the care plan emphasize the resident's strengths and resilience?
- Does it identify the human being and not a set of disabilities or problems?
- Does the care plan improve the resident's quality of life and wellbeing?

**Does the care plan include known and potential triggers for reactions?**

- Are the interventions meaningful to the resident?
- Do the interventions include grounding strategies?
- Is it clear what staff should do (not just what they shouldn't do)?
- Are all staff on all shifts informed of the strategies?

**Instead of a “behavior” care plan, how about a “connection” care plan?**





Trauma-Informed Care Includes Staff



# We All Have Triggers

- All of us have had past experiences that trigger responses to particular individuals and/or situations
  - Importance of self-awareness of our own trauma history and how it might impact us and the care we provide
- When our triggers impact our ability to provide care, we need adaptive strategies and a workplace environment/culture that supports **impact sharing**



# What is Impact Sharing?

(supports TIC principles of safety, trust, transparency, peer support, and collaboration)

- **Hearing about a person's reaction to a situation and the impact on them to help them process an experience**
  - What they are feeling and what needs were not met
  - Past experiences that may be triggered
  - Having the experience of being heard with empathy
- Impact sharing comes *before* education, discussion of policies, advising, reassurance, or problem solving
- If impacts are left unattended, the person may not feel heard, acknowledged, or understood for how the experience affects them
- Supports staff to increase their **capacity** to provide care

# What is Capacity?

Capacity is the limit of what we have available to give of ourselves in any moment.

- Individual capacity and collective capacity (e.g., a nursing home)

Staying within capacity can be challenging, especially when there is so much need and we fear losing belonging (being left out)

- We know the world is littered with judgments. We judge ourselves and others for not having enough capacity. We may even judge others for having more capacity and we feel badly for not doing more.
- We've developed shame around our needs and limits, and we try to hide our capacity limits in order to look to others like we are something other than we are.





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



# Please complete the post-test and evaluation survey.

Visit [https://www.surveymonkey.com/r/PostTestTrauma4\\_2023](https://www.surveymonkey.com/r/PostTestTrauma4_2023)

or scan the QR code:

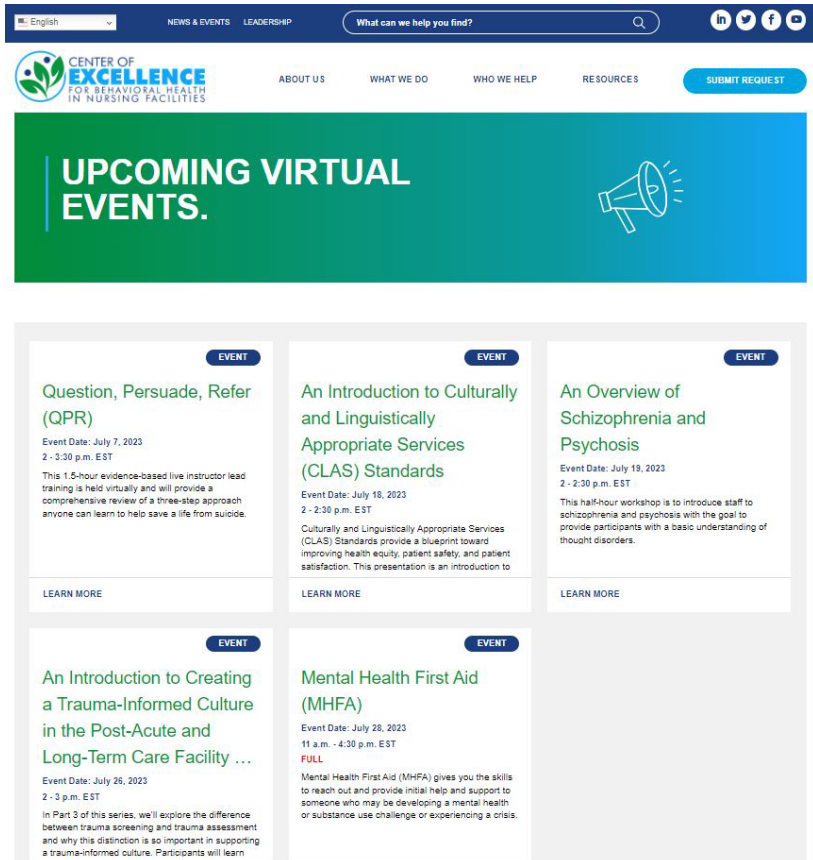


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<https://nursinghomebehavioralhealth.org/upcoming-events/>



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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](mailto:coeinfo@allianthealth.org).

## Visit the website:

[nursinghomebehavioralhealth.org](https://nursinghomebehavioralhealth.org)

# Thank You!



The word "RESOURCES" is centered in a large, white, bold, sans-serif font with a slight 3D effect. It is set against a background of overlapping, semi-transparent squares in various colors including blue, green, yellow, orange, pink, and purple. Some of these squares have dashed outlines in matching colors, creating a layered, geometric pattern.

RESOURCES



# PCTI 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

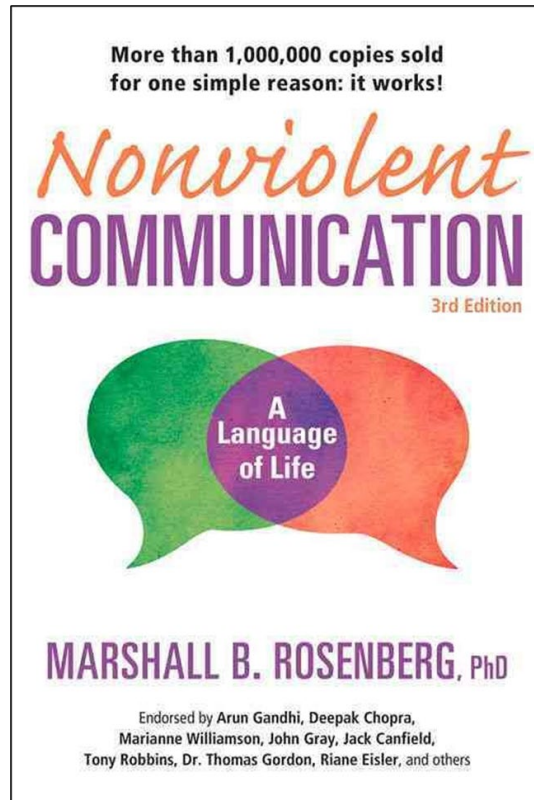
Suggestion: Consider integrating this content in staff training



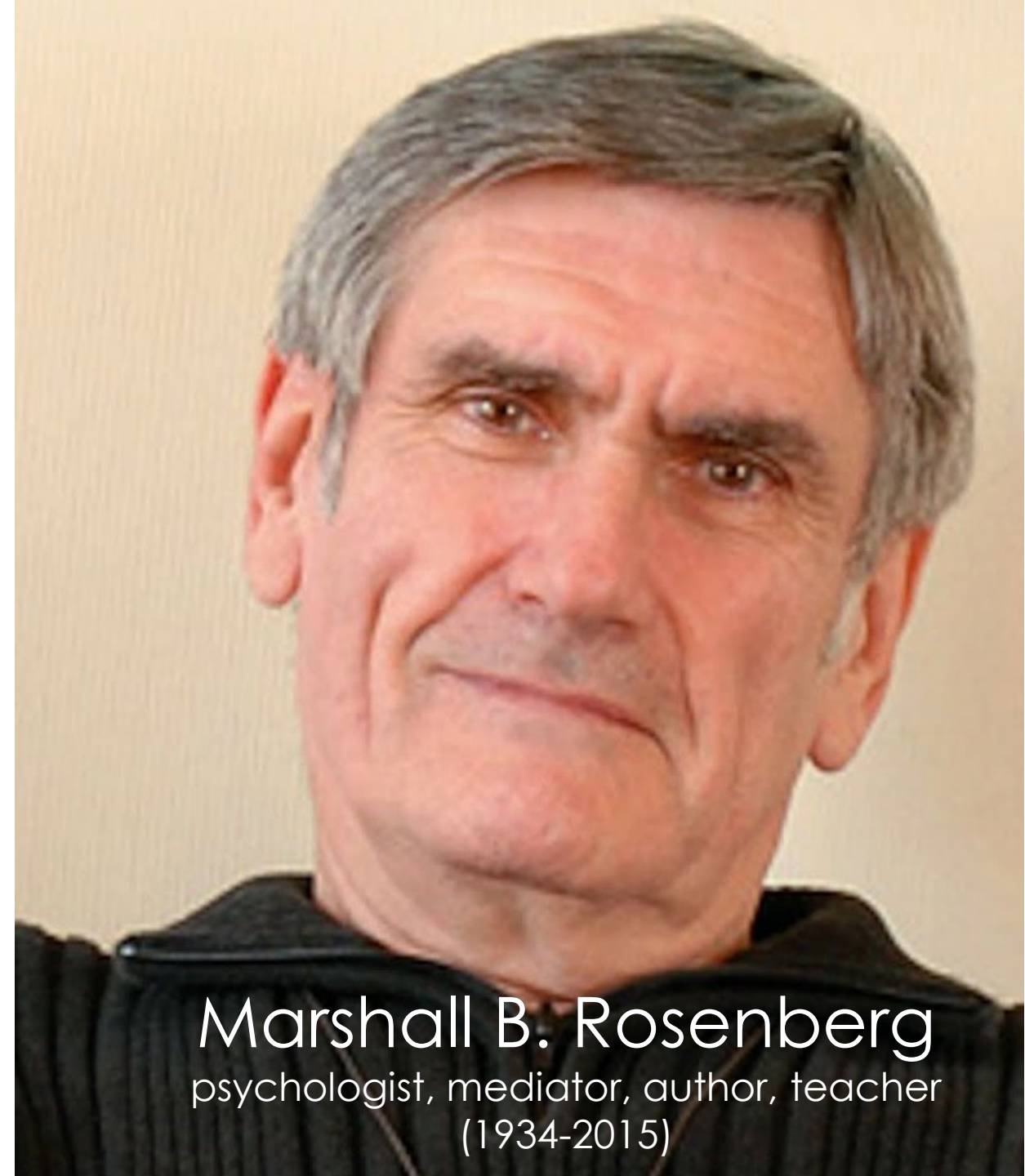
The missing link in many organizations is the language of collaboration and things get stuck at the human communication level. The language we are using doesn't serve collaboration because it is centered in right/wrong, either/or, power over, and judgmental consciousness. It doesn't support trust and 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





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)



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

# 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

# Online Resources

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

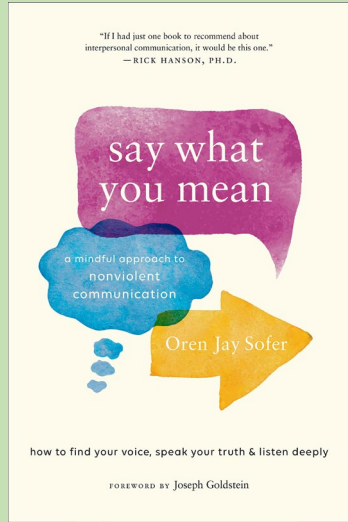
- A variety of free materials
- Audio and video downloads for purchase

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

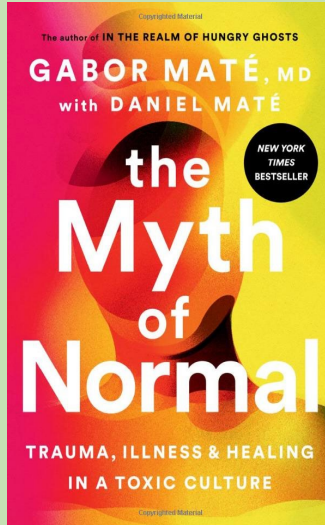
- Blog and free worksheets
- Classes and events



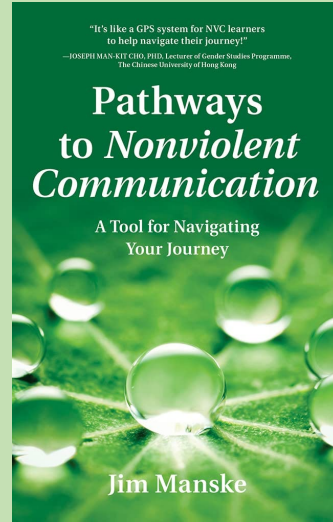
# Additional Book Recommendations



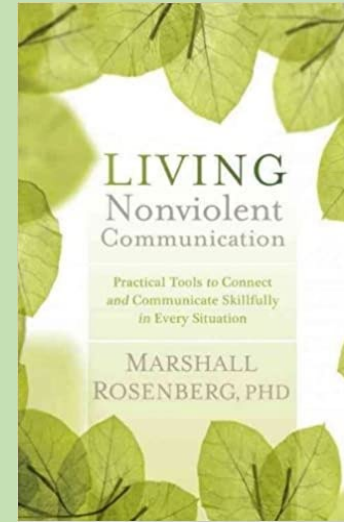
Oren Jay Sofer



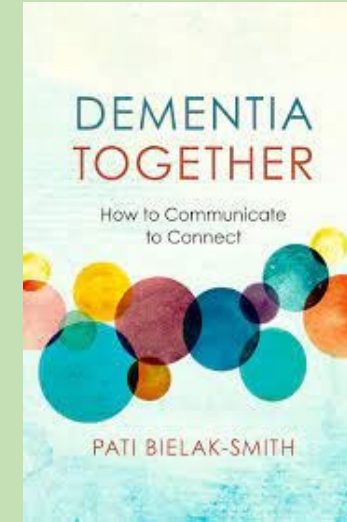
Gabor Mate



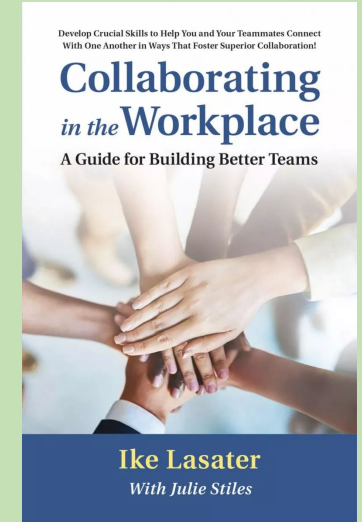
Jim Manske



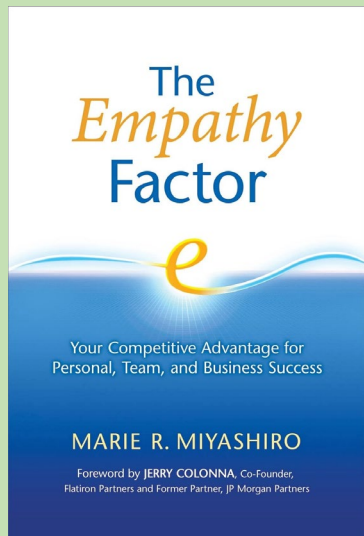
Marshall Rosenberg



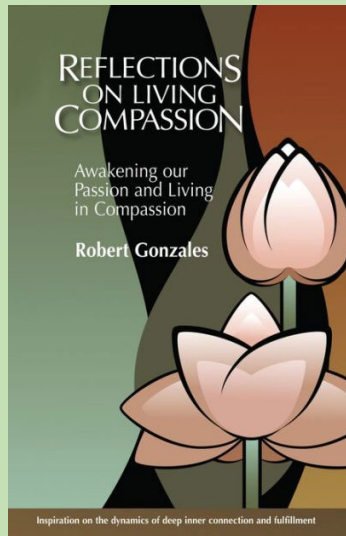
Pati Bielak-Smith



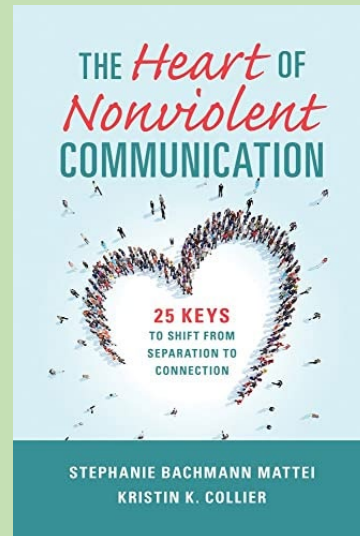
Ike Lasater



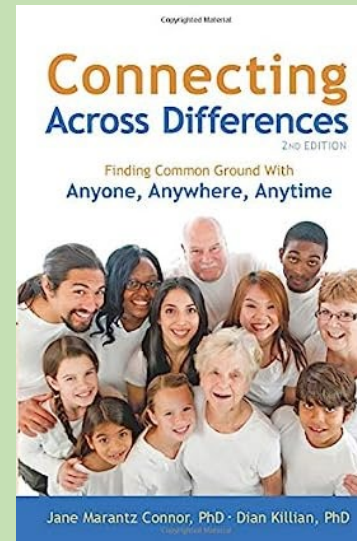
Marie Miyashiro



Robert Gonzales



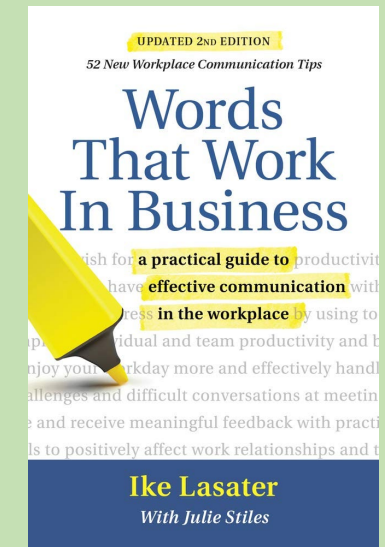
Stephanie Bachmann  
Mattei and Kristin Collier



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

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

**YouTube Channel**  
<https://www.youtube.com/c/SarahPeyton>





# Aya Caspi

Certified Trainer with  
the Center for  
Nonviolent  
Communication

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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/>





# Dr. Yvette Erasmus

clinical psychologist,  
teacher, writer

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## 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/>

