

Person-Centered Trauma-Informed (PCTI)

Guidance for Conversation Prompts

The purpose of this document is to support staff in developing trusting relationships and healing experiences with residents by learning what is important to them about their life experience. The six principles of trauma-informed care (Safety; Trust and Transparency; Empowerment, Voice, and Choice; Collaboration and Mutuality; Cultural, Historical, and Gender Issues; Peer Support) are written around the border of the document on the second side. The conversation prompts in the middle reflect each of those principles. Be aware of power differences and how they might impact a person's sense of safety to share their truth, expose their vulnerability, to say 'no', and reveal what is important for them. Please read and discuss the key points listed below before using the conversation prompts.

- Review the list of questions and choose a few that are relevant to the situation.
- Consider adjusting the language as needed to orient towards the person's native language, their culture, gender and/or anything else you might know about their social status and background.
- Invite the person to connect with you, "I'd love to hear about your experience here and what you may need. Would you be open to sharing?"
 - If the person says 'no' - respect their choice. You may say, "Got it. Thanks for letting me know". You may ask if it would be okay to check back with them later.
 - If the person gives their consent, provide a brief overview of why you are asking these questions and what you will do with the information. You may say, "Thank you. The reason I'm asking is because it is very important for me to understand your needs and how we may be able to serve you better. If you agree, I will share your feedback with the team so we can discuss what's working well and what support is still needed."
- These conversations may evolve over time. Focus on building a connection as opposed to meeting a certain goal/outcome.
- Orient towards supportive, attentive, and empathic nonverbal communication and presence (e.g., make eye contact that is culturally acceptable, be at the same eye level, relaxed posture).
- Be alert to signs of stress in the person's body (e.g., dilated pupils, body posture, repetitive movement like twisting a tissue in their hand, or changes in breathing).
- Be prepared to use grounding practices to support the person in reorienting to the present moment. (See the handout titled "Grounding Practices".)
- If the individual chooses to share details of a traumatic experience, listen to understand the impact on their current situation, not to discuss the event itself.
 - Instead of asking questions like: When did this happen? Did you talk to anyone about this? What was the reason you didn't want to talk to anyone? - You may verbally reflect your understanding to them and check if you got it. For example: "Are you feeling nervous about [fill in] because of how devastating it was for you to [fill in]?"
- Notice if and when the conversation goes beyond your capacity or scope of practice. Let the person know you appreciate their sharing and would like to take a pause so that you consider how to support them further. Reach out for support from someone whom you trust has the skill and capacity to offer further assistance.
- 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.

Safety (Physical and Emotional)

Collaboration and Mutuality

Cultural, Historical, and Gender Issues

What helps you feel safe in the physical environment? What helps you feel safe emotionally?
What can we do to help the space feel safe (or more comfortable) for you?
What would make this experience feel healing to you?
When is a time in your life when you felt safe? Didn't feel safe? What did people say or do that contributed to feeling safe or not safe?
In what ways would you like to be involved in decision-making about your care and your day?
How do you feel when people make decisions that involve you without including you?
How do you feel when people include you in decisions that impact you?
What could we do that supports a sense of transparency (information that is shared and easily understood)?
What could we do to help create a trusting relationship?
What are some things that people say or do that result in a loss of trust?
When trust is lost, what helps to restore it?
What would meaningful support look or feel like for you?
How can we increase your sense of being supported?
Would you enjoy or benefit from support with people with similar life experiences to yours?
Do you have an experience of receiving support that you consider healing?
Do you prefer to make decisions alone? Do you like to include others?
What helps you feel that there is a meaningful sharing of power and decision-making?
How do you prefer that information is shared with you?
If you had feedback to share, would you feel comfortable sharing it with staff?
What information would be helpful for us to know about what happened prior to you arriving here?
Are you comfortable saying "no" when you are asked to do something you don't want to do?
Are you comfortable being honest with people in authority?
How do you feel when you experience that you don't have choice?
What makes a good day for you?
What are the things you do each day or each week because you enjoy them, not because you have to?
What has always given you confidence or made you proud?
What is most important to you today? At this moment?
What helps you feel good about yourself?
What do you consider your strengths (personality traits, skills, experiences, etc.)?
What helps you feel hopeful?
How do you manage stress? Is this different from how you managed it before? If so, how?
When you feel overwhelmed or distressed, what responses from others work best for you?
What are some of the ways that you deal with painful feelings?
Are there cultural values, rituals or traditions that are important to you?
What aspects of your health are most important to you right now?
Do you have beliefs about illness (suffering, death, dying) that you would like staff to know?
Are there any ways (even if subtle) you have been telling yourself or thinking there is something wrong with you because of your health situation?
How are gender roles understood in your life/culture (rules about social distance, touch, eye contact, and how to approach a married/unmarried person)?
What are some aspects of your identity that you are comfortable sharing?
Have experiences of discrimination, racism, or stereotyping impacted you in ways that you would like others to understand?
Are there ways that you've experienced impact by a current or historic experience in your life or family (e.g., a family legacy of slavery, a family member in a concentration camp)? What is important to you that we understand about this impact for you?
Are there ways that you've experienced impact based on any aspects of your identity (culture, race, gender, age, sexuality, or other identity)? What is important to you that we understand about this impact for you?

Empowerment, Voice, and Choice

Peer Support

Created by Paige Hector, LMSW with contribution from Aya Caspi and Tani Bahti, RN

Trust and Transparency

Trauma-Informed Touch (page 1 of 2)

Human beings share a need for touch and when we do not have access to touch, we can experience touch hunger (just like having any human need that goes unmet for a long time). As a result, a resident may want to hold a caregiver's hand or reach out for a hug. Just as residents may be nourished by these connections, staff may be as well, as all humans have a need for touch. At the same time, under certain circumstances, touch can also feel invasive and threatening, especially when it may trigger memories of past assault or abuse.

As healthcare staff and providers, how can we care for and consider the potential impact on the receiver of our touch?

- Before hugging or touching a resident, ask for consent. It may be that the individual is comfortable with some types of touch but not with others, e.g., a hand massage with lotion may be acceptable but not a hug.
- In some cultures, a handshake is a common greeting. Instead of a traditional handshake, you may extend your hand in a palm up gesture to signal openness and an invitation for the individual to choose whether and how to connect physically. For an individual who may not be able to extend their hand (e.g., a person who is lying in bed or who may be too ill to reach out), you may place your hand lightly and gently beneath theirs rather than on top.
- Sensitivity, care, and observation skills are key to creating a sense of safety before, during, and after procedures or activities such as personal care, catheter insertion, administration of suppositories or enemas, or other activities that may be especially triggering for people who have experienced sexual assault. Actively look for indications that the individual may be distressed. For example, in anticipation or during a procedure, the individual may scream, strike out, or cry. There may also be subtle indications of distress such as strained laughter, rapid speech, muscle tensing, change in affect, or emotionally "shutting down" (becoming expressionless or unfocused and looking away) all of which may indicate dissociation (a coping mechanism that aims to relieve the person from the painful feelings and memories by having them check out emotionally).
- Be aware that an individual may also show signs of distress following a procedure or personal care with words or behaviors that indicate anger, fear, avoidance, or increased confusion, all of which can be symptoms of delayed response to trauma.

(Continue to page 2)

Trauma-Informed Touch (page 2 of 2)

Some specific suggestions on how to support a sense of safety and choice for trauma-informed touch:

- Before you start a procedure/activity, and after getting a consent, explain that you will stop if they say or signal stop. If there's no capacity for a stop signal, come to another agreement with the individual. For example, you may check in with them multiple times during the procedure and pay close attention to stop signals in body language and movement.
- Briefly explain the overall procedure in simple language before you start. Check with the person if they have any questions or requests before you start.
- As you proceed, use the explain-ask-touch-ask sequence to ask the individual if the touch you are about to do is ok before you do it and check in afterwards. Explain each step before you do it and tell the individual why you are doing it in simple, everyday language. This process is particularly important for invasive or potentially uncomfortable procedures, such as personal care, insertion of urinary catheters, feeding tubes, suppositories, enemas, etc. You may say, "Next, I'm going to..." and ask if that's ok. Complete the step and then ask, "How was that?" For example, "I'm wetting this washcloth with warm water and soap. I am going to wash your groin area now - your private areas – is that ok?"
 - If the individual indicates yes, proceed.
 - If the individual indicates no, stop.
 - Let them know you are not going to proceed unless they give you a green light.
 - You may make an empathic guess about what might be going on for them. For example: Are you concerned about pain? Or: Do you need a moment to rest?
 - Make a proposal about how to proceed in a way that works for the individual or ask for their guidance. For example: "Would it work if we take a minute break before proceeding?" Or, "Would you let me know what I can do to support you right now?"
 - If you don't reach consent, stop the procedure. Consult for support about next steps.
- With residents who do not have the capacity to tell you, look for clues of discomfort (and comfort) at each step.
 - Consider strategies such as asking them to give a thumbs up/down signal or using a scale from 1-5 where "5" means full comfort and "1" is extreme discomfort.
- Make sure to always invite feedback. For example, you may ask, "How was that?" Listen and watch for their response – learn together what feels safe and not safe to the individual.
 - Ask the individual what might make the process more comfortable for them. Provide different options to accommodate their preferences and needs as possible.
 - Include an option to offer feedback in writing (anonymous and not) for people who may not feel comfortable sharing openly.
- Welcome the individual's questions and answer them in simple, everyday language (avoid medical jargon). After each answer, check if they got the clarity/information they needed.
- Prioritize care and completion for each individual, even if it takes more time than you planned. If you experience challenges with how to manage time and meet the residents' needs for trauma-informed touch, ask for support from your supervisor.

Grounding Practices

to support a person in reorienting to the present moment

When a person is experiencing stress or distress in the form of disturbing thoughts and challenging/unsettling feelings, flashbacks, or dissociation (a coping mechanism that aims to relieve the person from the painful feelings and memories by having them check out emotionally), the amygdala (the alarm center of the brain) is triggered and on alert for any sign of threat or danger. The person's body may show signs of distress such as dilated pupils, changes in posture, repetitive movement like twisting a tissue in their hand, changes in speech (rapid or slow, losing coherence), or changes in breathing (shallow, racing, holding breath). When this happens, it is helpful to support the person in reorienting to the present moment with a grounding practice.

There are many different practices, and it may take some experimentation to find one (or more) that works for the individual. A grounding practice can be used by the individual when they notice signs of distress. Staff can also support the individual by helping them engage in the grounding practice that works for them. As part of person-centered trauma-informed care, it is recommended that you talk with the person about grounding practices and their preference for what to include on their care plan.

Grounding practices may include:

- Breathing – *exhale* deeply through the nose and *inhale* through the mouth
- Movement - stamp your feet on the floor, wiggle your body in the chair, take a walk, dance
- Offer simple prompts which are a mix of empathic guesses and responses:
 - I really get how much [*fill in*] is important to you.
 - I am hearing that you are feeling scared/lonely/sad. I'm staying with you. I'm here with you.
 - I want you to have what you need. I want you to have the safety/care that you need.
- Nature – if possible, get outside and touch the earth, plants, water
- Notice your surroundings – name colors that you see, objects from largest to smallest
- Hold an ice cube in your hand and let it melt, notice the sensations
- Listen to the environment and name all the sounds that you hear
- Touch different textures – rough, smooth, soft, feathery, etc.
- Hold an object of comfort such as a pillow or a piece of clothing
- Smells – herbs, peppermint, jasmine, lavender, sandalwood
- Strong flavors or sensations in the mouth – peppermint candy, citrus, salsa
- Play favorite music, sing
- Touch or hold an animal
- Laughter
- Crying
- Grounding statements or mantras
 - I call upon the peace of my soul
 - A hard moment does not mean a hard rest of the day