

Conscious Communication: A Trauma-Informed Care Approach

UNMC Title IX Office



Today's Objectives

- Define trauma-informed care
- Understand and apply effective conscious communication skills



Ground Rules

1. What is said here stays here, what is learned leaves
2. Prioritize safety
3. Approach learning with curiosity and an open mind
4. Take care of yourself



**Create a mental image of the
following word...**



DOG

Do any of these dogs fit the image you had in your head?





What is trauma-informed care?

Trauma informed care involved recognizing the impact of trauma on individuals and emphasizing the importance of safety while preventing re-traumatization.



Types of Trauma

- Acute
 - Occurs at any age
 - Unexpected, single incident
- Complex
 - Occurs during childhood
 - Repeated and/or prolonged exposure
- Chronic
 - Occurs at any age
 - Repeated and/or prolonged exposure

3 Ways Trauma Can Change the Brain



Perceived Threat

- For individuals with trauma, the brain's threat detection system becomes overactive, causing individuals to perceive danger in situations that others view as harmless. This shift occurs in the hindbrain, the most primitive part of the brain responsible for basic survival functions, resulting in a state of hypervigilance and fear-driven responses.

Past vs. Present

- Trauma causes the brain's ability to filter and prioritize information to be disrupted. As a result, individuals with trauma may focus on details that others would ignore, making it difficult to stay present and engage with ordinary activities. This constant distraction can hinder daily functioning and impair emotional and meaningful connections.

Overwhelming Emotions

- The brain's midline structures, responsible for processing internal bodily sensations, become heightened as a defense mechanism. When you are in a state of terror, you feel it in your body in terms of heartache and gut-wrenching feelings. In response to these intense emotions, individuals may numb these sensations through substances or repression, but this also diminishes their ability to experience positive emotions like joy.



Prevalence

- 70% of adults in the U.S. have experienced at least one traumatic event
 - That is 223.4 million people
 - Of those, 6.8% will develop lifelong PTSD
 - 90% of public behavioral health patients



6 Guiding Principles to a Trauma-Informed Approach

- Safety
 - The bedrock of any trauma-informed approach
- Trustworthiness and Transparency
 - Be honest and do what you say you will do
- Peer Support
 - Fosters relationships and community
- Collaboration and Mutuality
 - Treat the individual as the expert of their own experience
- Empower Voice & Choice
 - Amplify the voice of the individual who lost it
- Cultural & Historical Issues
 - Support individuals holistically



Conscious Communication



You have something sensitive or important you want to talk about. Think about who you would go to.

What about that person makes you choose them?



You are sharing a story about an experience you had. You notice the person you are talking to starts doing something that makes you want to stop sharing.

What did they do that made you want to stop sharing?

Conscious Communication Skills



- Active Listening
- Parroting
- Reflecting
- Mirroring
- Paraphrasing
- Questions



Active Listening

- Neutral body language
- Eye contact to show interest, unless culturally inappropriate
- Nods, gestures, slight forward lean, audible invitations to continue
- Avoid multitasking, looking around the room, yawning/sighing, or other body movements that could communicate impatience or disinterest



Parroting

- Used to gain additional information
- Choose one or a few keywords and repeat them back to invite further elaboration
- Can be effective when someone is emotionally overwhelmed
- Example-
 - Patient: “I’m so angry right now! I don’t know what to do. They told me they were going to fix this, and they didn’t!”
 - Provider: “No, they didn’t fix it.”



Reflecting

- Can be used to validate and/or diffuse emotions
- Useful when the person has a strong need to be heard
- Example-
 - Patient: “I can’t believe they would do this to me!”
 - Provider: “You’re angry. That makes sense to me. I wouldn’t expect you to feel any different.”



Mirroring

- Assume similar physical posture or tone
- Can be useful to relax an upset or anxious person
- Use the person's language or slang during conversation
- Example:
 - If the person is referring to their significant other as their "partner", refer to that person as their "partner"



Paraphrasing

- Helps to clarify information and understanding
- Shows the person that you are really listening AND hearing what they are saying
- Restate the person's message in your own words
- “So, what I’m hearing is...”, “In other words,...”, “It sounds like...”
- Example-
 - Patient: “I have been feeling so overwhelmed with school and work lately. There are so many deadlines and projects piling up and this is just one more thing I have to figure out.”
 - Provider: “It sounds like you’re under a lot of pressure at work and are struggling to keep up with your responsibilities, even though you’re working hard.”



Questions

Open-ended Questions

- Invites more information beyond a yes or no response
- Can be helpful when building rapport or trust
- “Can you tell me more about that?”, “How did that make you feel?”, “What was the most challenging part for you?”

Closed Questions

- Often illicit a yes or no response
- Useful when looking for specific information or when someone is struggling to verbally communicate
- “Do you need help?”, “Are you feeling better today?”, “Did you attend the meeting?”

Avoid asking “why?”

- Can be perceived as accusatory or judgmental
- Can interrupt the flow of communication
- Can limit the person’s ability to fully express themselves



Indirect Disclosures



Disclosure Do's and Don't's

DO:

- Choose words carefully
- Aim to ask open-ended questions
- Hold space
- Be comfortable with silence
- Prioritize giving the person voice and choice

DON'T:

- Use phrases that can seem judgmental or diminishing
- Ask “why?”
- Look for an immediate solution
- Fill silence with lots of words
- Make decisions on behalf of the person



Time to Apply

Scenario Activity

Conscious Communication Skills



Skills:

- Active listening
- Parroting
- Reflecting
- Mirroring
- Paraphrasing
- Questions

Do's:

- Choose words carefully
- Ask open-ended questions
- Hold space
- Be comfortable with silence
- Prioritize voice and choice



Scenario 1

You're having coffee with a coworker before the upcoming holiday break. You casually ask if they're looking forward to some time off. After a brief pause, they admit they'd rather be at work. They explain that their partner has been unusually stressed with their job lately, and things at home have been tense. They go on to say that they often feel like they must watch what they say, as their partner's reactions can be unpredictable and explosive.

As a coworker...

- What conscious communication skills would you use to respond to the situation?
- What specific statements or questions would you use to ensure that each individual feels heard, validated, and supported?



Scenario 2

You're in your office when you hear a loud argument in the hallway. Concerned, you step out and see one of your colleagues in a heated exchange with someone who is not a UNMC employee. You decide to contact UNMC Public Safety Dispatch to report the incident. A Public Safety Officer arrives, de-escalates the situation, and escorts the non-UNMC individual off campus. Your colleague chooses to return to work, but when they enter the office, they appear visibly upset and ask if you saw or heard what happened.

As a coworker...

- What conscious communication skills would you use to respond to the situation?
- What specific statements or questions would you use to ensure that each individual feels heard, validated, and supported?



Scenario 3

As a faculty member preparing to teach a course in the College of Medicine, you notice Student A suddenly gather their belongings and leave the classroom just as students are settling in. Concerned, you step out to check on them and find Student A sitting in a nearby hallway, visibly upset. When you approach, Student A shares that they were sexually assaulted a few weeks ago by Student B, who is currently enrolled in the same class. They were unaware that Student B would be present and now feel unable to return to the classroom.

As a faculty member...

- What conscious communication skills would you use to respond to the situation?
- What specific statements or questions would you use to ensure that each individual feels heard, validated, and supported?



Scenario 4

Two faculty members attended a webinar about sexual and domestic violence, which contained a large amount of sensitive information. Immediately following the webinar, Faculty A hears Faculty B shut their office door, and they do not reappear for several hours. When Faculty B comes out of their office, they seem to be angry and make a comment about how useless and a waste of time the webinar was. Faculty B storms off, almost running into Faculty C, who responds by saying, “Jeez! What’s their problem?”.

As a coworker...

- What conscious communication skills would you use to de-escalate the situation?
- What specific statements or questions would you use to ensure that each individual feels heard, validated, and supported?



Scenario 5

After spending an enjoyable evening at dinner with a coworker, you're walking to your cars that are parked on UNMC's campus when your coworker suddenly stops, visibly shaken. They're staring at their vehicle, where a single red rose has been placed on the hood—a disturbing signal from their stalker that they're being watched. Your coworker becomes emotionally distressed, expressing fear and disbelief that this is happening again. You suggest calling the local police for help, but your coworker hesitates, worried that involving law enforcement might escalate the stalker's behavior.

As a coworker...

- What conscious communication skills would you use to respond to the situation?
- What specific statements or questions would you use to ensure that each individual feels heard, validated, and supported?



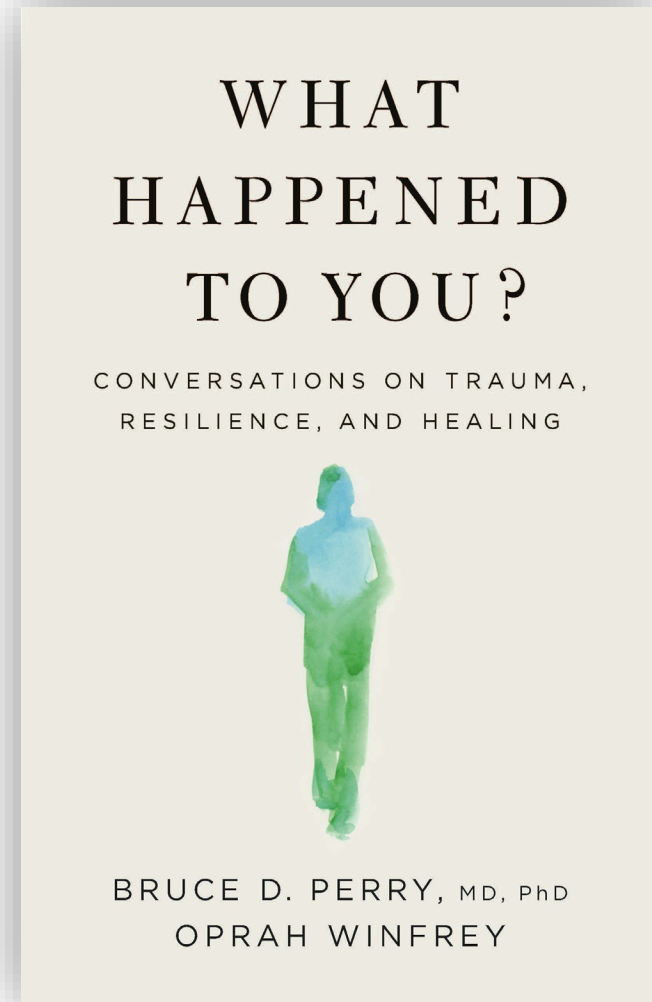
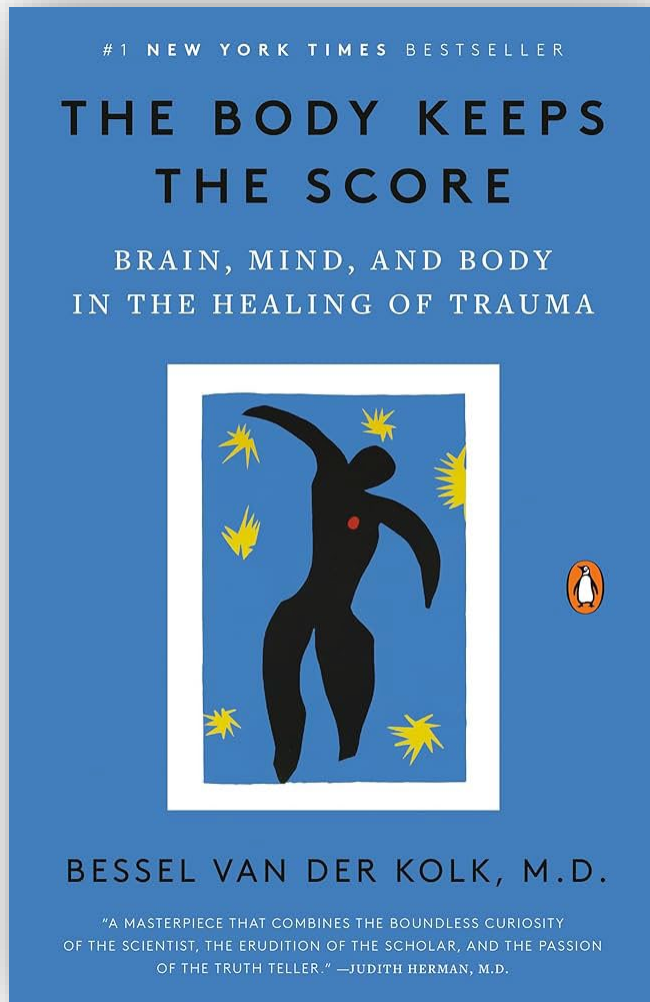
Scenario 6

Student A attends the College of Nursing and has been frequently missing class. They are also turning work in late, seem more withdrawn than usual, and look noticeably tired. The student's **professor** has taken note of the concerning change in behavior. Student B mentions to the professor that they are worried about Student A and have noticed some potential warning signs of domestic violence. When the professor shares their concerns with Student A, they begin to tell the professor that they are nervous to go home and that things have been “very stressful lately”.

As the professor...

- What conscious communication skills would you use to de-escalate the situation?
- What specific statements or questions would you use to ensure that each individual feels heard, validated, and supported?

Recommended Reads





Campus Resources

Counseling and Psychological Services (CAPS)

- Always confidential, always free for students
- 24/7 support
- 402.559-7276
- <https://www.unmc.edu/student-success/student-health/counseling/index.html>

Arbor Family Counseling

- Always confidential, always free for employees via EAP
- 402.330.0960
- <https://arborfamilycounseling.com/>

UNMC Public Safety

- 42nd and Emile
- Emergency Phone: 402.559.5555 or 911
- Non-emergency Phone: 402.559.1111
- <https://www.unmc.edu/aboutus/public-safety/index.html>

UNMC Title IX Office

- Jamie Wangler, MEd: Interim Title IX Coordinator
- Non-anonymous reporting option
- jwangler@unmc.edu
- 402.552.2214

UNMC EthicsPoint

- Anonymous reporting option
- 1.844.348.9584
- <https://secure.ethicspoint.com/domain/media/en/gui/52126/index.html>

UNMC Title IX Confidential Advocate

- Kelly Blecha, M.S., NACP Credentialed Advocate
- kblecha@unmc.edu
- 402.836.9043



You have completed the Conscious Communication Training! We hope you...

- Gained a thorough understanding of trauma-informed care
- Are willing and able to apply conscious communication skills into your personal and professional lives



Contact & Questions

Kelly Blecha, M.S., NACP Credentialed Advocate

- Student & Employee Education and Advocacy Specialist
- Title IX Office
- kblecha@unmc.edu
- 402.836.9043

Rita Laughlin, M.S.

- Education Manager
- Title IX Office
- rlaughlin@unmc.edu
- 402.559.6871

Jamie Wangler, MEd

- Interim Title IX Coordinator
- Title IX Office
- jwangler@unmc.edu
- 402.559.2710



UNMC Post Training Survey

<https://forms.office.com/r/kdRwxCh2Dn>



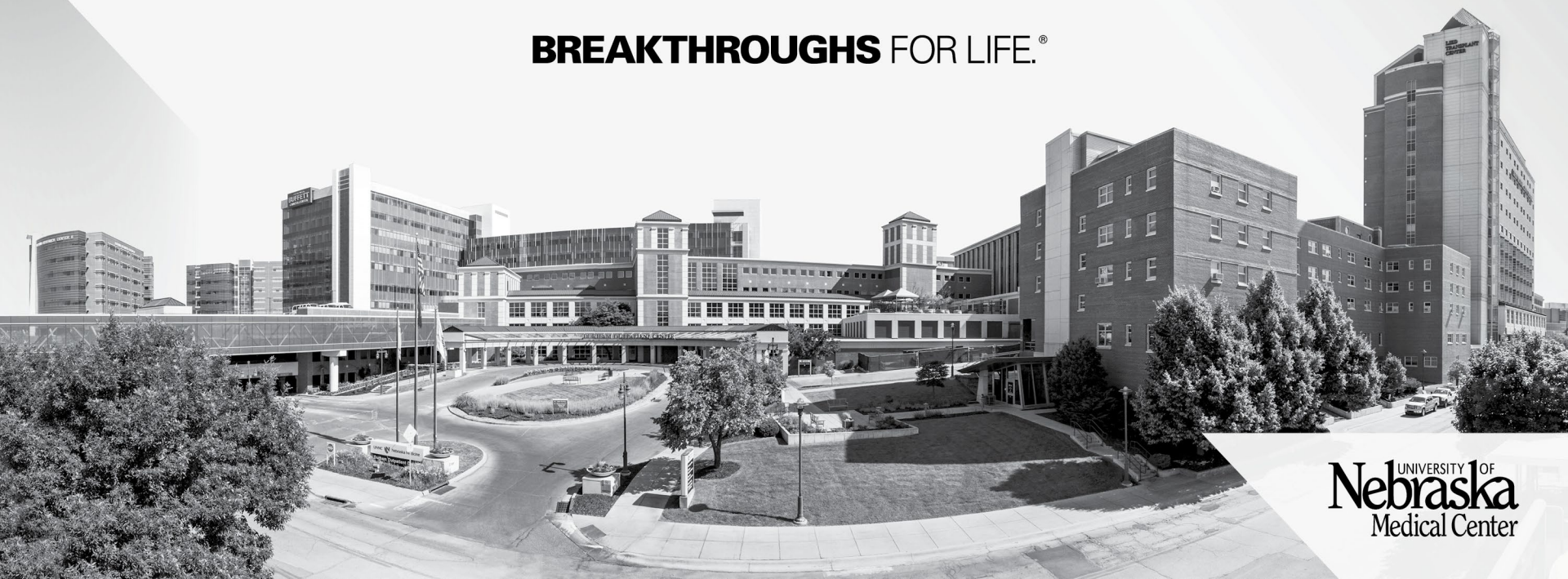
Resources

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>.
- Eskin, C. (2024). *National organization for victim advocacy: Conscious communication- The foundation of effective and thoughtful communication*. [PowerPoint slides]. Retrieved from <https://novatraining.learnupon.com/learner-dashboard>
- Office of Public Health Preparedness and Response. (2018). *6 guiding principles to a trauma-informed approach*. Centers for Disease Control and Prevention (U.S.). <https://stacks.cdc.gov/view/cdc/56843>.
- Quinn, D., & Fletcher, S. (2023, August 3). *Types of trauma: 7 common types and their impacts*. Sandstone Care. <http://www.sandstonecare.com/blog/types-of-trauma/>.
- The National Council for Behavioral Health. (n.d.) *How to manage trauma*. The National Council for Mental Wellbeing. Retrieved April 2, 2025, from <https://www.thenationalcouncil.org/wp-content/uploads/2022/08/Trauma-infographic.pdf>.
- National Institute of Mental Health. (n.d.) *Poster-traumatic stress disorder (PTSD)*. National Institute of Mental Health. Retrieved April 2, 2025, from https://www.nimh.nih.gov/health/statistics/post-traumatic-stress-disorder-ptsd#part_2613.
- Van Der Kolk, B. (2014). *The body keeps score- brain, mind, and body in the healing of trauma*. New York, New York: Penguin Group LLC.
- Wathan, C.N., & Mantler, T. (2022). Trauma- and violence-informed care: Orienting intimate partner violence interventions to equity. *Current Epidemiology Reports*, 9, 233-244, <http://doi.org/10.1007/s40471-022-00307-7>.
- Wathen, C. N., Schmitt, B., & MacGregor, J. C. (2021). Measuring trauma- (and violence-) informed care: A scoping review. *Trauma, Violence, & Abuse*, 24(1), 261–277. <https://doi.org/10.1177/15248380211029399>.



University of Nebraska Medical CenterSM

BREAKTHROUGHS FOR LIFE.[®]



UNIVERSITY OF
Nebraska
Medical Center