

## CONVERSATION GUIDE: ACTIVITIES FOR STAFF MEETINGS AND IN-SERVICE TRAININGS

### Making a Connection when Trauma Affects Interaction and Communication

This Conversation Guide series can be used to help increase the capacity of domestic violence programs to work with survivors who are experiencing mental health symptoms and/or psychiatric disabilities. You can use this guide to begin a conversation about these topics or as a way to focus or deepen conversations that have already started. Each one will lead you through discussions and activities that you can modify or adapt for your specific program's needs. This Conversation Guide is designed to help you increase your staff's ability to support survivors when trauma affects interaction and communication.

#### **Purpose and Variations:**

This Conversation Guide includes guided discussions and a role play that allow you and your staff to practice different communication approaches and reflection-based exercises. These activities can be used together in one extended discussion, broken up into multiple conversations, or used to supplement other conversations you are having as a staff.

#### **Additional Resources:**

- *Tips for Making Connections with Survivors Experiencing Psychiatric Disabilities* (National Center on Domestic Violence, Trauma & Mental Health)
- *Impact of Trauma on Interaction and Engagement* handout (attached)

#### **Materials:**

- Flipchart paper and markers
- Copies of handouts
- Paper and pens for all staff to write notes and reflections. If these activities are part of long-term training, staff can use notebooks to keep all of their reflections.
- Copies of role-play parts
- Prepared flipchart paper for Activity #3

#### **Ground Rules and Emotional Safety:**

These activities should be used to encourage exploration in an atmosphere of as much safety as possible for participants. That means that the discussion should help all of us to think and talk openly about our work with survivors and our individual goals in the work. The discussion should not be used as a place to criticize other staff members; instead, each of us can approach these discussions as a time for personal learning and for joint exploration. Ground rules can often be

helpful in this process. Below are some ground rules to get you started, but feel free to use your own. It may be helpful to spend the first few minutes discussing the ground rules every time you come together as a staff to work on these activities.

Potential ground rules:

- Speak from your own experience
- Identify your own learning points
- Join with an understanding that all of us are learning
- Commit to making the discussion safe for each person to be, learn, and grow

### **Activity #1: Reflecting on communication**

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Suggested Time: 10-20 minutes

#### **Preparation:**

- Two or three days before the session, distribute *Tips for Making Connections with Survivors Experiencing Psychiatric Disabilities and Impact of Trauma on Interaction and Engagement*. Ask participants to read these handouts before coming to the session.
- Gather flipchart paper, markers, and paper for writing reflections.

#### **Instructions:**

1. Ask the group: *What are important points that you recall from the tipsheet? What stood out for you?* List them on a piece of flipchart paper. Leave that paper visible and use a second flip chart page for the next point.
2. Ask each person to write down an example of feeling worried, scared, or uncertain when approaching or holding a conversation with a survivor. What was hard about it? Give participants a few minutes to write quietly. Ask if anyone would like to share and use flipchart paper to record these examples.
3. Start a discussion as follows: *Looking at the things we've listed, could any of these hard conversations have been related to the impact of trauma—both on our lives and on survivors' lives? Discuss people's responses. Does this perspective change how you would have responded? If so, how?*

## Activity #2: Role-play and discussion

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Suggested Time: 25-35 minutes

### Preparation:

- Before the session begins, make copies of the role-plays and cut the sections into slips. Depending on how many participants you have, you may need to make multiple copies of each sheet so that there are enough for each pair to have one advocate and one survivor.
- Arrange your training space to allow separate role-plays to go on at the same time.
- Familiarize yourself with each of the scenarios and read the overview of the role-play situation (below).
- Write "What Worked Well" at the top of flipchart paper for the debrief.

*Overview of the role-play situation (DO NOT READ THIS PARAGRAPH ALOUD):*

In each role play, an advocate and a DV survivor are meeting for their first conversation, two days after the survivor and her children have arrived at the shelter. In each role play, the advocate has the same job: to introduce the survivor to the shelter, to tell her the kind of work she does there, and to identify a goal that the survivor wants to work on. In each role play, the survivor has a specific need.

### Role-Play Instructions:

1. Ask participants to break into pairs for a quick role-play exercise.
2. Distribute slips of paper assigning one of the two roles for participants to play (Advocate or Survivor).
3. Say: *Read the slip that describes your role in this role-play. You will have about 10 minutes to complete the interaction that is described on your slip. After 10 minutes we will come back together to explore what we can learn from this activity.*
4. Bring the group back together to debrief.

### Debrief Instructions:

1. Ask participants to write down (without discussion) what they experienced. Give the group 2-3 minutes.
2. Ask if anyone would like to share what they have written.
3. Discuss:
  - a. How did the conversations feel? Frustrating, energizing? Collaborative, combative? What worked? What didn't? Were you able to make a connection? What helped get there?
  - b. The differences and similarities in what survivors and advocates experienced?
4. As a large group (or in small groups if your group is large), make a list on the flipchart paper "What Worked Well" of things that staff did that helped start a conversation or make a connection with a survivor who was having

- difficulty in communicating. Remind the group that these things could be questions, prompts, actions, body language, and statements. You can supplement this list by asking about things that worked well in the past.
5. Close the activity by asking for a volunteer to type up this "What Worked Well" list. Distribute to all participants within 1 day of this session.

### **Activity #3: Building in reflection and reminders**

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Suggested Time: 15 minutes

#### **Preparation:**

- Before the session, write the following 4 questions on one or more flipchart sheets:
  1. *Ideas from Activity #2 to try out in your own work.*
  2. *How will you remind yourself to use them?*
  3. *When and how will you check in with each other?*
  4. *Other Action Steps?*

#### **Instructions:**

1. Ask the group to quietly write their answers to these questions for 5 minutes:
  - a. Question 1: Reflecting back on Activity #2, select 2 ideas for making a connection (or come up with another of your own) that you can include in your conversations/counseling/advocacy work.
  - b. Question 2: Think about how you will remind yourselves and each other to use these ideas (e.g., posting them, having a weekly check-in buddy, setting a reminder in your calendar, etc.).
2. Ask everyone if they would like to share one of their ideas. Decide as a group when and how you will check in with each other. Record your discussion.

If you've used **this conversation guide** in your work, we would love to hear from you! Let us know: How did you use it? What worked well? What can we revise or improve? What did you learn? What suggestions would you have for other people who want to use this idea in their work?

**Send us your feedback** at [info@nationalcenterdvtraumamh.org](mailto:info@nationalcenterdvtraumamh.org).

## Impact of Trauma on Interaction and Engagement\*

### Trauma can affect a survivor's...

- Interactions
- Stress tolerance and ability to regulate emotions
- Responses to negative feedback
- Ability to screen out distractions

### It could look like...

- A survivor seeming "cool" and detached
- A survivor who is highly sensitive and whose feelings are easily hurt
- A survivor is suspicious and not trusting
- A survivor does not "read" or trust warmth and caring from staff and other survivors

### When someone is experiencing a trauma response, she may...

- Be able to talk to you about what is happening
- Not notice what is happening
- Not know what will help or think that nothing will
- Need some time alone or be comforted by having you near
- Feel too upset or overwhelmed to interact with you
- Not want to say what she needs because she does not feel safe enough, she may want to protect you, or she may believe that she should not say

### Connection and Reflection Skills:

We know that any survivor may have difficulty engaging with an advocate who offers to help her. It is important to develop communication skills that acknowledge a person's trauma-related barriers to communication, while also following the survivor's lead in the conversation. We can do this by using two sets of skills—our connection skills and our reflection skills. Our connection skills include our ability to engage, be available, be present, convey empathy, avoid judgment, and be open and honest about what we are offering. We sometimes think of these as "lifelines," meaning that they may not be picked up immediately but are available when the other person is ready. Our reflection skills include our self-awareness and responsibility for understanding our own needs and reactions, both of which help to sustain our connection skills.

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\* This handout is adapted from *Access to Advocacy: Serving Women with Psychiatric Disabilities in Domestic Violence Settings: A Curriculum for Domestic Violence Advocates*, National Center on Domestic Violence, Trauma & Mental Health, Chicago, IL (2007).