TRAUMA-INFORMED CARE

TRAUMA-INFORMED INTERVIEWING

- Understand the physical/mental reaction to trauma
- Understand how this affects the retrieval of memories
- 5 foundational principles of Trauma Informed Care
- Trauma Informed Listening
- Trauma Informed Questions
- Questions?
“When the brain’s alarm system is turned on, it automatically triggers preprogrammed physical escape plans in the oldest parts of the brain… These muscular and physiological reactions are automatic, […] leaving our conscious, rational capacities to catch up later.”

-Bessel van der Kolk, The Body Keeps The Score
The Brain On Trauma

- UNDERACTIVE Thinking Center (Prefrontal Cortex)
- UNDERACTIVE Self-Regulation Center (Cingulate)
- OVERACTIVE Fear Center (Amygdala)
- UNDERACTIVE Memory Center (Hippocampus)
- DYSREGULATED Intersception Center (Insula)
• “Stress hormones” are released that impair the cognitive part of the brain (pre-frontal cortex, hippocampus)

• “Primitive” parts of the brain encode sensory and experiential information (amygdala)

• Physical symptoms that can be present: shortness of breath, increased heart rate, dilated pupils, tense muscles, tonic immobility, headache, or light-headedness. Dissociation can also be experienced. (Meissner & Lyles, 2019)

• The “stress hormones” that are released can stay in the body for up to 96 hours. (effects vary depending on what the body releases)

(Henry et al., 2016) (van der Kolk, 2014)
• Recall of information can often have omission of details, be inaccurate, or chronologically disorganized

• Recall of memory can elicit the same physical response as the trauma itself

• It is important to document not only a person’s narrative, but also their sensory experiences and non-verbal behaviors

• “Traumatic memories are fundamentally different than the stories we tell about the past. They are dissociated: The different sensations that entered the brain at the time of trauma are not properly assembled into a story, a piece of autobiography.” (The Body Keeps The Score, van der Kolk, 2014)
5 FOUNDATIONAL PRINCIPLES OF TRAUMA-INFORMED CARE

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment
Active Listening- defined (Weger, Castle, & Emmett, 2010)

Notice non-verbal or emotional signs of re-experiencing the traumatic event (changes in eye contact, being physically closed-off, or strong variations in affect) (Meissner & Lyles, 2019)

Explore their sensory experience (sights, sounds, smells, feelings) when memory recall is difficult

Encourages the assumption that the complainant is traumatized (Davis & Loftus, 2019)
TRAUMA-INFORMED QUESTIONS

- Ask questions to build rapport while maintaining impartiality
- Use open-ended questions, i.e. “What can you tell me about what happened?” “Where would you like to start?”
- Use active listening, i.e. “please tell me more”
- Avoid leading or suggestive questions
- Avoid interrupting to ask clarifying questions
- Avoid questions that serve your own curiosity but do not further the investigation
- Follow open-ended questions with probing questions such as who, what, when, where, why or how
- Minimal use of appropriate close-ended questions (a question designed to validate or verify certain details that were previously given)
- Be transparent with the “why” of probing or close-ended questions

(Meissner & Lyles, 2019) (Henry et al., 2016)
Components of Trauma-Informed Interviewing:

- Knowledge of the body’s response to trauma
- Sensitivity to both the verbal and non-verbal behaviors of the complainant
- Use of sensory information when memory recall is difficult
- Creating safety, trustworthiness, choice, collaboration, and empowerment
- Using trauma-informed listening and questioning

CASE STUDY REVIEW
Questions?