Trauma-Informed Data Collection – Role of the Interviewer

Before the interview:

- Schedule the interview.
- Prepare for the interview (e.g., forms, basic client information, relevant updates from program staff)
- Prepare the physical environment.
    - Conduct interviews in a private, quiet, inviting, and comfortable space – when possible offer choice of where to sit.
    - Have access to water.
    - Have access to a clean, gender-neutral bathroom.
    - Have a dedicated children's space in the waiting room.
    - See additional handout: *Trauma-Informed Environmental Scan*.
- Plan for general accommodations and accessibility.
- Clarify your role (e.g., data collection vs. direct services).
- Outline process and structure of the interview (e.g., types of questions, duration of interview) and invite questions from interviewee.
- Provide the person seeking services with enough information to make an informed decision about participation in the interview.
- The interviewer should let the interviewee know that:
    - Your agency and SAMHSA greatly appreciate their cooperation and willingness to share their personal information.
    - Data collected provide critical information for policy and program planning, both locally and nationally.
    - Information shared is confidential, except under the mandated limits to confidentiality.
    - Participants have the right not to answer any question.
    - Participants may end the interview at any time or chose not to participate.
- Explain up front that some questions may be difficult or upsetting and that it is okay to skip a question or return to it later.
- Explain and ensure confidentiality.
- In consultation with the interviewee, identify internal and external resources available should they need support during or after the interview.

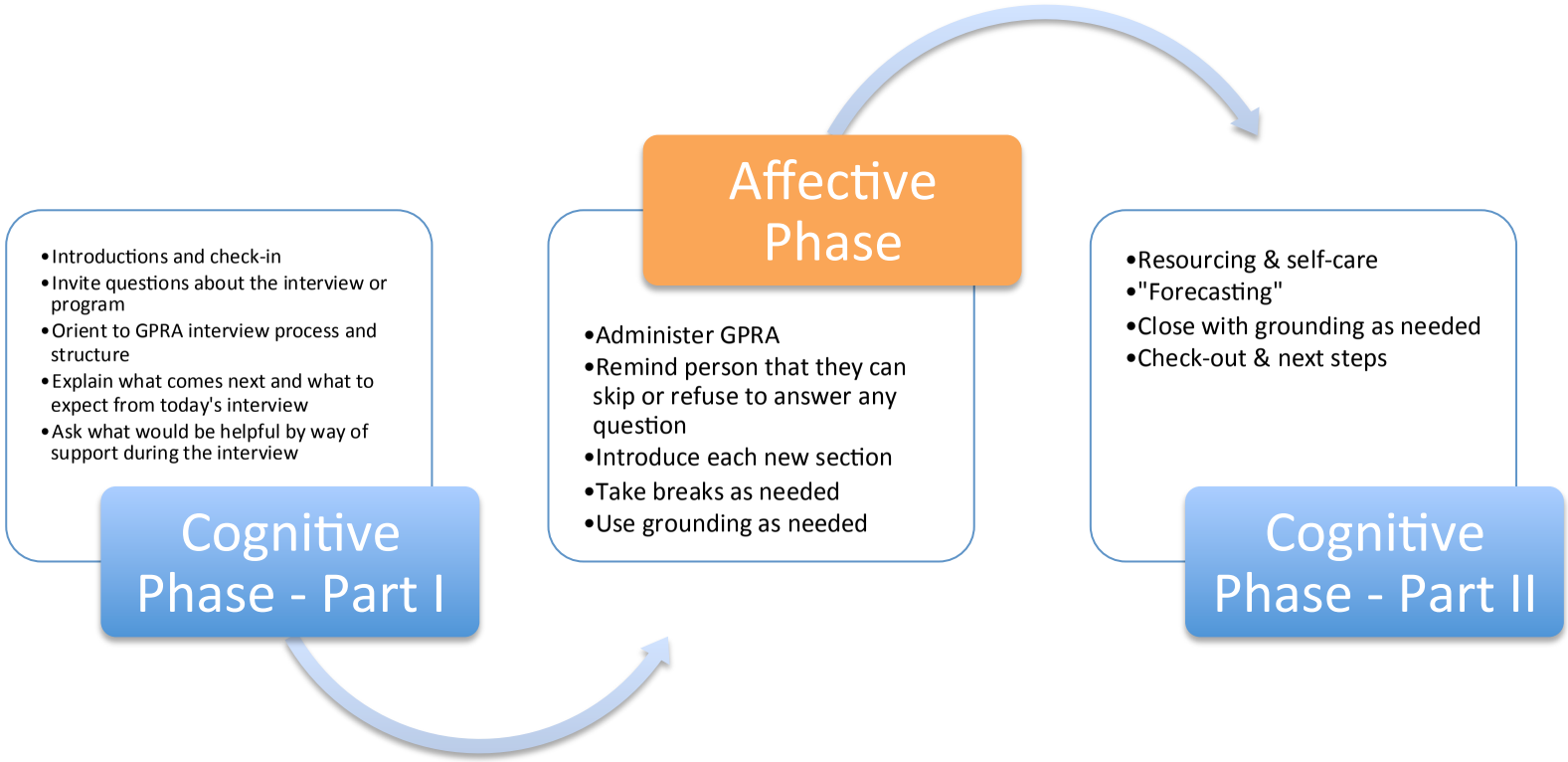
During the interview:

- Demonstrate and support the principles of trauma informed care:
    - Safety, Trust, Choice, Collaboration, Empowerment (see attached).
    - Respect, Information, Connection, Hope (see attached).
- Build rapport and trust.
- Manage your own emotional experience (e.g., see additional handout: *Creating a Non-Anxious Presence*).
- Pace the interview.
- Respond to activation of traumatic experiences as needed:
    - Monitor for signs of trauma activation.
    - Periodically check-in with person.
    - Use person-specific grounding as needed – see additional handout: *Grounding for Trauma-Informed Interviewing*.
- Take breaks as needed.

After the interview:

- Check-out and closing.
- Invite feedback and questions about the interview and next steps.
- Inquire as to what the person will do in the hours or days ahead to get support.
- Offer follow-up resources and information as needed.
- If you have multiple interviews scheduled in a single day, take a break between interviews.

Flow of a Trauma-Informed GPRA Interview



Adapted from Dass-Brailsford, 2007, pp. 83-89
See also Briere & Scott (2015) pp. 194-195

Utilizing Trauma-Informed Approaches to Interviewing
(adpated from Trauma Center At Justice Resource Insitute, 2014)

Core Impact Areas	**What does this mean?**	**What you might see**	**Tips, or Things to Keep in Mind**
Alteration in Regulation of Affect and Impulses	Core challenges managing emotions, behaviors, and physiology (i.e., arousal or energy level)	• Frozen, shut down, "spacy" • Quickly changing mood or expressions • Hard time sitting still; jumpy • Angry, hostile behavior • Weepy, depressed • Reactive to other people's statements; mis-reading / responding strongly • Appearing "surly", uncooperative, or disinterested (i.e., during meetings, while testifying, etc.) <u>*Brief case example*</u>: *Mary is sitting with the person responsible for program data collection. As they make their way thourgh the interview, she appears disengaged, as if she's not paying attention, then suddenly jumps up, says, "You're not listening to me!" and bursts into tears. When the interveiwer tries to speak with her, Mary appears frozen and shut down, and fails to respond.*	• Don't take strong reactions personally; be very aware of managing your own emotional responses. • Provide frequent breaks, particularly with tasks that may induce strong emotions. • Be aware if the client appears shut down or disconnected; this may be a sign that the person is overwhelmed. • Provide concrete supports and resources (i.e., links to counselors, advocates, etc.). • Have materials available which may support regulation during interviews. For instance, soothing scents or sensory objects a person can hold (i.e., silly putty, a stress ball), soft materials, soft lighting, calm environment.

Alterations in Attention or Consciousness	Difficulty integrating experience into a coherent whole; disconnecting from experience ("dissociating") as a way to manage overwhelming feelings, thoughts, and events; disconnecting aspects of experience from each other (i.e., feelings from memories)	• Person appears disconnected, frozen, shut down • Memory gaps • Slight changes in verbal narrative ("the story") from interview to interview; not remembering previously remembered or described details • Presentation that changes from interview to interview (i.e., seems connected and calm one day, then very different on another) • Emotional presentation that does not match the content of the narrative <u>*Brief case example*</u>: *Nicole is participating in her third interview. She has described her experience twice, but this time when asked states repeatedly that she does not remember, and is unable to confirm detail that she previously reported. Her sentences are disjointed and brief, and she looks spacy, with minimal eye contact.*	• Check in to make sure client is hearing and understanding your statements / information. Written information may be particularly helpful for clients who struggle to process information verbally. • Be aware that changes in memory do not necessarily indicate falsehood or storytelling, but may be evidence of a trauma response. • Try to hold interviews or other key conversations at a time when client feels most regulated / safe, or in an environment in which they feel comfortable / supported, to minimize dysregulation leading to disconnection. Offer the individual access to self-soothing materials, breaks, etc. to support his/her capacity to remain present and connected.

Alterations in Self-Perception	Ways experience affect how a person views him- or herself; may include our sense of capability, guilt / responsibility, power, control, and worth	• Professing responsibility for something in which the interviewee appears to have been the victim • Strong feelings of guilt or shame about experiences; may color or influence how the story is told (i.e., statements of what the person "should" have done to stop or change the experience) • Helplessness; feeling overwhelmed by even small tasks. For instance, not following through on requested or suggested tasks • Minimizing experiences, or describing even minor experiences as overwhelming. <u>Brief case example</u>: *Michael, a new program participant with an extensive trauma history recently came to your program after a friend sought support. On interview, he breaks down and states, "I'm no good, man, this is all my fault. Now, now I'm just a no-good man. I should have been able to handle all of this."*	• Don't assume that a statement of felt responsibility is the equivalent of an admission of guilt. • Support client in accurate attribution of responsibility; reiterate known facts about trauma and clients' perception of responsibility. • Help client break down tasks concretely; assume that even small tasks may feel overwhelming. Support them in accessing help with task completion (i.e., someone who will help them complete forms or make phone calls). • Focus on the facts of experiences, rather than getting caught up in the individual's emotion (or lack thereof) or perception of events when collecting data.

Alterations in Relations With Others	Ways that experiences impact the individuals' ability to form safe, trusting relationships with other people	• Vulnerability to ongoing victimization in relationship; for instance, returning to a previously identified perpetrator or other abusive situation • Not trusting others. May show up as suspiciousness of the intentions of providers or interviewer; challenging statements or information from those who are attempting to offer help. • Pulling back from offered supports; not attending meetings, support groups, or accessing other resources. • Refusing to particpate in interview. <u>Brief case example</u>: *Tamika is a 20-year-old woman who has been living with a single foster mother since she was identified as a victim of sex trafficking. The foster mother contacts the program after Tamika has been missing for several days, stating that she has found e-mail messages suggesting that Tamika returned to her pimp / trafficker.*	• Be aware of the often confusing nature of persons' relationships with perpetrators; be conscious of not making assumptions about the person's perception. • Don't take it personally if a client appears distrustful. Don't expect someone who has been victimized to feel safe with or trust new people. The goal is to provide a "safe enough" environment to support both the individual's needs and the needs of the program. • Reach out to clients, rather than waiting for them to reach out for supports. • Provide opportunities for control and empowerment (i.e., offering choice about meeting times, about where to sit in a room, about pacing of the interview process whenever possible, etc.). • Be aware of safety features in meeting rooms/environments in which a person will be present: Is the area well lighted? Is there ready access to an exit? Does the person have the choice of sitting with his/her back to a wall vs. a door (depending on preference)? Physical environment can support or detract from felt sense of safety.

Somatization	Physical symptoms which develop in response to psychological / emotional stressors.	• May present as a range of physical complaints – for instance, headaches, stomach aches, digestive issues, unexplained neurological issues, unexplained sexual symptoms. *<u>Brief case example</u>: Following years of childhood sexual abuse, Amy complains of chronic headaches and neck pain. She also reports chronic digestive issues.She identifies that her symptoms worsen when she feels anxious or depressed. Results from her physical fail to explain her symptoms. Amy's providers question the veracity of her report. In response, she shuts down.*	• Don't dismiss frequent or unexplained physical complaints as "in the person's head." Somatic symptoms are a real, very distressing manifestation of extreme emotional stress, and often have their basis in physiological changes in the body resulting from that stress. • Be aware of the importance of physical as well as emotional supports for clients. For instance, access to routine medical care; access to physical self-care and/or activity engagement resources such as trauma-sensitive yoga classes, support with relaxation and stress management strategies, etc.

Alterations in Systems of Meaning	Ways that a person's belief system about the world around them is influenced by their experience; for instance, believing in justice, safety, hopefulness, or positive outcomes; impacts on spiritual or religious beliefs.	• Dismissing the utility of following through with program services; not believing that anyone can make a difference or keep him/her safe. • Extreme religiosity or denial of previously held beliefs. <u>*Brief case example*</u>: *Martha, a survivor of chronic trauma describes enduring feelings of hopelessness and helplessness. She is unable to follow through with recommendations and strategies suggested by her providers due to her belief that "nothing will ever change." She also describes having felt disconnected from her religious community. She notes that even small efforts feel "impossible" on her own. Her providers begin to feel frustrated with Martha as she is not able to follow though with the majority of their recommendations. Her providers begin to feel that they are putting more effort into supporting Martha than she is able to match.*	• Hold the belief in positive outcomes for the client while also reflecting understanding of their described viewpoint; meet the client where they are at while acknowledging possibilities for alternate outcomes. If they dismiss the utility, don't feel like this is about their belief in you, versus their belief in the possibility of justice for themselves. • If spirituality or religiosity is a source of support for the client, work with a trauma-informed religious community that matches the belief system of the client; look to connect with resources across spiritual and religious backgrounds.