



The Jewish Federations[®]
OF NORTH AMERICA

Center for Advancing
Holocaust Survivor Care

Asking Difficult Questions:

Preventing Retraumatization During Client
Intake, Interviews, and Applications

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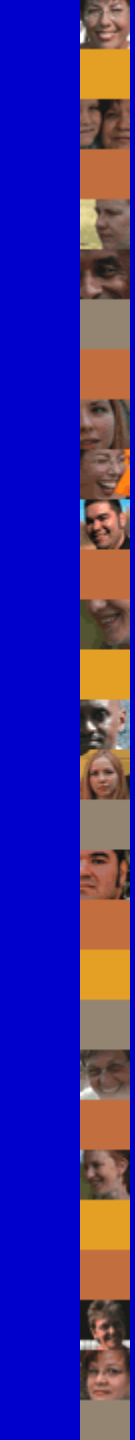
Adversity, Trauma, and Trauma-Informed Care

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Why does trauma matter?

Trauma has a very real and significant impact on:

Individuals

who experience traumatic events

Service Providers

working with those individuals

Public Health

as a whole

Interview Setting

Trauma, ASD, PTSD, Complex (Aging, Holocaust)

Adverse Childhood Experiences (ACEs)

Trauma-Informed Care



Trauma Defined

Psychological trauma is an occurrence which is outside the scope of everyday human experience and which would be notably distressing to almost anyone.

(American Psychiatric Association, 1987)



The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*

Acute Stress Disorder(ASD) ASD = up to 30 days
**** 5 specific criteria**

Posttraumatic Stress Disorder (PTSD)
PTSD = more than 30 days through life
**** 8 specific criteria**

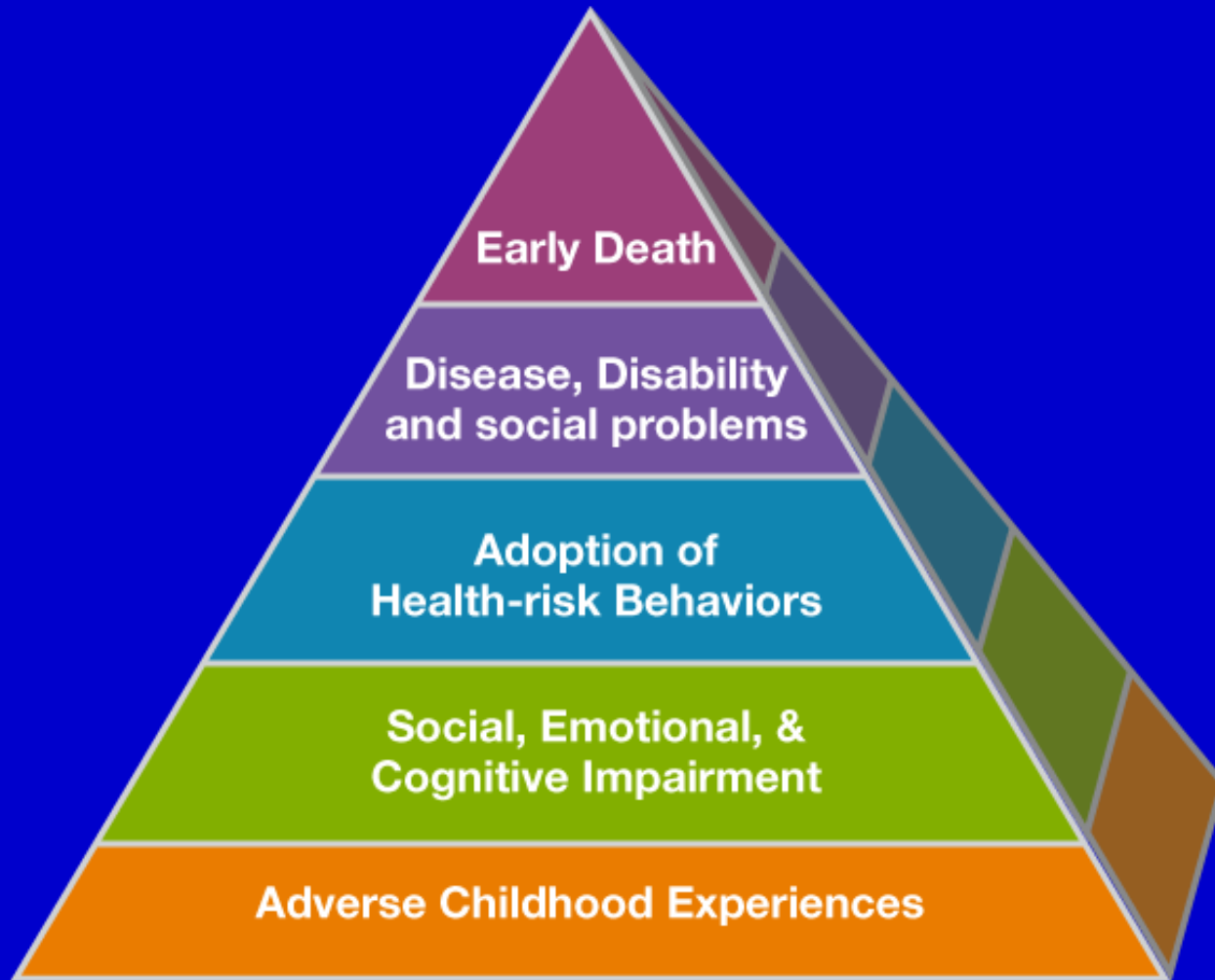


Trauma and Adversity

“Three Es” of Trauma and adversity

- ***Events*** or Circumstances
- Individual’s ***Experience***
- Long-lasting ***Effects***

The ACE Study





Implications of Trauma

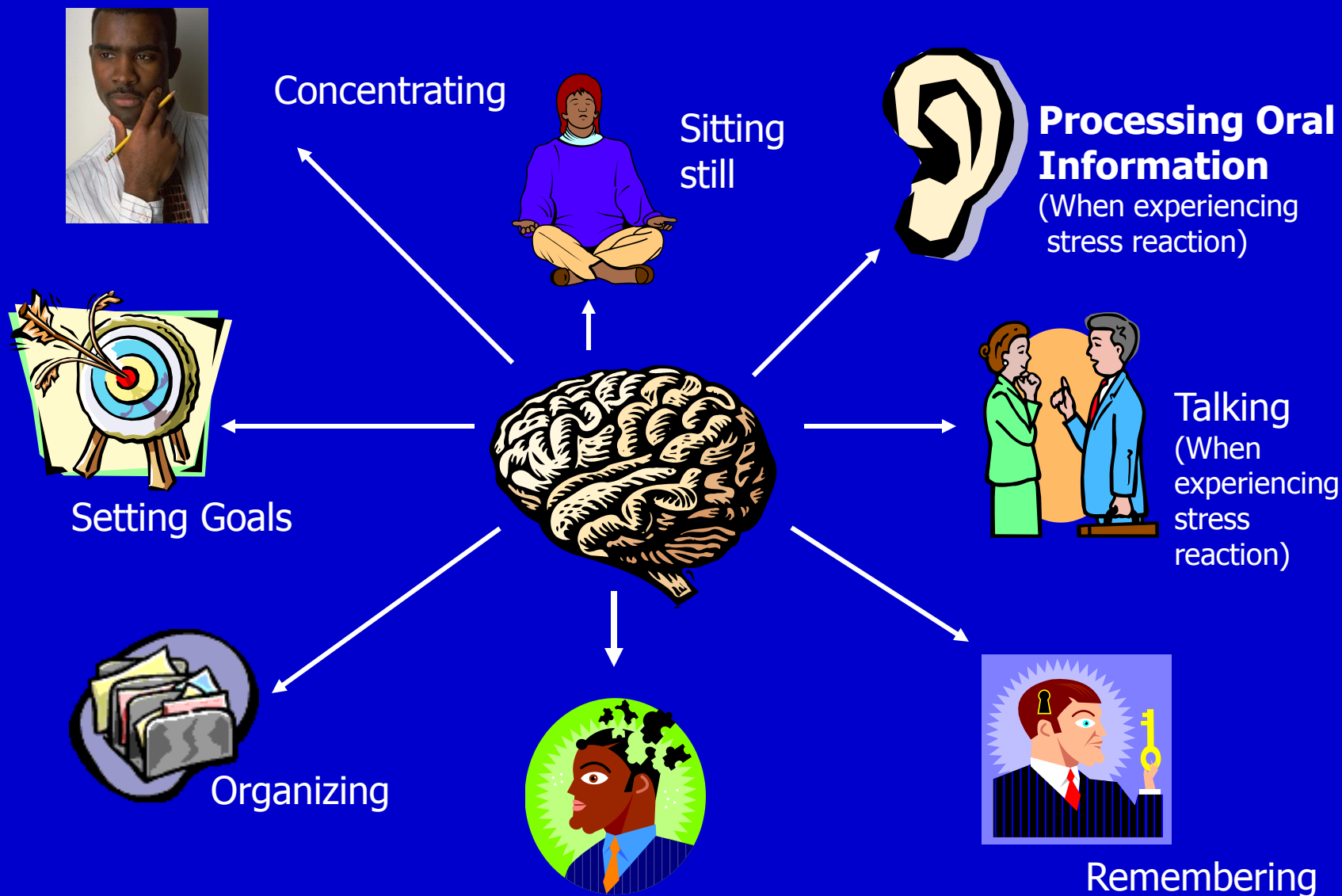
Increased:

- Fight, flight, *freeze* response
- Hypervigilance, arousal, paranoia
- Perceptual and information processing distortions
- Pain tolerance
- Emotional blunting
- Aggression and irritability

Decreased:

- Memory processing and retrieval
- Reality testing
- Body and emotional awareness
- Immune response

How Trauma Affects the Brain



Contextualizing
(associating concepts appropriately)

Impact on Cognitions

- People will hurt me
- I'm helpless to prevent bad things from happening
- I'm defective
- I don't matter
- I'm helpless
- I'm worthless
- I can't trust anyone
- You will hurt me

What is “Retraumatization”?

- A situation, attitude, interaction, or environment that **replicates the events or dynamics of the original trauma** and triggers the overwhelming feelings and reactions associated with them

Can be **obvious** - or **not so obvious**

Is **usually unintentional**

Is **always hurtful** exacerbating the very symptoms that brought the person into services

















Impact of Retraumatization on Individuals (interviewee and interviewer)

- Decrease or loss of trust (may impact all relationships)
- Higher rates of “unhealthy” behaviors (addiction, avoidant)
- Increase of post traumatic symptoms

Retraumatization

WHAT HURTS?

SYSTEM (POLICIES, PROCEDURES, "THE WAY THINGS ARE DONE")	RELATIONSHIP (POWER, CONTROL, SUBVERSIVENESS)
 <p>HAVING TO CONTINUALLY RETELL THEIR STORY</p>	 <p>NOT BEING SEEN / HEARD</p>
 <p>BEING TREATED AS A NUMBER</p>	 <p>VIOLATING TRUST</p>
 <p>PROCEDURES THAT REQUIRE DISROBING</p>	 <p>FAILURE TO ENSURE EMOTIONAL SAFETY</p>
 <p>BEING SEEN AS THEIR LABEL (I.E. ADDICT, SCHIZOPHRENIC)</p>	 <p>NON COLLABORATIVE</p>
 <p>NO CHOICE IN SERVICE OR TREATMENT</p>	 <p>DOES THINGS FOR RATHER THAN WITH</p>
 <p>NO OPPORTUNITY TO GIVE FEEDBACK ABOUT THEIR EXPERIENCE WITH THE SERVICE DELIVERY</p>	 <p>USE OF PUNITIVE TREATMENT, COERCIVE PRACTICES AND OPPRESSIVE LANGUAGE</p>

(The Institute on Trauma and Trauma-Informed Care, 2015)



Systems of Care

1. Interventions that may inadvertently trigger a person's trauma network
2. Boundary violations
3. Messages/Actions that may confirm traumogenic perceptions of self & others:
 - No progress expected
 - “you're defective and hopeless”*
 - Disregarding valid needs/requests
 - “you don't matter”*
 - Over-emphasis on Compliance vs. Collaboration
 - “you are powerless”*



Trauma-Informed Care (TIC)

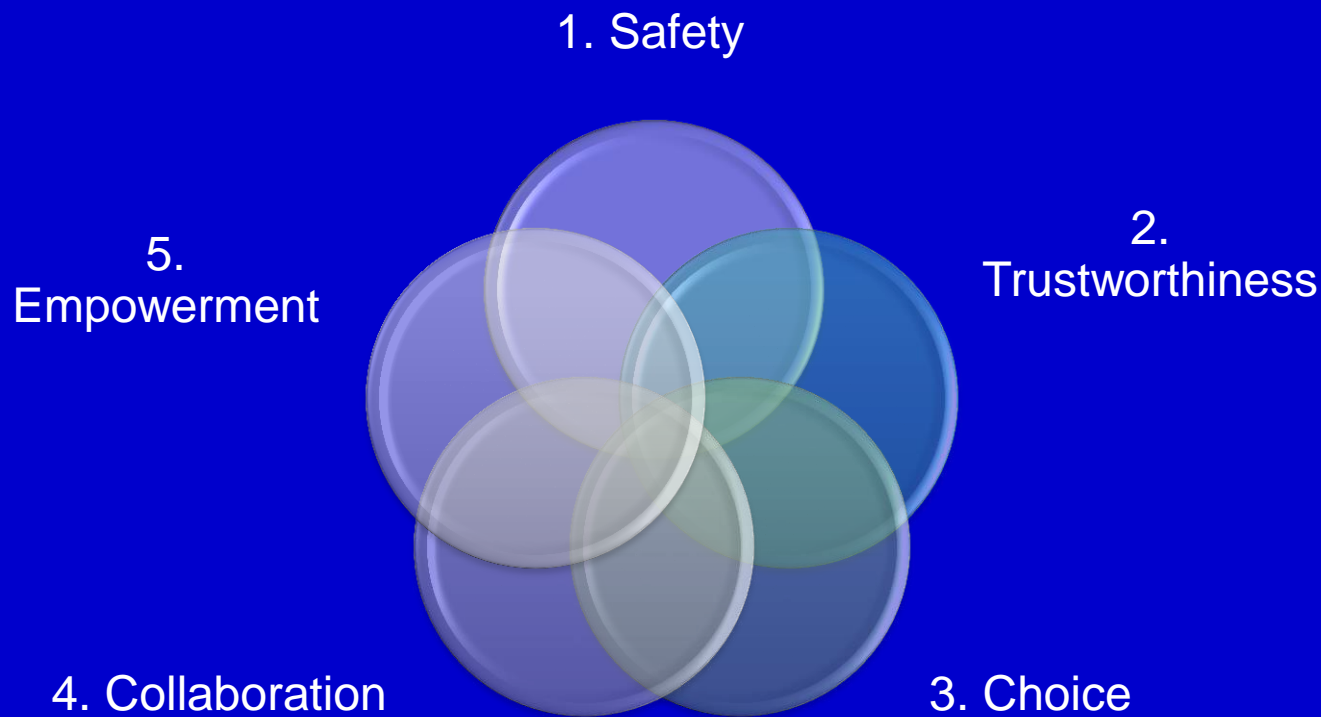
We stop asking:

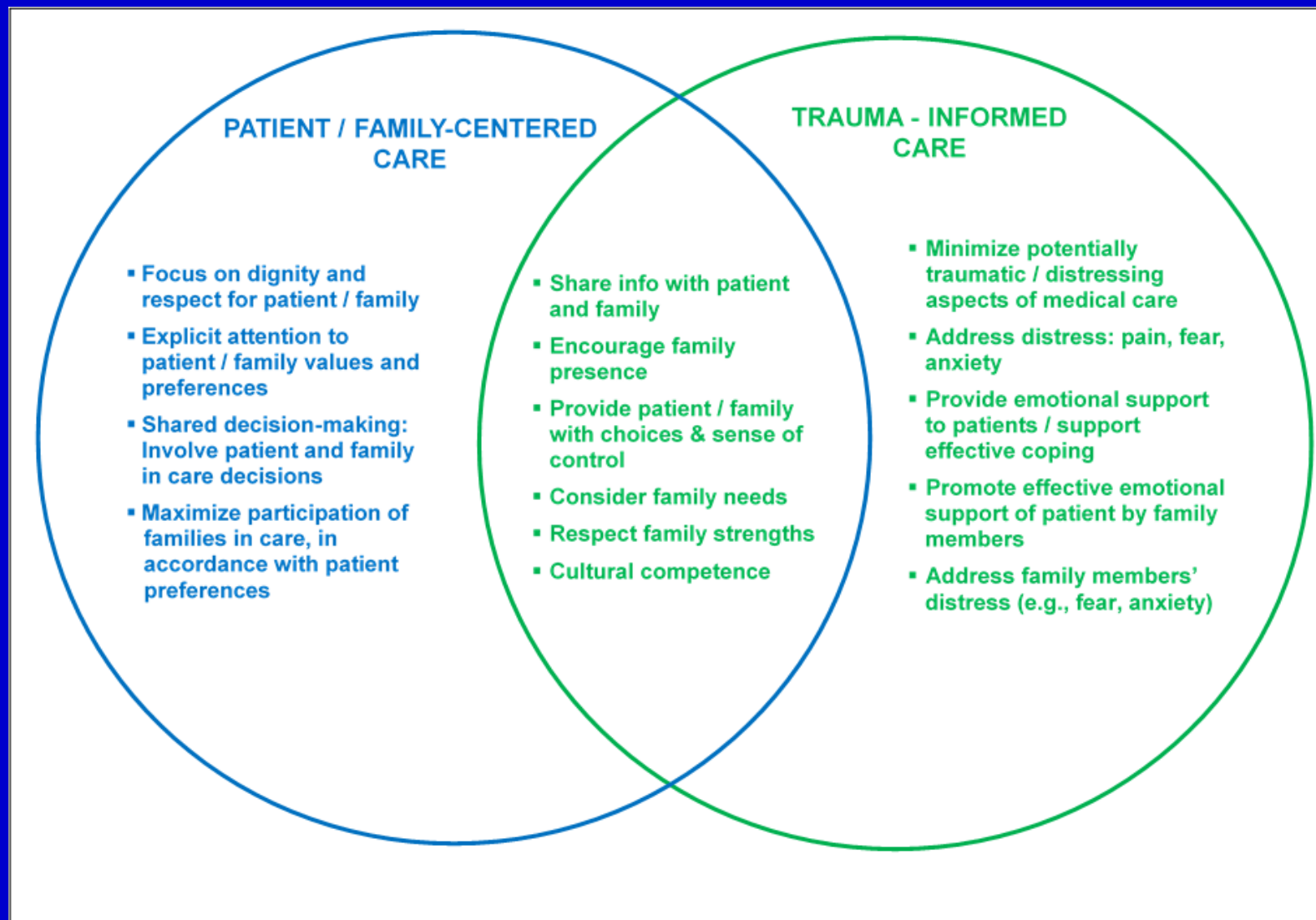
“What is **wrong** with this person?”

and begin asking....

“What has **happened** to this person?”

5 Guiding Principles of TIC





(Children's Hospital of Philadelphia, 2017)



PCTI Interviewing

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MA in International Peace and Conflict Resolution

This interview is a collaborative human interaction

- Empower clients
- Make clients feel safe, in control, validated

Interview Space, Greeting and Hospitality

- Put yourself in the client's shoes
- Be ready to host, or let the client host you

“Before we begin...”

The Interview Introduction

- Introduce yourself and anyone else in the room
 - Explain roles
- “Do you understand us?”
- “It’s okay to ask questions or ask me to repeat.”
- “The purpose of this interview is...”
- Explain the interview format.
- “It’s okay to say you don’t know or don’t remember.”
- Explain confidentiality.
- “Do you have any questions before we begin?”
- “Are you ready?”

“Thorough but sensitive”

The Interview

- Start with easy questions.
- Allow the client to answer in the way they prefer.
- Give the interview a logical flow.
- Explain the transitions between interview parts.
- Start with open-ended questions, then follow up.
- Speak gently, validate and reflect.
- Don't expect the same details from every interview.
- Move on when you have enough information.

When things get rough...

- Sometimes silence is better.
- Keep calm and carry on.
- Repeat your mantra.
 - For example: “I would never ask you these questions unless they were important to your application. Today we are helping you seek justice through reparations.”

End on a good note

Interview Conclusion

- You can never thank your client enough.
- “Do you have any questions, or anything else you would like to say that you think is important?”
- “This is what will happen next...”
- Reiterate confidentiality policy.
- Have referrals handy just in case.



Then after the interview...

Take care

Take care of yourself and
respect your colleagues.



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