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IPV LIVE HEARING ADVISOR TRAINING: TRAUMA-INFORMED QUESTIONING

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A large teal circle with a white border is positioned on the left side of the slide, partially overlapping a dark blue vertical bar.

INTRO & AGENDA

- My background & experience
- What we'll cover today:
 - Quick neurobio overview
 - Trauma-informed questioning

WHAT IS TRAUMA?

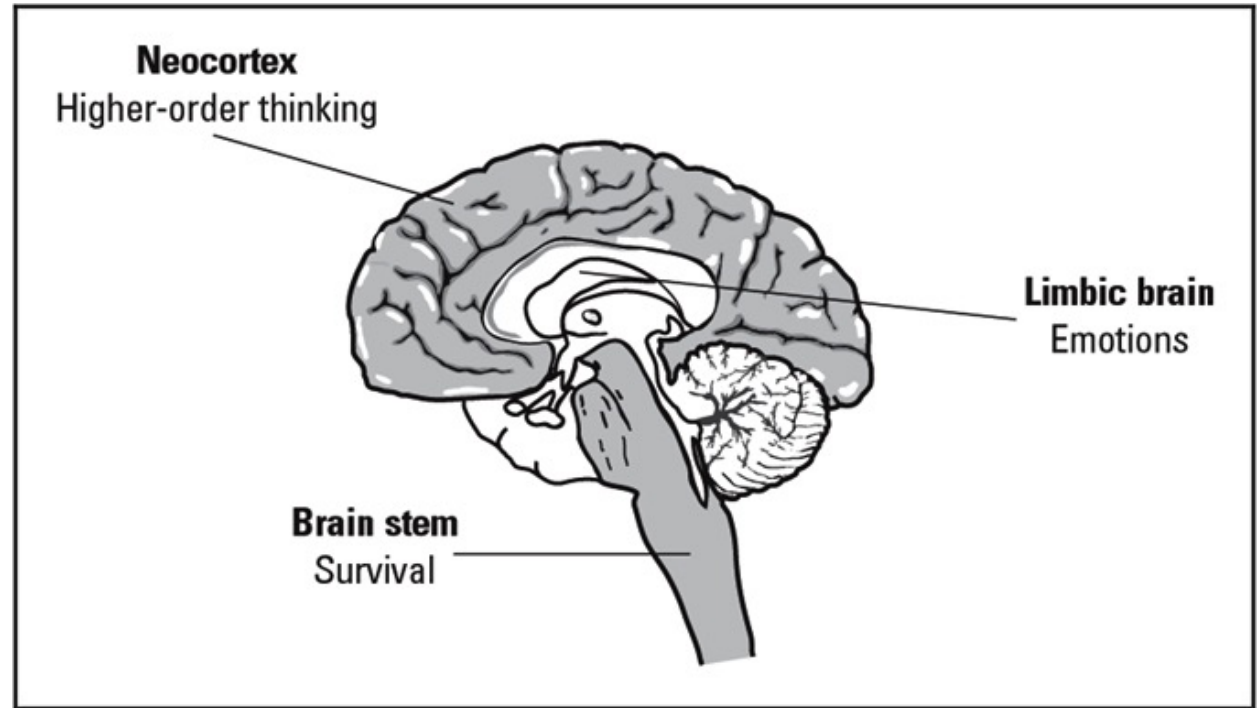
Event



Response

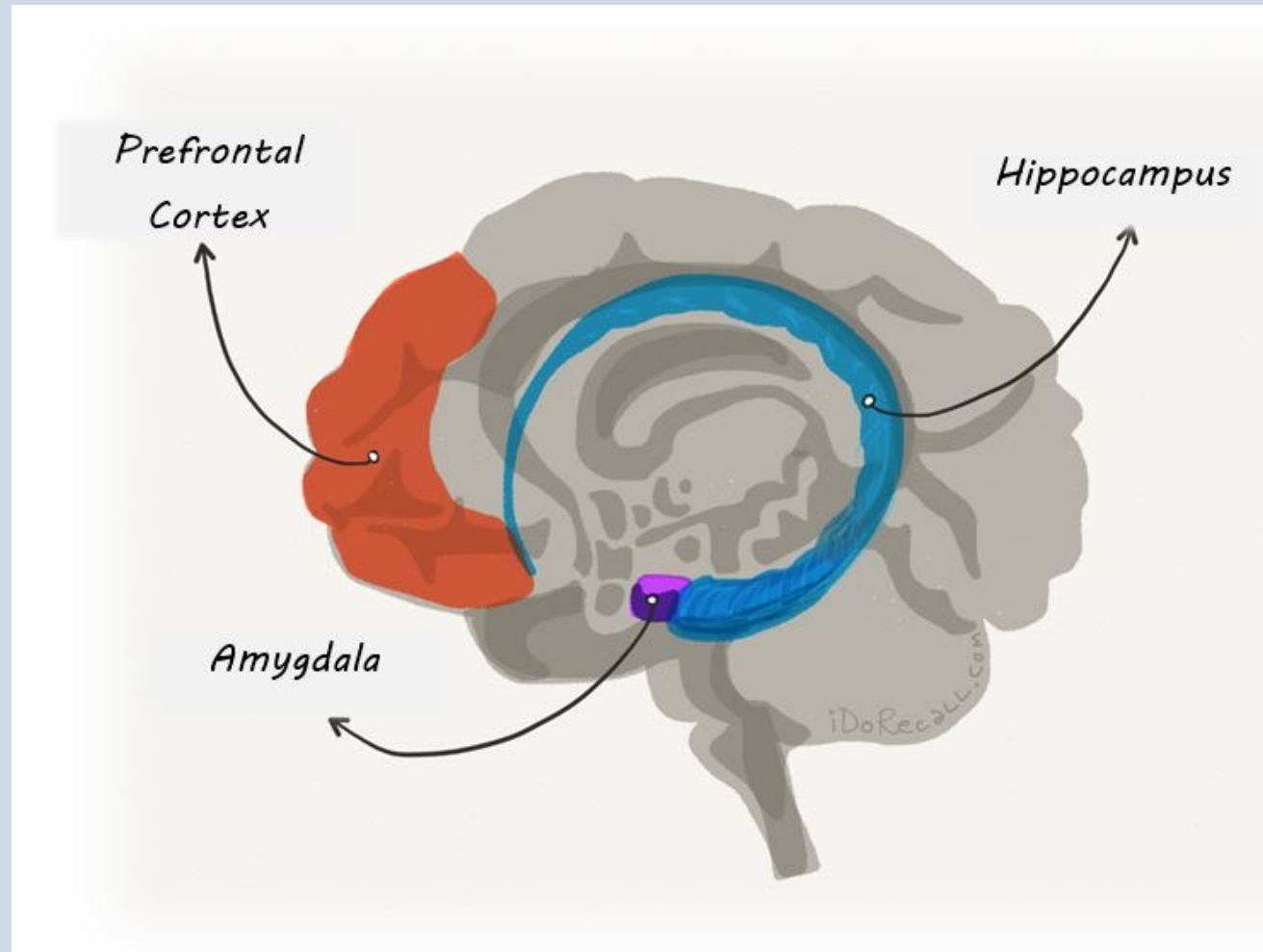
CORTISOAKED

KEY PLAYERS – 3-PART BRAIN

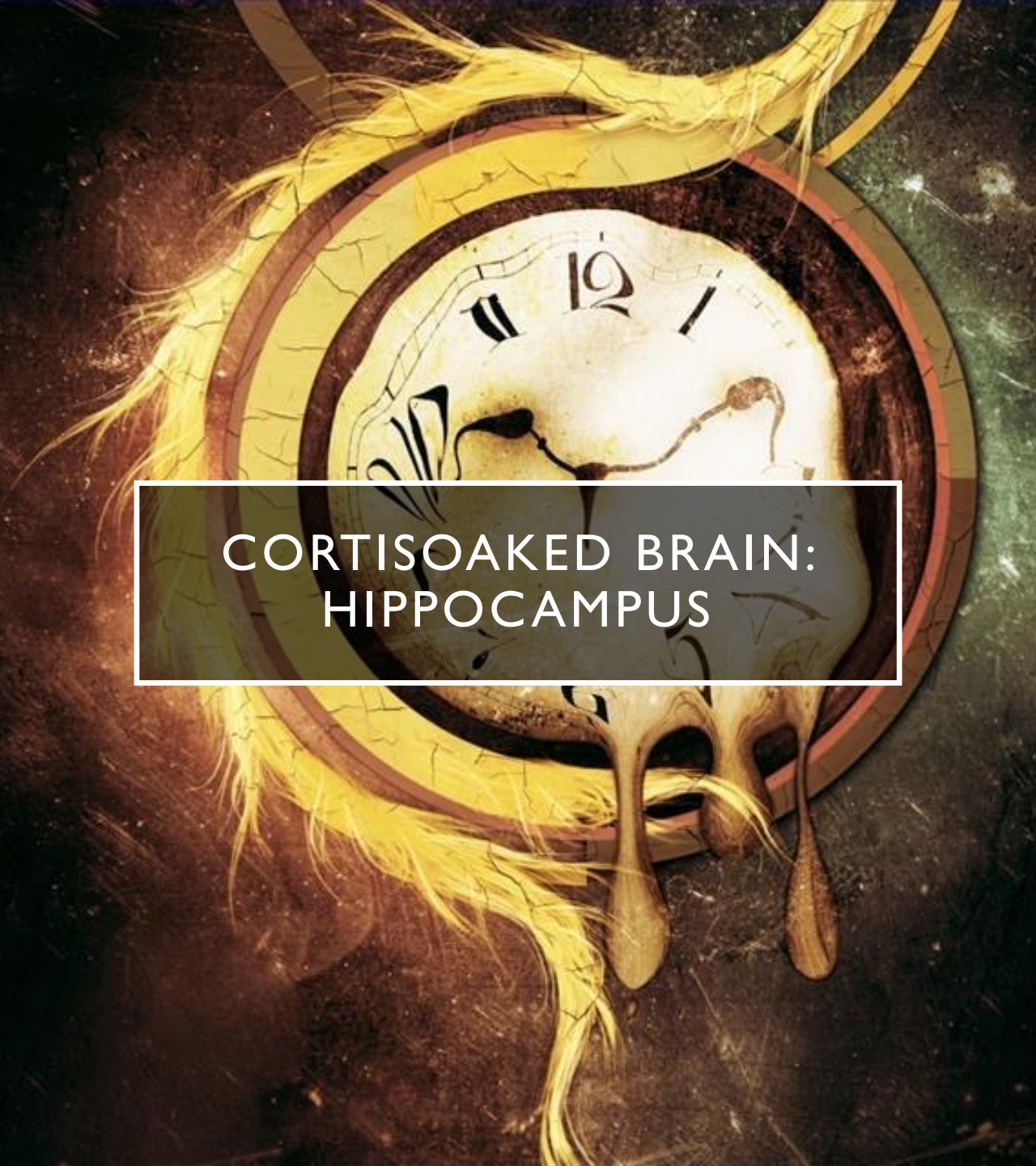


KEY PLAYERS

- Hippocampus
 - Memory & time
 - Brain connections
- Amygdala
 - Fear
- Prefrontal Cortex
 - Decision making
- Cortisol
 - Stress hormone



(Wright, 2020)

A surrealist painting featuring a clock face with a human-like face, surrounded by yellow, hair-like strands. The clock face is white with black hands and numbers, and the human face is integrated into the center. The background is dark and textured, with yellow strands flowing around the clock. A white rectangular box with a black border is overlaid on the left side of the image, containing the text "CORTISOAKED BRAIN: HIPPOCAMPUS".

CORTISOAKED BRAIN: HIPPOCAMPUS

- Short-term memory impairment
- Sense of time distorted
- Memories are not stored in the standard way
 - Lack beginning, middle, end
- Broad disconnection of brain areas

(Wright, 2020)

CORTISOAKED BRAIN: AMYGDALA

- Dominates awareness
- Holds memory when hippocampus is off-line
 - Visceral and timeless
- More stimuli interpreted as scary
- Freeze vs. Tonic Immobility

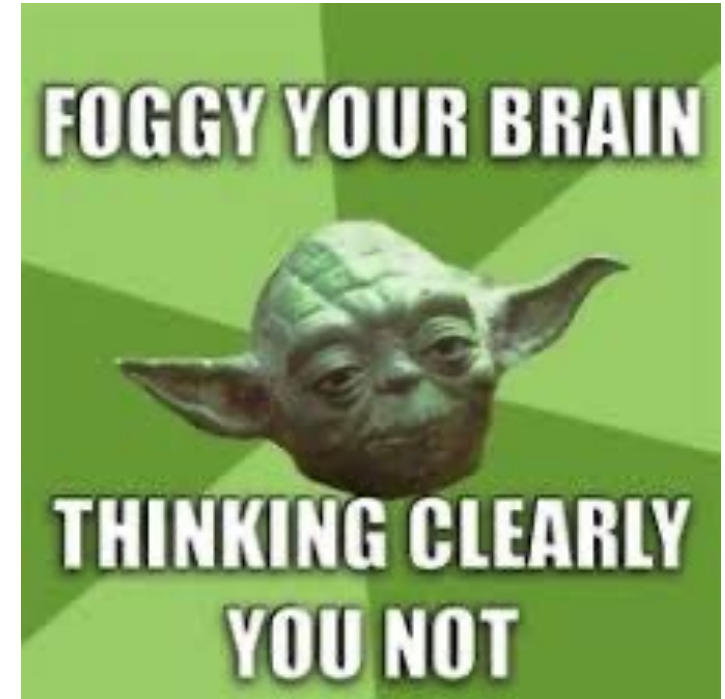
(Wright, 2020)



Oy, just wait a second please!
I'm still debating my "Fight or Flight" response...

CORTISOAKED BRAIN: PREFRONTAL CORTEX

- Logic is not accessible
- Language can be lacking
- Long term planning impaired
- Attention bias for trauma-related information
- Difficulty moderating fear from amygdala



- Amygdala senses danger, HPA axis kicks in & cortisol is released
- “Turns the dial up” even when circumstances are non-threatening
- Multiple physical health consequences
- Other hormones also involved – adrenaline, opiates, oxytocin

CORTISOAKED BRAIN: CORTISOL



(Wright, 2020)

CORTISOL CONTINUUM



Cortisprinkled



Cortisaturated



Cortisoaked



(Wright, 2020)

TRAUMA-INFORMED SUPPORT & QUESTIONING

SOME CONSIDERATIONS

- The level to which one is impacted depends on a variety of factors: experience/s with stress/trauma, coping skills, social support, type of incident/event (threat to physical body, lack of control and/or perceived inability to escape)
- Supporting your client and asking questions in an intentional and trauma-informed manner can make the hearing process less neurobiologically impactful and can therefore aid in a smoother process for all involved

TRAUMA-INFORMED SUPPORT

INSTEAD OF TRYING TO FIX

- “Don’t cry, it’ll be ok!”
- “I promise this won’t happen to you again”
- “At least...”

TRY ACTIVE LISTENING

- “I’m here”
- “I’m listening”
- “I hear you saying [insert paraphrase]”

(Wright, 2020)

TRAUMA-INFORMED SUPPORT

INSTEAD OF

- sharing a personal connection with struggle
- taking full responsibility

TRY

- asking if hearing another account would be helpful or wanted
 - “X happened to me, if you might want me to share sometime; I’m willing”
- connecting people with resources

(Wright, 2020)

TRAUMA-INFORMED SUPPORT: VALIDATION

- “I can’t imagine what it’s been like to...”
- “It makes sense that...”
- “You deserve to feel your feelings about...”
- “Feeling [sad/angry/confused/lonely/etc.] is logical given everything that’s happened”
- “That really sucks.”

TRAUMA-INFORMED HEARING PREPARATION

- **Setting-** consider how you will build rapport and support your client in a virtual environment
- **Acknowledge and validate-** this is a difficult and scary thing for them to talk about in front of others
- Give them **time** to calm down, gather their thoughts, answer, etc.

TRAUMA-INFORMED QUESTIONING: WITNESSES

- **Open-ended questions:** “Help me understand what happened on (insert date/time)”
- **Sensory-based questions** (esp. when alcohol/other substances are involved)- start with smell
- **Avoid questions that begin with “why”** or that question motives or actions

TRAUMA-INFORMED QUESTIONING: CROSS EXAMINATION

- **Remember the setting:**
 - This is virtual and the regulations are CLEAR that you have to give the decision-maker time to evaluate each one of your questions or relevance prior to the other part answers, so you will have to go slow
 - This is an educational setting; not a court of law – you are expected to represent your student to the best of your abilities, but please show respect to all parties/witnesses involved
- **Keep in mind who your decision-maker will be** (one of two attorneys from the Columbia law firm of Boykin Davis with extensive litigation experience - "tricks" are likely to damage your student's case)

TRAUMA-INFORMED QUESTIONING

INSTEAD OF Q'S WITH YOU'S (EVEN IF WELL INTENDED)

- “Are you sure that’s what happened?”
- “What do you remember about what happened?”
- “Did you tell the police?”
- “Were you drinking?”
- “What were you wearing?”
- “Why did you stay/why didn’t you leave?”

Q'S WITHOUT YOU'S

- “What memories are there of that night/the incident?”
- “Where did this happen?”
- “Who else knew at the time?”
- “Was alcohol or other substances involved?”
- “What details are important for me to know?”
- “What was happening that made it hard to leave?”



INTERESTED
IN HEARING
MORE ABOUT
TRAUMA-
INFORMED
SUPPORT?

- **Mental Health and Well-being Competency Certificate Program for faculty through CTE**
 - Includes Support Zone Training, Resilience in the Classroom, & Trauma 101
- **Full Trauma 101 series via Zoom (email me at nixs2@mailbox.sc.edu to register):**
 - Series 1: Sept. 14, 21, & 28, 5:30-7:30pm
 - Series 2: Oct. 20, 27, & Nov. 3, 2:30-4:30pm
- Wright, S. E. (2020). *Redefining Trauma: Understanding and Coping with a Cortisoaked Brain*. Routledge.