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IPV LIVE HEARING ADVISOR TRAINING: TRAUMA-INFORMED QUESTIONING

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INTRO & AGENDA

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

WHAT IS TRAUMA?

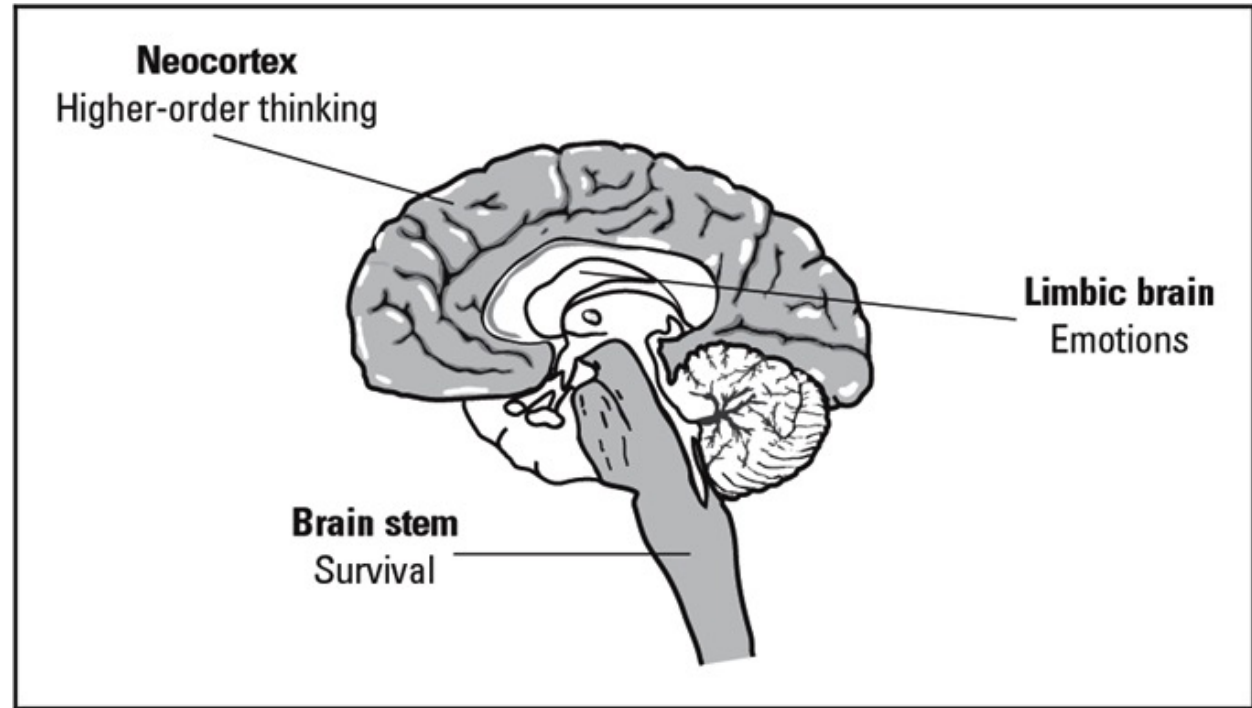
Event

VS

Response

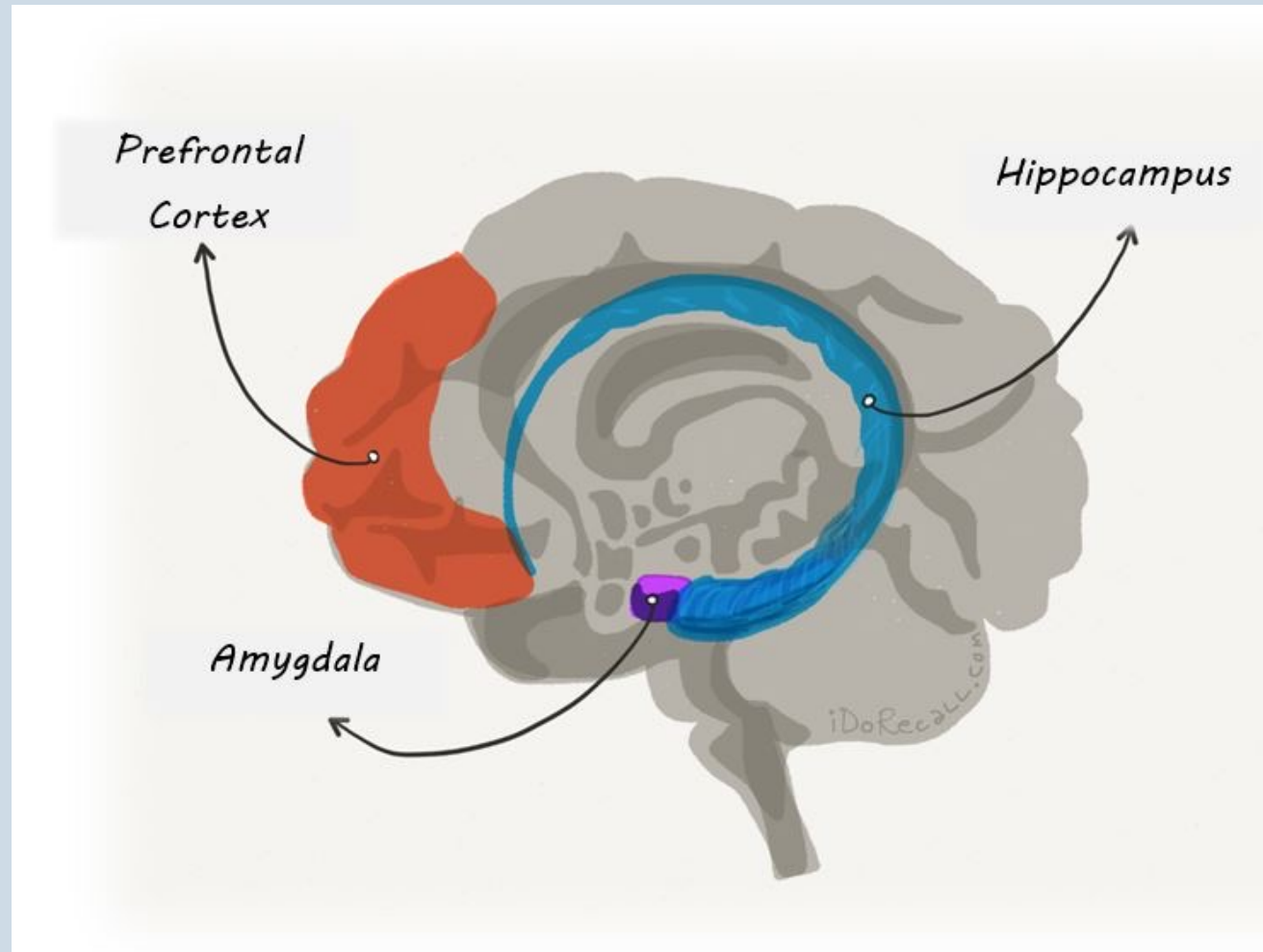
CORTISOAKED

**KEY PLAYERS
– 3-PART
BRAIN**



KEY PLAYERS

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



(Wright, 2020)



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

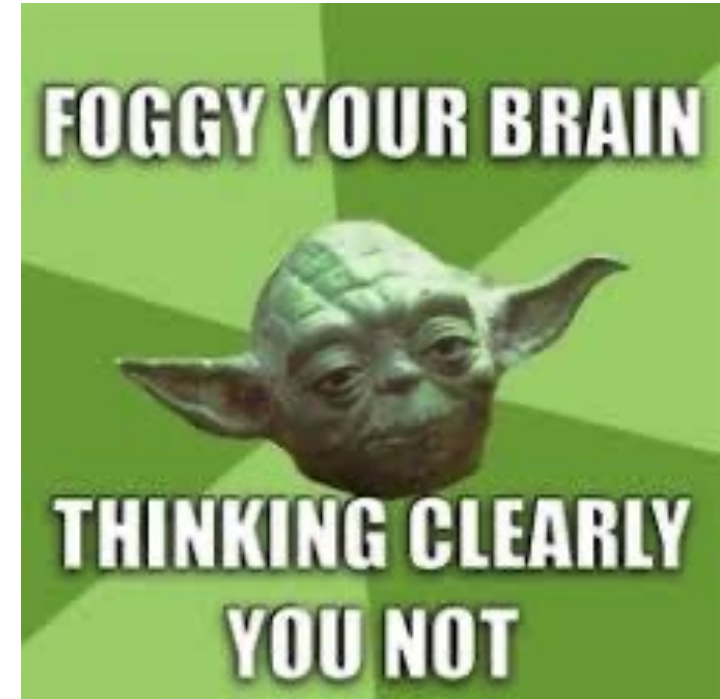


Oy, just wait a second please!
I'm still debating my "Fight or Flight" response...

(Wright, 2020)

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



The image features a background split vertically into two colors: light gray on the left and teal on the right. A white rectangular box with a thin black border is centered horizontally across the middle of the image. Inside this box, the text "TRAUMA-INFORMED SUPPORT & QUESTIONING" is written in a bold, black, sans-serif font, arranged in two lines.

**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.