



Trauma-Informed Response – Interviewing

No one who sees, responds to, or knows about an incident is “unaffected”.

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Traumatology - Incident Response & Interviewingⁱ

Trauma-Informed Reactivity, Memory, and Resilience in Motion

Each one of us has our own version of a narrative we recall when we tell a story. When a critical incident occurs, it happens in seconds. How do we process and understand that incident, and how can it affect us, now, and for the rest of our lives? The answer may not be as easy as we think but, there are answers.

Where and why

Stress and Threat

Stress and threat can trigger two neural conduits simultaneously. First, they stimulate a rapid pathway to the amygdala, immediately activating the fight, flight, or freeze responses. Notably, this step is not precise, but it is very fast and signals all relevant conduits and systems in the body. Consequently, it also activates the hippocampus, which is responsible for memory.

The longer and more indirect pathway is by way of the cortex, where the information is being processed at a much more granular level, analyzing the information more accurately. As a result, the perceived stress/threat is given a meaning, provoking a conscious awareness of what is happening. When the stress/threat has been evaluated and it has passed, the cortex is also responsible for triggering the brain to cease the fight, flight, or freeze responses, and restore the body to stasis (rest).

Cause and Effect

When humans are confronted with stress or threats, the above-noted systems activate our natural alarm systems; physical, emotional, physiological, and cognitive. This is a completely normal self-protection mechanism that is triggered as a response. It is normal to feel fear, as this is what sustains our state of safety and mobilizes resources when we are in danger. However, when there is no "let down" or relief from the danger, and it is perceived as perpetual, residual stressors/threats begin to cause damage to the body's other operating systems. (The body keeps the score - Bessel van der Kolk)

Four Stages of Response

1. Alarm - Start to comprehend the incident and event, and according to the signal sent by our individual systems, we appropriately adjust and prepare to respond. This could be a sense of shock and alarm.
2. Mobilization - Preparing for action - The resolve in the mind tries to develop and implement an action plan. This can be described as the "adrenalin dump" resulting in a rapid heart rate, sweating, and the body purging what it does not need.
3. Action - Continuity of stress/threat is elevated but it is not in the immediate periphery (ignored). Tiredness sets in and injuries are sustained. The feelings of the affected person(s) may be suppressed or felt intensely.
4. Letdown - The affected person(s) may return to a "normal" routine. Take note: This can be when a person is asked how they are doing, the answer is "fine", "I'm alright", or "I'll be ok". This is normal. It is understood as having suppressed or denied emotional or physical injuries. This is a critical time for people, and an important time to consider the positive impacts of a Critical Incident Stress Management system (Debrief).

Considerations for all involved

- ❖ Primary Victims - Directly involved or exposed to the elements of the incident or disaster.
- ❖ Secondary Victims - Those with close family and personal ties to the primary.
- ❖ Tertiary Victims - Those whose occupation/profession require them to respond to the incident/disaster.
- ❖ Quaternary Victims - Those who are concerned or caring members of the communities that are beyond the affected area. This can include cultural, professional, religious, distant familial ties, etc.

The point is, we are all affected by an incident or disaster in some way. It is important to understand this if we are going to navigate the incident or disaster landscape.

Incident or a perceived traumatic event and the response - Investigator(s), be mindful

When an incident or event occurs, we rush to respond, save lives and property, and minimize the damage. Although we may be protecting and reducing the harm on the physical level, we are not always doing the same for the emotional.

While navigating an interaction with a person who is believed to be at the scene of an incident, we must recognize that although we may obtain detailed information, there is a high potential that we can trigger a negative reaction. Understanding this is important and requires careful consideration when selecting the appropriate investigator and other responders. Regardless of the type of incident, the story being told is someone else's account, not the account of the responder.

When an incident is interpreted by a person, the level of detail processed, deconstructed, and stored is dependent on the connectivity and the responses of the neural conduits (pathways). There is a memory there, however, it must be reconstructed, and this process takes time and a skilled trauma-informed interviewer.

Notably, while there are six different types of memory, for the purposes of this writing, and how it relates to navigating a post-incident interaction. We will focus on two: Script memory, and Narrative or Episodic Memory.

- ❖ Script Memory - This is the memory of routine events, such as our regular morning/evening routines.
- ❖ Episodic or Narrative Memory - This is based on our processing of information during an incident, such as a motor vehicle incident, a train derailment, an event where there were mass casualties, or it can be about a series of events.

The episodic or narrative memory is generally the main subject of focus during an investigation (investigative interview). This is an area that requires consideration and understanding of what transpired so that the responder can develop an appropriate and ethical response to navigate the interaction with the person(s) believed to have been affected by the incident. Moreover, understanding the responses and behaviour of the affected person(s) is important, as we want to understand what happened while doing no harm to the person. If there are reasonable traumatic reactions and behaviors that have been triggered during the interaction, it is a good indicator that the interviewer/responder should reassess the approach or refer the person to an appropriately trained practitioner.

A reasonable Dichotomy for those involved

While we are trying to find out how and why an incident happened, we must always consider the psychological safety and mental health of those we interact with. They could be fighting a battle we know nothing about, and the incident we are responding to is part of the chapter in their lives they were not responsible for writing.

We often focus on what our implicit biases and others direct us to see, which can result in a myopic viewpoint with a failure to consider more than one narrative or facts.

Being appropriately equipped to navigate the physical and emotional landscapes of an incident or disaster can provide the responder/practitioner with the ability to appropriately help others and themselves.

Be trauma-informed, be prepared, be mindful.



About the author



Mr. Poirier is the founder and director of Argus Research Group, ARG, a licensed private investigation agency in the Province of Ontario. He is a Certified P.E.A.C.E Investigative Interviewer (CPII), a Community and Workplace Traumatologist (TITC-CWT), a Certified Human Trafficking Investigator (CHTI), and he has also completed training in Mental Health First Aid (MHFA), and MHFA for adults who interact with youth. Finally, he is also trained in situational awareness and is a Situation Awareness Specialist - Advanced Practitioner (SAS-AP), and a licensed private investigator, who continues to work with clients that include corporate executives, lawyers, paralegals, and small business owners.

At ARG, we may not always be able to provide you with the information you expected. Sometimes it isn't that simple, but we will produce a reliable product and get you results.

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Strategies | Solutions | Results

ⁱ (Early Intervention Field Traumatology | Community and Workplace Traumatology & Herve et Al | Schacter, 1996, 2001 | FIS-International: Sins of Interviewing)