



## Wk 6: Trauma-Informed Care

Taking a trauma-informed approach to oral history interactions is instrumental for keeping narrators safe and minimizing harm. While the term "trauma-informed" was coined in medicine, the philosophy and practices have been adapted by all sorts of fields, including oral history and memory work. There are some basic steps we can take to ensure we're prepared to navigate the many kinds of conversations we encounter in our practices in a responsible way.

It's important to note that, while we are practicing skills that may sound similar to, or even overlap with, therapy, **we are not therapists**. Even if you have the credentials, providing therapy is not the goal of oral histories; and if you do not have the background to safely conduct therapy sessions, accidentally stepping into that area outside of that defined relationship can cause more harm than good. So keep this in mind as we explore some steps we can take to make sure that oral histories are conducted in as safe and transparent of ways as possible.

Take a moment to center yourself. Search for a memory and the sensory experiences (sight, sound, touch, smell, and taste) of feeling safe. If this is difficult to do, feel free to imagine safety you've resonated with represented in movies or books.

### What Does Safety...

Look like? Feel like? Sound like? Taste like? Smell like?

It's important to ask ourselves the questions we might ask our narrators, and to consider whether any questions may activate certain painful experiences or memories. You can choose whether to prompt your narrator to also consider what safety feels like in their senses — remember that everyone will picture and experience safety differently. We won't have a one-size fits all approach with interviews, but this knowledge will help us navigate shared space more intentionally, and that is half the work.

It's also important that we acknowledge that intent and impact are not the same, and that we have to own both. While our intent might be in good faith, if the impact is not we must still take responsibility for it.

## Resource 2 (All Stages): Trauma-Informed Care Checklist

### 1. During Outreach

- a. Explain the purpose of the oral history to your narrator.
  - i. Mention any key topics, life moments, memories, and feelings you know you want to explore that could trigger painful or challenging emotions, remembrances, and somatic (bodily) experiences.
- b. Ask them to reflect on the overall interview and the details you have shared. Ask them if they foresee any of these life areas, memories, topics, etc. causing:
  - i. Emotional or physical distress, stress, or other unwanted reactions
  - ii. Are off limits
- c. Explicitly explain that they have power in the interview and process! They can say no to any topic, question, or line of discussion in the oral history. They can say this before or during the interview, and they can even remove it from the recording after it is conducted.
  - i. You may even offer for them to see all the questions you'd like to ask beforehand
- d. Be transparent that this oral history interview isn't the same as therapy. We have limited capacity but will try our best to accommodate and support.

### 2. Pre-Interview/Before Recording:

- a. Go over everything discussed in email to make sure everyone is on the same page.
- b. Remind them that they can ask follow up or clarifying questions, and that it is important to you that they understand the process and feel comfortable with it.
- c. Ask them if there are any grounding techniques that they already use.
  - i. It is HIGHLY encouraged you research some techniques for yourself and to share. See NPHM's Trauma Informed Oral History website page for examples and demonstrations of grounding techniques for yourself and narrators: [tinyurl.com/TraumalInformedOH](https://tinyurl.com/TraumalInformedOH).
- d. Exercise vulnerability: this is a good time to create some rapport and help the narrator feel more comfortable navigating tough topics
  - i. This practice applies during the interview portion as well, just be sure you're not turning the attention onto you!

### 3. Interview:

- a. Be aware of the narrator's body language and any indicators of stress or heightened emotions. Check in with their well-being as it feels appropriate, e.g. "I noticed after that question you seem a bit drained, do you want some water?"
- b. Be prepared to practice the grounding techniques that you discussed or researched in the event that someone does become triggered by the way the interview unfolds.

### 4. After the recording or during a break:

- a. Let the narrator know the recording is off and relax a bit — becoming more casual via voice/body language signals a break or end to the narrator.
- b. Check in with their well being before letting them go and thank them for their wisdom.

### 5. Post-Interview:

- a. Give them the option to re-listen to/read the transcript of the interview so they can provide edits or omissions.
- b. Check in to see if they had any post-interview emotional or physical experiences that they want to check in about.
- c. Keep the line open for ongoing relationship stewarding, especially if the interview will be archived somewhere or used for a project.



## Wk 6 Cont'd: Proactive Reflections

We are not infallible — we will unintentionally create harm.

When you approach trauma-informed care, as well as oral histories, it's important to acknowledge some core truths. Because none of us are infallible, all of us will create harm unintentionally at some point. It doesn't mean you are good or bad — it's a part of being human. Because safety looks so unique to all of us, it's impossible to be a safe space for everyone.

So — why acknowledge this? Because then we can DO something about it. Now is the time to prepare and figure out how you'd like to handle conflict as best as we can before it happens. Then we can prepare a specific space and "escape routes" for our narrator to utilize.

Reflection Questions	Thoughts
<i>What are possible triggers or activation points I have with the topics?</i>	
<i>What would I do if I notice I'm starting to react to the topic, eg dissociation?</i>	
<i>How can I give the narrator as much power as possible?</i>	
<i>How would I react if someone shuts down completely?</i>	
<i>How would I react if someone were to start crying? Snap at me? Yell?</i>	
<i>When might I know it's time to stop the interview (temporarily or permanently)?</i>	

One of the best things we can do is create the shared space very intentionally so there are as few surprises as possible. To do this, 'space setting' should begin as soon as outreach begins. On the next page are some steps to take to be as trauma-informed and responsive as possible.