The Call for Trauma–Informed Design Research and Practice

1 author:

Rachael Dietkus
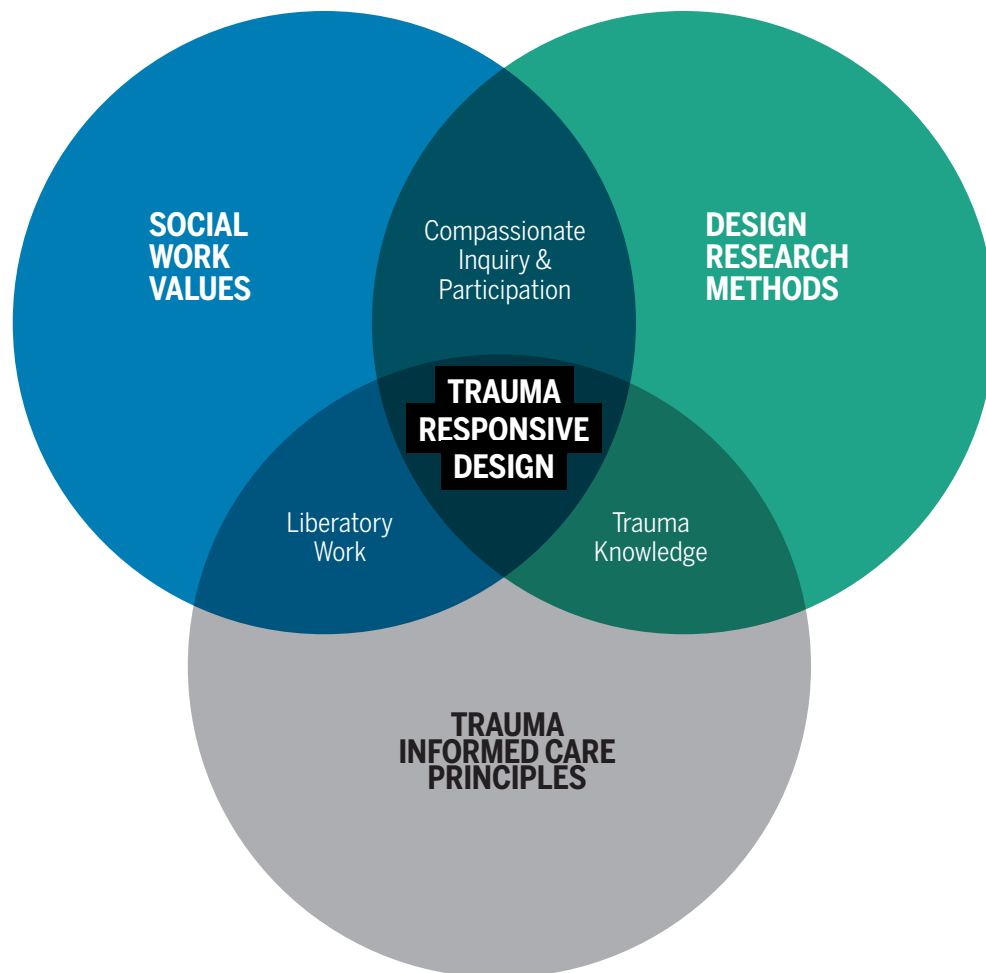University of Illinois, Urbana-Champaign
5 PUBLICATIONS   **39** CITATIONS

By Rachael Dietkus   **Whether we're living through a pandemic or navigating life-changing unravelings across the world, we are rolling through immeasurable discomfort.**

SOCIAL WORK VALUES

Compassionate Inquiry & Participation

DESIGN RESEARCH METHODS

TRAUMA RESPONSIVE DESIGN

Liberatory Work

Trauma Knowledge

TRAUMA INFORMED CARE PRINCIPLES

The Call for Trauma-Informed Design Research and Practice

Notes
1. E. Prideaux, "How to heal the 'mass trauma' of Covid-19," *BBC Future,* February 3, 2021, https://www.bbc.com/future/article/20210203-after-the-covid-19-pandemic-how-will-we-heal.

THIS ARTICLE FOCUSES ON TRAUMA AND the many ways the serious phenomenon impacts us directly and indirectly in design. For some, reading about trauma can cause moments of physiological dysregulation that impinge our sympathetic nervous system. This article reads more like an overview of trauma and what it might mean if all designers were more trauma aware in their scopes of practice. As a design leader, taking steps toward building your trauma literacy is an important first one. As you read on, I encourage you to take note of the following: principles and matters that are resonating, questions that might be coming up for you and your team, and considerations of how your understanding of trauma in the context of design might be shifting.

Whether we're living through a pandemic or navigating life-changing unravelings across the world, we are rolling through immeasurable discomfort. And even if day-to-day matters from the past few years are seemingly beginning to settle and calm, there is no doubt that we will be living with the ripple effects of acute and chronic traumas for decades to come. So, my opening provocation is this: how will we start to heal and recover from such massive, lasting traumas?

Defining trauma

Trauma, the late seventeenth century Greek word for wound, is something I talk, think, and write about *a lot* in design. And yet, in design, it may be the last thing design researchers and managers bring up in discussions about process and emerging practices. In examining trauma more deeply, I've seen far more focus on other vital issues of concern like employee well-being, healthy organizational cultures, and overcoming the

stigma around depression, anxiety, loneliness, and stress. These are consequential issues that need serious attention and a bevy of professional and community care resources.

Trauma is a more nuanced concept and isn't simply a word for something enormously stressful. It doesn't always come from short, sharp shocks like car accidents, conflicts, attacks, or fires. And trauma isn't the same thing as post-traumatic stress disorder, a clinical diagnosis from the *Diagnostic and Statistical Manual of Mental Disorders*. Trauma is about events or experiences and their effect on the mind (emotional, psychological) and body (physical, physiological). But what separates it from something merely stressful is how we relate to these events on a deep level of belief. Using the pandemic as a glimpse into the future, the effects of the massive, collective trauma will linger for many of us for decades. This makes me wonder how our understanding of trauma might help us design through and with this?

A psychologist in the United Kingdom, David Trickey, says that trauma is "a rupture in meaning-making."[1] He says that the way you see yourself, the way you see the world, and the way you see other people are shocked and overturned by an event. As a result, a gap arises between one's "orienting systems" and that event (or events). What might have been a more simple, acute stress can cascade into trauma through sustained and severe feelings of helplessness and hopelessness.

When talking about trauma and how we can become trauma-informed in design, I like to share a simplified definition that resonates with the kinds of serious and complex work we do. This is gathered from Karine Bell, Resmaa Menakem, and Bessel van der Kolk: "Trauma is a response to anything overwhelming, and that happens

FIGURE 1

Model of Change for Trauma Responsive Design Research, created by the author and inspired by social work values, design research methods, and trauma-informed care principles.

Notes

2. K. Bell, "Trauma Alchemy," *Karine Bell, Embodied Trauma Education,* accessed March 23, 2022, https://www.karinebell.com/trauma-alchemy#:~:text=The%20best%20definition%20of%20trauma,our%20bodies%20and%20subconscious%20experience.

3. B. van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (New York: Penguin Books, 2015.

4. R. Menakem, interview by Truth Be Told Team, "It Is Not in Your Head," *Truth Be Told* podcast by KQED, August 27, 2020. https://www.kqed.org/podcasts/602/it-is-not-in-your-head.

5. "Infographic: 6 Guiding Principles to a Trauma-Informed Approach," Centers for Disease Control and Prevention, accessed March 22, 2022, https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm.

6. Ibid.

too much, too fast, too soon, or for too long."[2] "A primary aspect of a traumatic experience is that it is also coupled with a psychological or physiological lack of protection or support."[3] "And it lives in the body stored as sensation: pain or tension—or a lack of sensation, like numbness."[4]

Acknowledging that people are swimming in a sea of overwhelm—a collective overwhelm—is vital for this work. Even if we are not directly impacted, we undoubtedly know others are and may be struggling in ways that we might not always notice. Life is a plethora of complexities and stressors. And trauma—much like the manifestations of stress—lives in and throughout the body, stored as sensation such as pain or tension, or is a lack of sensation like numbness. Trauma is also deeply contextual and does not impact us all in the same way.

Trauma-informed care principles

Trauma-informed care started in medicine as an approach to patient care that takes traumatic events and experiences into account with diagnosing and treating individuals. It had its genesis in patient care in the 1970s when the physical and mental traumas experienced from the extreme wartime conflicts necessitated a new way of understanding the experiences and impacts. What might this mean for designers?

Being trauma-informed means accounting for the potential presence of trauma within our work and examining how and why we design could be more trauma-informed while also acknowledging that we, too, may have experienced traumatic events that influence the patterns we design. It's important to note that the principles are not meant to be condensed down to a checklist. Integrating these principles takes time and requires constant attention, caring awareness, sensitivity, and often a culture change. The Centers for Disease Control (CDC) and Substance Abuse and Mental Health Services Administration (SAMHSA) provide a great starting point for ways in which we can integrate trauma-informed care principles in our work. Being trauma-informed, or as I often prefer

to put it, trauma responsive, means that we are accounting for the potential or likely presence of trauma within our research participants—as well as in ourselves as we conduct our serious and complex work. And while there isn't a single approach to being trauma informed, most approaches focus on some combination of the "6 Guiding Principles to a Trauma-Informed Approach" laid out by the CDC and SAMHSA:
• Safety
• Trustworthiness & Transparency
• Peer Support
• Collaboration & Mutuality
• Empowerment, Voice, and Choice
• Cultural, Historical & Gender Issues[5]

SAMHSA cautions us, though, that adopting a trauma-informed approach "is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level."[6] As organizations undergo ways to assess organizational effectiveness, finding meaningful ways to embed these principles fully will shape practices now and in the future.

Karen Treisman, a clinical psychologist based in London, often illustrates how we might start moving through trauma-sensitive phases to build awareness to be better informed in our work. It is not enough to have pockets of being informed in design. Instead, to be genuinely trauma-responsive, we need to examine every aspect of our design organizations— the environments, the language we use, the values we profess—and involve all staff on our teams to create better designs that serve the very people we are designing with and for. How can this be done, and where might we find inspiration for achieving this?

Inspiration from social work

As both a social worker and designer, my work sits squarely at a unique intersection of social work and design. I study trauma in the context of design, and I practice being a trauma-responsive designer—a true integration of social work practice in design. Much of my approach has come from over twenty years of clarifying my values, purpose, and practice.

7. V. Margolin and Sylvia Margolin,
"A 'Social Model' of Design:
Issues of Practice and Research,"
Design Issues (18(4))(2002):
24-30, https://direct.mit.edu/
desi/article/18/4/24/60066/A-
Social-Model-of-Design-Issues-of-
Practice-and.

8. T. Hirsch, "Practicing Without
a License: Design Research as
Psychotherapy," (conference
paper, Honolulu, HI, April 2020),
https://www.researchgate.
net/publication/339844239_
Practicing_Without_a_
License_Design_Research_as_
Psychotherapy.

Over time, this led me to home in on the core values of integrity, self-trust, and authenticity.

These values are foundational to what I call *purposeful* design, a design practice that is compassionate, just, and ethically conscious about both the process and its impacts on people and their environments. This has all shaped what I would call years of being a practicing helper through immersion in systems, policy, and advocacy on issues like abolition of the death penalty, ending veteran homelessness, and addressing the mechanisms of racism in the foster care and healthcare systems. A lifelong learner aspect has also been the consistent thread in much of this work. As a licensed clinical social worker and as part of maintaining licensure, I adhere to a professional code of ethics by engaging in reflective practices, seeking consultation with colleagues, and taking part in continuing education.

There are two other points worth mentioning that are deeply connected to this work. The first is a 2002 article by Victor and Sylvia Margolin. Victor was a well-known design historian, and many designers are unaware that his spouse, Sylvia, was a social worker. In 2020, I learned from Elizabeth Resnick that Sylvia's work often influenced Victor in how he thought about and approached design. They demonstrated this inspiration and synergy in their article by sharing the following:

—

We believe that many professionals share the goals of designers who want to do socially responsible work… and therefore propose that both designers and helping professionals [social workers] find ways to work together.[7]

—

The second is an article that I reference nearly every time I speak about trauma, especially to a design audience. "Practicing Without a License: Design Research as Psychotherapy" by Tad Hirsch, Professor of Design at Northeastern University, should be required reading for any current and future design student, educator, and practitioner. Hirsch emphasizes several things related to the need to update consent procedures, the call

for revising design education, and the need for trauma-informed research practices. And he cautions us with this:

—

A growing number of design research projects intentionally recruit vulnerable participants… our ability to entice participants to share their most personal stories and feelings raises the potential of using rapport to exploit participants in order to 'gain source material.'[8]

—

The reality is that social workers cannot do their jobs without all forms of design. And with these two points mentioned above, it has been clear to me that design just might need social work.

An emerging model of change

Another way I can demonstrate how I frame trauma work in this context of design is like this: I used to think that I had to shy away from or abandon my social work values to be a *good* designer. Yet I found quickly that the synergy between social work values, design research methods, and trauma-informed care principles is where I see a lot of meaning and purpose. (See Figure 1, p26.)

If we approach our design research with compassionate inquiry and humility—both for ourselves and others—we can start to build knowledge and literacy around trauma. We can then be moving toward this future state of trauma-responsive design by practicing and embodying liberatory practices of trauma work—those that are not just centered on medicine and diagnoses.

Trauma-informed design in research and practice

I want to close this article by sharing the design adaptations for the trauma-informed care principles that I have been pushing into practice over the past few years. Let these marinate and note how these principles can start to shape your design practice and leadership.

SAFETY
People feel emotionally, psychologically, and

9. R. Bronson, "The Designer's Share of the Problem," *IxDA Oslo meetup No 142,* November 30, 2021, https://vimeo.com/651801535.

10. G. Aye, "Understanding Power and Privilege in Design," *Service Design Network,* June 26, 2020, accessed March 23, 2022, https://www.service-design-network.org/chapters/new-york/headlines/george-aye-on-understanding-power-and-privilege-in-design.

physiologically protected when participating in our design processes.
—

As we examine our design teams and consider people and communities we invite to design with us, we consider how we can establish safety plans for everyone before we begin and when conducting design research. An analogous example of this done well was when I worked at Veterans Affairs on behavioral health program accreditation through the Commission on Accreditation of Rehabilitation Facilities (CARF). CARF's mission is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process and continuous improvement services that enhance the lives of persons served. I sometimes hear designers say we need to ensure safety and do no harm. We know we need to do this, but our intent can occasionally cause significant harm and lasting damage. CARF focuses on how to assess and act on risk while ensuring safety. They also state that the persons served are the primary consumers of services and call them moral owners of our programs. Who among us are the moral owners in design?

TRUSTWORTHINESS AND TRANSPARENCY
All design decisions are conducted with integrity and transparency. This builds and maintains trust with everyone involved and anyone who might use our design.
—

The far-reaching impact of civic designers is relevant here. Their work at the local to the federal levels, particularly agencies like 18F and U.S. Digital Service, is consequential and inspiring. In a recent design talk, the Head of Design for 18F shared, "We need designers who are dispersed and savvy and understand the *implications* of design. We need integrity designers to be proactive and minimize the damage of what is going to happen."[9] Who among us are already integrity designers?

PEER SUPPORT
Any individuals brought into the design process as participants can involve the people they care about.

This is crucial for building trust, establishing and maintaining safety, and building power.
—

In their book *Beyond Sticky Notes: Doing Co-design for Real,* Kelly Ann (KA) McKercher shares that the mindsets of co-design are elevating the lived experience, being in the gray, valuing many perspectives, curiosity, learning through doing, and hospitality. This last mindset on hospitality is directly aligned with a trauma-informed design principle on peer support. How can our designs strengthen and change if we allow for flexibility of care and peer support?

COLLABORATION AND MUTUALITY
Designers recognize that care and healing happen through connection, compassion, critical consciousness, and meaningful shared decision-making.
—

As trauma-informed design principles continue to emerge and evolve with practice, so are the matters of concern that designers are finding themselves working on and within. This principle refers to what the Margolins suggested when those in the helping professions share similar goals as designers. We both care deeply about people, yet we come from different scopes of practice. Social workers often see the impacts of bad design. We are reacting to circumstances and trying to restore a person's dignity and humanity within deeply flawed systems and structures while reinforcing safety. George Aye, co-founder and Director of Innovation of Greater Good Studio, says that good design honors reality, builds power, and creates ownership.[10]

EMPOWERMENT, VOICE, AND CHOICE
We strengthen and empower the experience of the communities we are inviting in while recognizing that every experience is unique and may sometimes require a more personalized approach.
—

Civilla is a Detroit-based, non-profit design studio reimagining public institutions. I had the pleasure of working with a team for a few months on the anticipation of secondary or vicarious trauma.

Rachael Dietkus *is a design research strategist, licensed clinical social worker, and certified trauma professional dedicated to trauma-responsive practices in design. She advocates for social workers in design and tech, studies and writes about the impacts of trauma in the context of design and focuses on how and why trauma-responsive methods are needed in design research and practice. She is the founder of Social Workers Who Design and speaks and works with design teams worldwide.*

They were getting ready to launch an intense and robust round of interviews with people who utilize a current system in the state of Michigan. Project leaders knew this was going to be an intense period of work. One of the things I did with them was meet as a team and meet 1:1 to debrief and process what was coming up for them by offering a dedicated, personalized space of understanding as a social worker-designer. Each person talked and processed at their own pace the things that were rewarding, challenging, and ahead in the next phase. The care and attention to the anticipation of trauma among their team members are the kind of trauma-responsive design work we need much more in our organizations.

CULTURAL, HISTORICAL, AND GENDER ISSUES

Designers identify and understand their biases and avoid stereotypes via personas. Truth is centered, relationships are valued, and trauma's historical and generational impacts are acknowledged and addressed.
—
ChiByDesign is a Chicago-based social and civic impact design firm that is people-centered and grounds its work in a co-design approach. They are caring, bold, and dynamic in how they approach design. In 2020, ChiByDesign started a research project with the Ohio Department of Job and Family Services to understand how racism is embedded into their foster care and child welfare systems. The design team knew this would be a complex project and tried to incorporate micro trauma-informed principles into their research.

However, they realized they had to do better than simply try because the mission was focused on co-designing an anti-racist future for youth and families. Authentically engaging with people who have been traumatized by racism and other oppressions means putting forth an abundance of care. So, they brought me on board to work at this intersection of trauma-informed, anti-racist co-design. We approached this work with an evolving understanding that to be anti-racist, you must be trauma-informed. And if you're going to be trauma-informed or trauma-responsive, you must commit to anti-racist work in structures and systems that have been designed.

In conclusion

The ways we can become trauma-informed are vast and personal. Committing to daily practice matters. Continue to learn and understand the language of trauma and what it means to be trauma-informed—especially in the context of design. There is a literacy around trauma missing in our organizations, ourselves, and our design work. Now, more than ever, we need to be *at least* trauma-informed so that we can lead and work within trauma-responsive teams and organizations. Responding to this need is one of the reasons why I started a design practice committed to *being* trauma-informed and *becoming* trauma-responsive in design.

Becoming trauma-informed is a radical act. As we design with, by, and for, we must continue to do transformational, relational work—not that which is transactional and extractive. To engage in this evolutionary work means we need dramatic shifts in our education and training, new patterns and ways of practice, and personifying care principles that allow us to understand people and their environments ethically, responsibly, and holistically. ■