SOCIAL
WORKERS
WHO DESIGN

Trauma-Responsive Design: Reimagining the Future of Design

Rachael Dietkus (she/her/hers)
// Licensed Clinical Social Worker
// Certified Clinical Trauma Professional
// Design Researcher & Design Strategist
// Founder of **Social Workers Who Design**

Illustration by Sonny Ross for The Guardian

I am a **social worker** and **designer**.

I study **trauma** in the context of **design**.

I *practice* being a **trauma-responsive designer**.
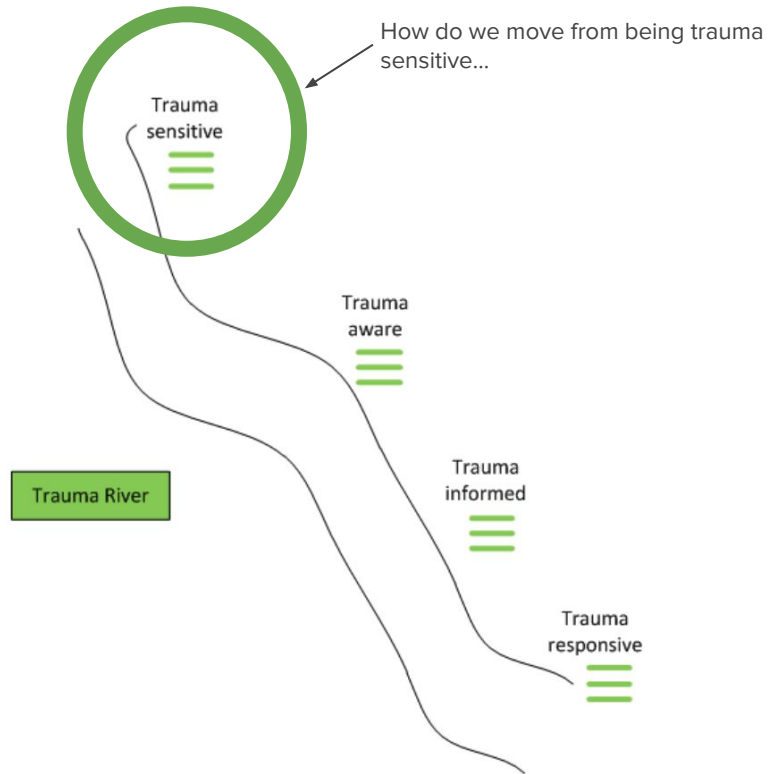
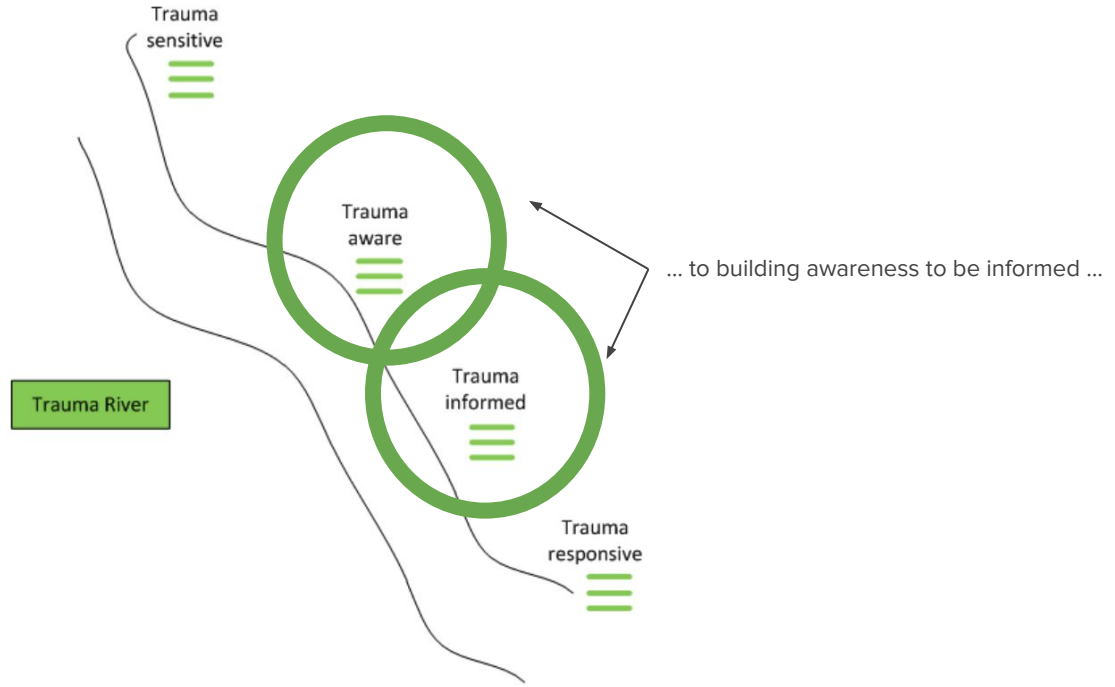**Land Acknowledgement**

Oceti Sakówin (Sioux)

Miami

Peoria

Kiikaapoi (Kickapoo)

https://native-land.ca

How can **designers** become **trauma-informed**?

How do we move from being trauma sensitive...

Trauma sensitive

Trauma aware

Trauma informed

Trauma responsive

Trauma River

Trauma
sensitive

Trauma
aware

Trauma
informed

Trauma River

Trauma
responsive

… to building awareness to be informed …

Trauma
sensitive

Trauma
aware

Trauma River

Trauma
informed

... to being trauma responsive?

Trauma
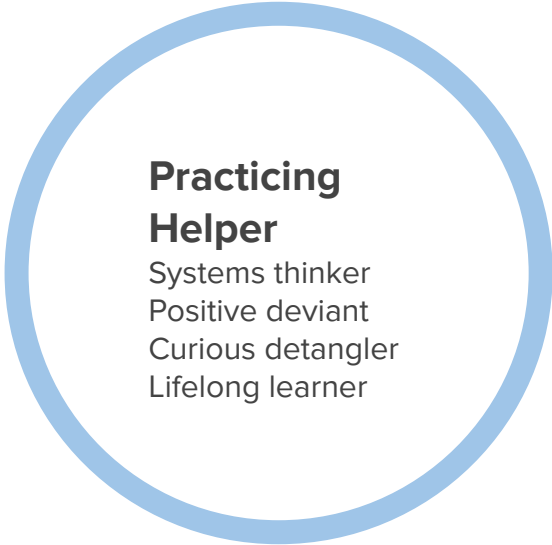responsive

Values + Purpose + Practice

Core Values
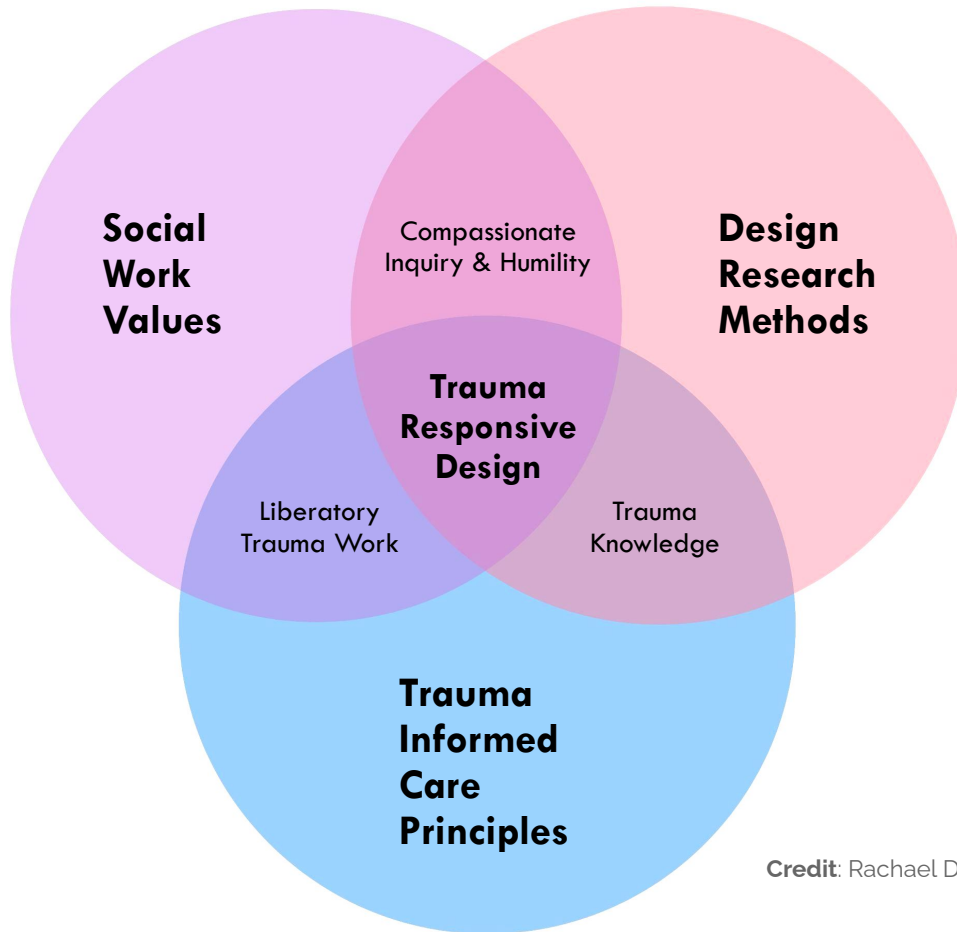Integrity
Self-trust
Authenticity
Grounded confidence

**Purposeful
Design**
Just
Ethical
Critically conscious

**Practicing
Helper**
Systems thinker
Positive deviant
Curious detangler
Lifelong learner

THIS IS DOING

A Transdisciplinary Model of Change for Trauma Responsive Design Research

SOCIAL WORKERS WHO DESIGN

Social Work Values

Design Research Methods

Trauma Informed Care Principles

Compassionate Inquiry & Humility

Trauma Responsive Design

Liberatory Trauma Work

Trauma Knowledge

Credit: Rachael Dietkus, 2021

Two very important {academic} design research insights.

A "Social Model" of Design: Issues of Practice and Research
Victor Margolin and Sylvia Margolin

Introduction

When most people think of product design, they envision products for the market, generated by a manufacturer and directed to a consumer. Since the Industrial Revolution, the dominant design paradigm has been one of design for the market, and alternatives have received little attention. In 1972, Victor Papanek, an industrial designer and, at the time, Dean of Design at the California Institute of the Arts, published his polemical book *Design for the Real World* in which he made the famous declaration that "[t]here are professions more harmful than industrial design, but only a very few of them."[1] The book, initially published in Swedish two years earlier, quickly gained worldwide popularity with its call for a new social agenda for designers. Since *Design for the Real World* appeared, others have responded to Papanek's call and sought to develop programs of design for social need ranging from the needs of developing countries to the special needs of the aged, the poor, and the disabled.[2]

"We believe that many professionals share the goals of designers who want to do socially responsible work, and therefore **we propose that both designers and helping professionals* find ways to work together**."

*In this context, the helping professionals the Victor and Sylvia were referring to are **social workers**. Other professionals to take into consideration are those working in clinical and mental health counseling, criminal justice systems and reform, abolitionists, activists, care, health, and human services.

Practicing Without a License: Design Research as Psychotherapy

Tad Hirsch
Northeastern University
Boston, MA USA
tad.hirsch@northeastern.edu

ABSTRACT

This paper considers the potential for participants to experience psychotherapeutic effects through their involvement in design research. Drawing on literature in human-computer interaction, psychotherapy, and feminist sociology, I argue that vulnerable participants may experience qualitative interviews therapeutically when they engage in reflexive activity about sensitive topics with researchers who employ psychotherapeutic techniques that encourage disclosure and reflection. I discuss ethical concerns and suggest the need for trauma-informed research practices, updated consent procedures, and revised pedagogy that better support researchers and participants engaged in emotionally charged encounters.

Author Keywords

Design research; qualitative research; semi-structured interviewing; psychotherapy; emotion work; trauma-informed research.

My interest in this topic arises from an experience studying elderly people who lived with several long-term medical conditions. The study population was at elevated risk of social isolation, depression, and other mental health concerns. Our study protocol involved home visits, a common design research method in which researchers conduct interviews and observations of participants in their homes. After one such visit, two graduate students conducting the research reported a particularly charged session in which a participant described feelings of loss and social isolation in great detail. Tears were shed during the session, and hugs were exchanged at its conclusion.

While remarkable, experiences like this are not uncommon when working with vulnerable people. Many researchers have reported that participants experience strong emotions during qualitative interviews and have discussed the bonds that can be created between researchers and participants. However, I was struck by the response of a clinical

"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.'**"

Defining <mark>trauma</mark> in the context of design.

Trauma is a response to anything that's overwhelming and that happens **too much**, **too fast**, **too soon**, or **too long**.

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It is coupled with a lack of protection or support. It lives in the body, stored as sensation: pain or tension - or is a *lack of* sensation, like numbness.

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It does not impact us all in the same way. Context is *critically* important.

This integrated definition of trauma is attributed to Karine Bell, Resmaa Menakem, and Bessel van der Kolk.

Trauma is connected to ==memories==. The ==attachment== to traumatic memories greatly influences the many ==identities== we all have.

Our **identities** as designers –
and the **attachments** we have
to <u>certain ways of doing
design</u> – greatly influence
<u>how</u> and *<u>why</u>* we design.

What can we use as a ==guide==?

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:

1. SAFETY

2. TRUSTWORTHINESS & TRANSPARENCY

3. PEER SUPPORT

4. COLLABORATION & MUTUALITY

5. EMPOWERMENT VOICE & CHOICE

6. CULTURAL, HISTORICAL, & GENDER ISSUES

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. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by OPHPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

1.

Safety

People must feel emotionally, physically, and psychologically safe in our spaces or when taking part in our design services.

2.

Trustworthiness & Transparency

All design ops and decisions are conducted with transparency, with the goal of building and maintaining trust with all staff, clients, participants, and those with lived experience who will be utilizing *anything* we might design.
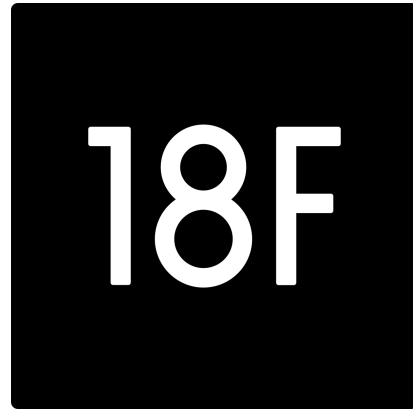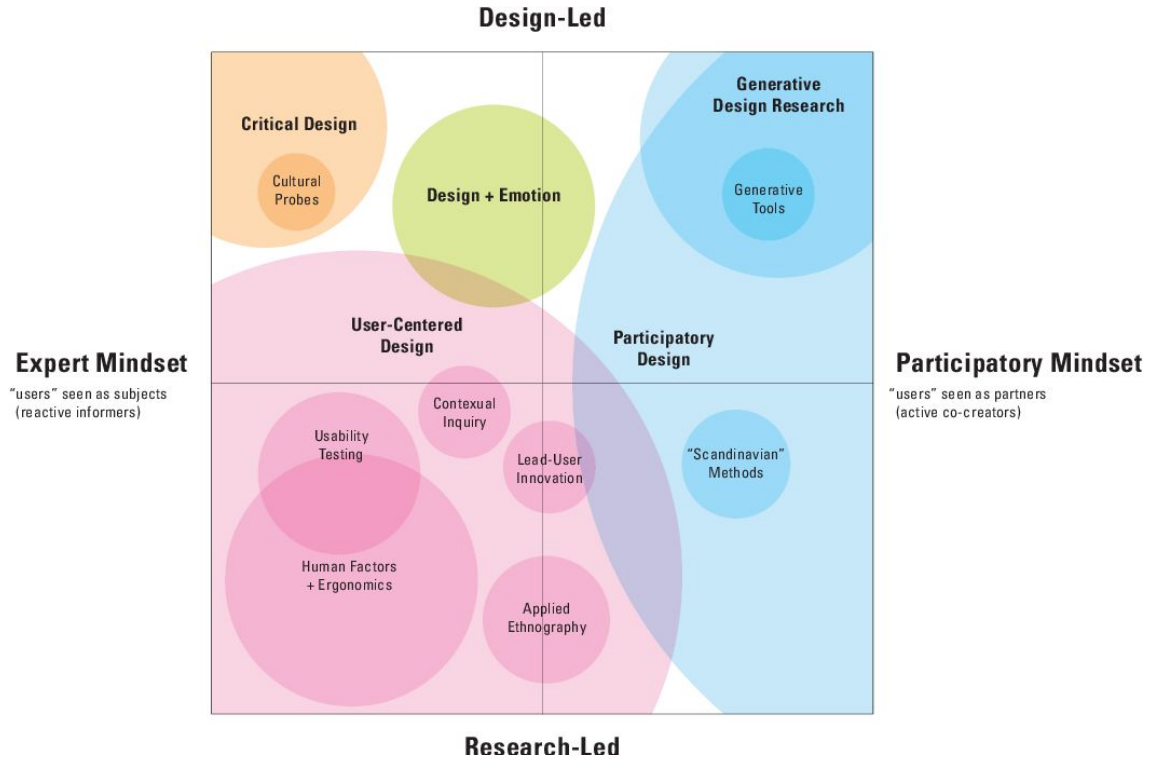
3.

Peer Support

We enable individuals to involve their peers or the people they care about. This is crucial for design approaches that build trust, establish and maintain safety and relationships and empower everyone involved.

4.

Collaboration & Mutuality

As designers, we recognize that healing and co-healing happens through critical consciousness and meaningful sharing of power and decisions-making. We will strive to involve people in radical participatory design.

Design-Led

Critical Design

Cultural Probes

Design + Emotion

Generative Design Research

Generative Tools

Expert Mindset
"users" seen as subjects
(reactive informers)

User-Centered Design

Participatory Design

Participatory Mindset
"users" seen as partners
(active co-creators)

Contextual Inquiry

Usability Testing

Lead-User Innovation

"Scandinavian" Methods

Human Factors + Ergonomics

Applied Ethnography

Research-Led

Empowerment, Voice, & Choice

We continuously strengthen and empower the experience of those we are inviting in, while recognizing that every person's experience is unique and may sometimes require a more personalized approach.
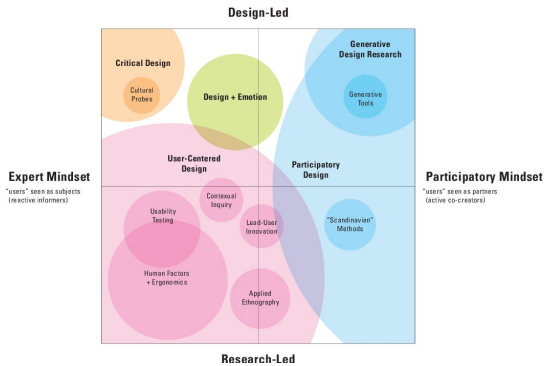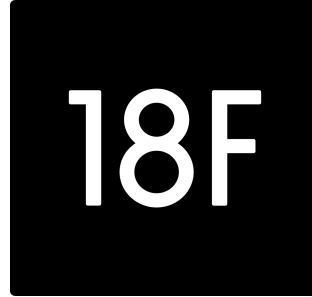
# Cultural,
Historical,
& Gender Issues

In design, we must: avoid cultural stereotypes and biases, provide culturally responsive design services, leverage the healing value of relationships, and address structural barriers by recognizing and addressing historical trauma.

My closing question...

How can we move through this ==trauma river== while being responsive in civic design?
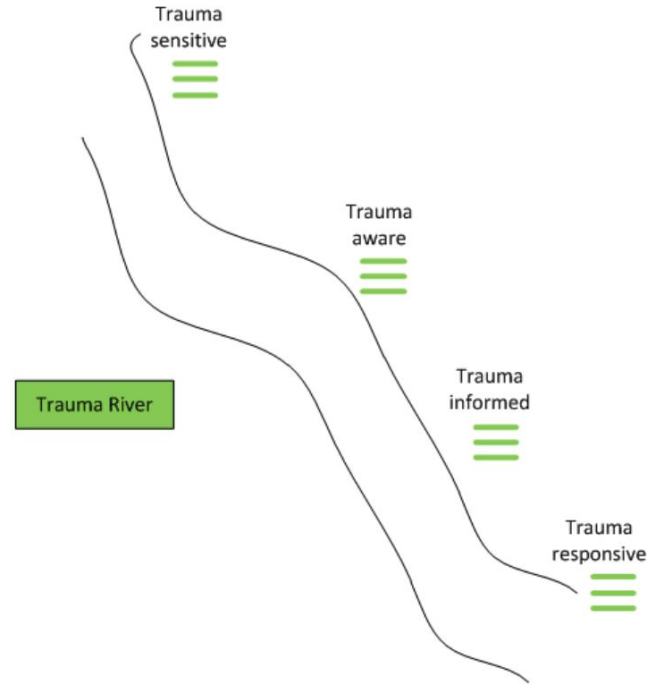
THANK YOU!

RACHAEL DIETKUS

Web: www.socialworkerswho.design

Email: rachael.dietkus@gmail.com

LinkedIn: www.linkedin.com/in/rachaeldietkuslcsw

Instagram: @socialworkerswhodesign

Twitter: @rdietkus