

WHY WE GOT STARTED

- ICH conducted **qualitative interviews to understand patient experience** with chronic conditions: OUD, COPD, chronic pain
- Participants frequently described **histories of traumatic events**
- We responded with empathy & best qualitative research practices, but needed a more formal approach
- We worked to **refine and formalize our approach** by grounding work in trauma informed practices

BACKGROUND

Trauma exposure is high

- Recent surveys estimate U.S. adults' lifetime exposure to one or more traumatic event at 89.7%¹ and 82.7%²
- Trauma exposure is much higher among vulnerable populations³
- 20% of adults who survive a traumatic event will subsequently experience Post Traumatic Stress Disorder (PTSD)⁴
- Many more will experience sub-clinical traumatic stress reactions⁵



TRAUMA-INFORMED DATA COLLECTION

Our proposed guidelines:

- Ensure the research **does not take control away** from participants
 - Consent is proactive & ongoing
 - Participants set pace, direction & emotional tone of data collection around sensitive topics
 - Dissemination fiercely protects participant identity & wishes
- Establish a **safety plan** and **chain of responsibility**
 - **In-person** interviews, not telephone, are best practice
 - Know what to do during interview if help is needed
- Decide **what information is essential** and what is not
 - Do not probe out of curiosity
 - Give space for participants to determine how much of their story to share
- Ask questions that **focus on resilience**, not deficits
 - "It must have taken a lot of strength to get through that. What strengths do you feel you drew on?"
 - "Tell me about a time when you felt proud of yourself."
- Always prioritize **participant welfare** over data collection
- Set **boundaries** & practice **self-care** to minimize secondary traumatization
 - Empower supervisees to set the pace of own work
 - Budget time for debriefing

WORKS CITED

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SUMMARY

We can do better qualitative **data collection** by adapting practices from **trauma-informed approaches**



IMPLICATIONS

Using the lens of trauma-informed practices allows us to:

- Avoid inadvertently triggering traumatic stress responses
- Do a better job protecting our research participants and ourselves
- Form more participatory, co-productive alliances with participants