FROM THEORY TO ACTION:
Exploring Process for Trauma-Informed Approaches in Design

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MAKING JUSTICE

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I want to thank Cohort 6 of the MDes program as the people with whom I spent the last challenging two years of COVID-19, social and racial upheaval, and group challenges. Kendell, Mikayla, Stephanie and Niki, you are inspirations and all supported me through this program.

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Abstract

Designers are increasingly using their unique skills and tools to find innovative solutions to the wicked social problems our day. Through design processes, we aim to make much-needed systemic changes by engaging the very communities that have experienced harm. While we want to make positive social change, but design education and continuing education must teach designers to address the social and emotional needs of design research participants and collaborators. The emerging conversation around trauma-informed design aims to give designers more tools to support a nonextractive approach to co-design in social impact settings.

Social designers are already laying a strong foundation for trauma-informed design practices as they inform other practitioners about how trauma impacts design work and how to become a more informed and inclusive designer. However, there are few case studies to reference when designers begin the process of becoming trauma-informed. Through collaborative work with Convergence Design Lab in Chicago, IL this work aims to fill this gap. During an eight-month process, I worked closely with these social designers to explore the use of new tools that combined strategies from design and social work. After three research phases that included observation, collaborative trauma-informed interviewing, and three design workshops, I observed the potential of trauma-informed approaches to design practice. While this case study shows that trauma-informed design has strong potential to inform and improve upon the practices of social designers, it also displays the challenges of this multidisciplinary effort and offers recommendations for future work.
Keywords

Social design, co-design, Human-Centered Design, trauma, trauma-informed, trauma-informed design practice, multidisciplinary, social work, design praxis, case study, collaboration
Context

For too long US culture has minimized the impact of experience, memory, and emotion on our lives. We ignore uncomfortable truths about what has happened and what we have done in the hope that the impact will never come to pass. Unfortunately, we know that this is not reality – not for our national identity nor our individual ways of being. The ways in which our experiences stay with us as deep memories fundamentally shape how we see and interact with the world.
None of us would be who we are without the good or the bad experiences in our lives. That being said, the deep injuries of the past have come calling through a series of compounding crises. The impact of the chronic stress and trauma caused by COVID-19, political unrest, a coup attempt, race-based violence resulting in nationwide protest, and the global threat of war will reverberate into the future for generations. We are entering a time of collective global trauma and healing where we will endure hardships, but also incredible resilience. Now is the time to engage with others intentionally, empathetically, and with kindness while holding true to our values. We should approach inevitable conflict and repair with healing in mind, but have the strength to know our boundaries.

The following work about trauma-informed practices lives within this context and cannot be separated from the many systemic and individual traumas that we face and which our communities face. Looking still more broadly at the context, we must also understand the great resilience that people and communities have proven to have over the course of generations. We may be shaped by what happens in our lives, we are not defined by it. This work hopes to address the growing conversation around trauma-informed practices in nonclinical settings while understanding that practitioners must always focus on strengths and with humility that there are – and always have been – multiple ways to become an effective, engaging, and generous practitioner.

**Motivation and Bias**

I am both a Social Worker and a Designer, two fields that are fields that are intrinsically linked through aligning goals and complementary skills. Adding the Designer role into my skill set after many years as a Social Worker and frontline practitioner in social impact programming, gives me an admittedly specific approach to design. Social work is a practice-based field that generally teaches skills in tandem with social theory. Social work education employs community-based fieldwork as part of the experience while simultaneously teaching overarching social theories and evidence-based clinical practices. While there are many pathways from social work education, the foundation of social work is practice based on theory. In other
words, praxis is essentially a naturally occurring process in social work education. This was my foundation in joining the field of design and I see the frontline work of social impact as a necessarily practice-oriented endeavor regardless of training or background. The same can be said for socially engaged design.

My personal social work practice has always included some elements of micro practice in which I worked directly with clients and macro practice where I developed services and programs. I chose to pursue design because of the similarities of scope and approach. Design with social impact aims similarly impacts people directly and on a more systemic level, but the element of design that I became focused on was the process. While engaging with communities, what are the practices that social impact designers employ to ensure that the engagement process is not only in service of the outcome, but supportive of the community itself? The more I learned about design methodologies, the more questions I had about the process of engagement. Therefore, I chose to spend my time and opportunity to expand my understanding of engagement through design and to offer insights from multiple disciplines on how to have more ethical and impactful practices.

Additionally, my identity as a white, cisgender female influences my perspectives on this work and requires a deep look into the biases that I may hold. The work of becoming trauma-informed must also recognize that my involvement in the work has historical precedents that are both important and potentially harmful. My reflective practice around my many identities includes ongoing assessment of professional and personal interactions with groups and individuals. At times this is largely solitary work, but I have also participated in formal and informal discussion groups to help move the work forward and be held accountable for my action and advocacy. The present work hopes to be a contribution to the work of healing in community, at work, and within larger social systems.
Foundations of Healing Work

As will be discussed throughout this writing, the multidisciplinary principles that form the basis of my work are derived from research and practice approaches in the mainstream academic and clinical conversation about mental health treatment and organizational functioning. The purpose of this – for better or worse – is to make specific connections between mental health fields and design. However, it is important to acknowledge the breadth of work that is done in nonclinical settings, community-based organizations, cultural contexts, and spiritual spaces. People and communities were successfully healing from generational trauma long before the clinical and academic perspectives were developed.

While the specificities of nonclinical and nonacademic perspectives are not the focus of this work, they are certainly not separate. Healing from trauma, resilience, and the fortitude of the communities is an integral part of humanity, but especially in communities that have faced significant trauma over generations. In the United States, Black and Brown communities as well as Indigenous people – to broadly name a few – have faced systemic and state-sponsored violence and marginalization. There are also global acts of genocide and violence that have impacted communities in the United States and elsewhere that continue to impact current generations of people. While these traumas are present, it is equally important to highlight the resilience of communities throughout the US and the world that often developed not as a result of clinical treatment but out of community, spiritual, and cultural strengths.
Designers and anyone working to support communities or amplify marginalized voices must understand the presence of this resilience and healing even if the details are not revealed. In these spaces, practitioners must always start with strengths before all else. Designers in social impact work must also remember that they are not coming in at the beginning of the healing, restructuring, or redevelopment work. Because of this, we must also remember that context and experience have a huge impact on how we are perceived in any given situation. That said, we should not expect immediate acceptance without earned respect. Finally, a common phrase said within the field of social work is “Start where they are.” This means that we can't force change or participation, but rather we must integrate our mutual goals and be flexible in our aims to encourage more effective collaboration and co-design.
The Problem

Social design – defined here as the application of design methodologies to address, change, or dismantle harmful social systems – encourages participants and community collaborators to share details about their experiences. Applied in this context, design methodologies extract emotional content from participants to be used in the design process and outcome. This action leaves the Designer with an additional level of responsibility because participants share their lives and inner
thoughts to address the wicked problems that impact their lives. It can be painful and disrupting for members of communities impacted by the wicked problems to share these details and harmful when shared without a system of support. When social design projects are not community-led, the lead designer must acknowledge this responsibility and make every effort to support the wellbeing of the participant and/or collaborator throughout the process.
In an effort to build empathy for an individual, to understand context more deeply, or to codesign an end product, designers use varying methodologies and apply specific methods to an environment. Some of these methods require participants to reflect on experiences from the past, simulate new experiences, or provide insight on their current circumstances. Within the design process, this is a logical step. We need to understand the context and ask for insight about the community with which we design. However, some of these methods run the risk of activating an emotion, sentiment, or fear that may be within the participant. For example, the intention of an ethnographic interview is to get the participant to share their stories and experiences related to the topic at hand. Typically, ethnographic interviews are more open-ended and allow for a less structured exploration of the participant’s experience. While this type of exploration is vital to design research, the method closely resembles both the aims and approach of therapy. This is especially risky when the participants of a project or study are intentionally recruited from marginalized or at-risk populations. The action of encouraging the participant to expand on a statement sounds like the therapist’s request to “tell me more.” This is where there is a particular risk of transference wherein the participant may identify and bond with the researcher. These themes will be further explored in the Literature Review below.

While this work aims to explore ways to mitigate the risk that these methods may pose, it is not intended to deter designers from using these methods. Rather, it will encourage designers to reflect on the purpose and approach of the methods to more deeply understand parallel processes that are happening with the participant as they are being used. For example, a designer using ethnographic interviewing with immigrant populations about the relocation experience must anticipate the impact that line of questioning will have on the participant prior to and during the interview. The designer should watch out for verbal and nonverbal cues that the participant is having a reaction to the content and remember that when the interview is over the experience being described may be closer to the surface and more impactful than before the designer entered the room.

Designers also frequently adopt frameworks and mindsets to inform their work without the benefit of a roadmap to practice implementation. In other words,
while these mindsets and frameworks support a more well-rounded view of practice and community, they are not in and of themselves a pathway to changed practice. Creating change in practice requires designers to integrate additional skills that will help them understand their role in the community, encourage them to reflect on their personal bias, reflect on their practice values and organizational approach, and intentionally adapt their way of communicating, understanding, and approaching their collaborators and partners. For example, Design Justice as a framework is an essential component to the ethical and value-based system of a designer. It is unlikely that a social impact designer will look at any of the principles of Design Justice and question the purpose or value of that assertion. However, the question may be “What does this look like as a daily practice of design?”

To this end, the present work will establish the emergence of a framework for design – Trauma-Informed Design – that brings principles from the mental health field into design research and practice in an effort to have a less extractive and more ethical approach to social impact design. Used in this work, trauma-informed is defined as, “an multidisciplinary approach that applies principles which are known to mitigate the impact of trauma and integrates them more broadly into practice. These practices must be understood within the context of our sociopolitical, economic, historical and racialized society.” Further, I will highlight Trauma-Informed Design as a method of praxis. That is, both a signifier of the values of a designer and a driver behind practice approaches and decisions. This is all in a larger effort to assert that design frameworks more broadly can be both values-systems and concrete approaches to practice.

Why Trauma-Informed?

In order to understand the current use of the term “trauma-informed” it is important to briefly discuss its origins. The use of the term derives from the work to address the needs of people who have experienced trauma or trauma survivors. Since there have been increased efforts in clinical settings to directly address the symptoms of trauma exposure, practitioners, policy-makers, and survivors acknowledged that the treatment of these symptoms on its own was not
enough to counteract the broader challenges they pose in a larger context. As a result, trauma-informed as a term became more prevalent in that it broadened the supportive lens to be organizational or community-based. Based on the knowledge of care for trauma survivors and applying it organizationally led to a broader application of concepts. The Substance Abuse and Mental Health Services Administration released their interpretation of these concepts in their six principles of a trauma-informed approach: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice, and choice, and cultural, historical and gender issues. These principles were created in an effort to encompass the overlapping needs of trauma survivors and external factors that impact their behaviors.

The argument here is that trauma-informed, as applied to design, acknowledges the impact and prevalence of trauma in a wider societal sense. Further, trauma-informed design applies principles, values, and skills of engagement within research and practice that is supportive of participant, collaborator, and community well-being in the short and long term. Importantly, design is a nonclinical field and should not consider the adoption of trauma-informed practices as a clinical practice. However, as trauma-informed practices are adopted across many fields and disciplines, it necessarily becomes an intrinsically multidisciplinary term.

Interpreting Terms and Concepts

Central to the present research is the interpretation, understanding, and application of contextual terms between disciplines. As trauma-informed practices become increasingly common in professions outside of mental health, there is a need to broaden the language that we use to discuss the terms and clarify where and when the terms are used. This challenge becomes complex when considering the many ways in which trauma is understood across populations. Clinical practitioners have a particular understanding of the term while nonclinical practitioners of other fields and popular culture apply different meanings in their everyday life and work. The image below visualizes the barriers in creating interpretations for terms related to trauma and trauma-informed practices. The connotation of the
word trauma can be confusing, anxiety-provoking, intimidating, or even offensive to people depending on the context from which they come. Therefore, it is important to carefully explain the meaning and use of the terms as design adopts the framework more broadly.

The vital work of clarifying the designer’s role within trauma-informed approaches and an understanding of the context and concepts will allow for more translation between disciplines. In other words, though the overlapping understanding and integration of the principles is not yet clear, the vital clarifying discussions encourage a more multidisciplinary approach to social impact projects. The perspective of this work is that trauma-informed practice is an intrinsically multidisciplinary term. As it becomes adopted into the lexicon of varying disciplines, varying disciplines may view the terms in vastly different ways – some may not even accept the term at all. However, discussions between disciplines about the opportunity to integrate
the principles helps guide the conversation toward shared language and common values. For trauma-informed design practices specifically, it is vital that designers have partners and resources with specific training who can provide additional insight and support in conversations that engage with emotional content. Professionals from a field such as social work will have received training on the individual and collective implications of a trauma-informed approach as a part of their education.

A final, yet nevertheless essential, part of the broader conversation in trauma-informed design practice is the link to professional ethics within design. The overarching field of design does not have an ethical code by which to practice. Unlike fields such as medicine, social work, and journalism, designers’ ethical practices are more individualized and directed by the values of the designer. While this allows for additional freedoms within the field of design, there are fewer mechanisms for accountability outside legal implications or peer-driven measures. In “Upon Opening the Black Box and Finding it Full: Exploring the Ethics in Design Practices,” Marc Steen proposes that “contemporary design practices, such as participatory design (PD), human-centered design (HCD), and codesign have inherent ethical qualities, which often remain implicit and unexamined (2015).” He argues that moving from implicit to explicit ethics in these methodologies makes design more effective. With this argument in mind, the present work agrees that these methodologies are inherently ethical and that applying them in social impact settings makes ethical guidelines increasingly important.

How can designers create mechanisms to not only avoid potential harmful impacts of our actions, but embrace a mindset that sees people and communities holistically while employing strategies that support the health and wellbeing of them? This work will examine the role of design as a powerful tool for change within the landscape of trauma-informed practice in social impact settings. Given that designers in such work engage with vulnerable and/or marginalized populations, we must become adept at practices that keep our work from becoming more extractive than they are helpful. The multidisciplinary application of trauma-informed practices could be a pathway to finding these mechanisms.
Design in Social Impact Spaces

As society grapples with the persistent failure of financial, educational, political, and other social systems, there is increasing interest in finding more innovative solutions to the problems that we face. Design has begun to see its place in this change and moved further into social impact spaces. As used in the present work, design will be defined as disciplines that use iterative creative and hands-on methodologies to create or recreate a product, environment, service, program...
or system. Social design furthers that definition by adding that the creativity and hands-on methodologies be used to address the individual, community, or systemic barriers that cause marginalization and oppression. Though based on the secondary research presented here, this definition was formed for the uses of this particular document.

Thomas Markussen defines social design and highlights the field's transition in the 2017 work “Disentagling the ‘Social’ in Social Design’s engagement with the Public Realm.” Markussen states, “Social design is defined according to (i) its modus operandi, i.e. its specific way of working and operating through ‘participatory approaches’ and (ii) its aim towards ‘social ends’ as being prioritised over commercial objectives.” Markussen positions social design squarely in micro practice - or individual-level interventions - rather than having direct influence in the broader social context. By Markussen's analysis, social innovation is closer to how social design is used here. According to this definition, social innovation includes larger scale change and is flexible enough for others to adopt. Still, Markussen's perspective opposes the goals of this research in that it clearly demarcates the impact of micro- and macro-design projects and focuses heavily on the outcome rather than the process. My work adds to this definition by arguing that they are not inherently separate because the impact on the individual participant in the design process is part of a larger social system that must be considered in direct work with communities regardless of the outcome aims.

In another stance on the issues of social design, Cinnamon L. Janzer and Lauren S. Weinstein understand the importance of working within micro and macro contexts in their work, “Social Design and Neocolonialism.” Their definition of social design is simple and concise. They write that, “social design is, in its broadest sense, the use of design to address, and ultimately solve, social problems (2014).” As with Markussen, this work takes a similar stance that social design has evolved in the last decade in response to crumbling systems and exacerbated conditions of poverty, illness, and climate change. However, the authors go further and write, “If social design strives to positively reshape the social realm, then social design study, practice, and practitioners must consider, and be able to consider, the macro and micro political, economic, and cultural systems that contribute to the issues and ills
that social design seeks to change." Trauma-informed practice, when evaluating its uses within design, is presented as a pathway to help practitioners consider context more deeply. As used here, trauma-informed design does not only consider the experiences of the individual participant, but the impact on their community – whatever that may be for the individual.

More broadly, the notion of ethical codes within design as it expands reach in social impact spaces is an ever-present conversation. Looking more deeply into Marc Steen’s “Upon Opening the Black Box and Finding it Full: Exploring the Ethics in Design Practices,” there is a heavy focus on the inherent and implicit value-setting that occurs when designers engage in participatory design, human-centered design, and co-design. As stated in the introduction, Steen argues that these methodologies cannot be conducted without a consideration of ethics because of the human engagement they entail. For each of these three methodologies, Steen also offers a parallel values theory thereby providing supportive literature for his stance. The stance taken in the framing of trauma-informed design practice is similar to Steen's in that it also understands that human interaction in a professional setting such as design necessarily presents ethical challenges. However, my stance here is that social design as a whole presents designers with ethical challenges regardless of the chosen methodology.

Adapting Approaches for Social Design

Despite the work of many well-intentioned and skilled designers that have used their training to solve contemporary problems, the standard or traditional application of design methods are not adequate to address the transition to social design. Janzer and Weinstein make the case for reworking or discarding design methods that are no longer appropriate in these new sets of circumstances. They write, “As designers enter the social realm – and shift from designing objects to designing social change – the need for capable and ethical social practice must be acknowledged and developed (2014).” They assert that design has not effectively adapted methods and that some methodologies like human-centered design, co-design, and design thinking are distilled from other types of design when they should be
fully adapted for social design. Janzer and Weinstein created a matrix to support designers in making more intentional and ethical choices in methodology. This matrix helps to place design methods in four quadrants: Transformative Social Change, Human-Centered Design, Traditional Design, and Design Neocolonialism. The image in Figure 1 (adapted for use and clarity) shows the matrix as designed by the authors.

Figure 1. Blank Design Neocolonialism Grid adapted from Janzer and Weinstein

Each quadrant has a specific way of viewing and assessing design methods. Therefore I adapted the grid to contain a summarized explanation of each quadrant’s purpose.

Figure 2. Description of Design Neocolonialism Grid adapted from Janzer and Weinstein

From Social Design and Neocolonialism by Cassandra I. Janzer and Lauree S. Weinstein
Finally, Janzer and Weinstein presented examples of design methods that fit within each quadrant. Presented visually in the following grid, the authors offered examples of which methods were more adaptable to a non-colonial mindset.

![Design Neocolonialism Grid with examples adapted from Janzer and Weinstein](image)

The thoroughly written recommendations and thought processes in the Janzer and Weinstein research are important additions to the conversation about how designers can transition to socially impactful work. It provides a strong call to action for designers to reflect more thoroughly on their practices. The research presented here will add to this work by offering reflections about the mindset and approach of the designer in addition to the choice of methods. In other words, while the choice of methods is vital to a more ethical transition into social impact work, designers must also evaluate their approach to engagement within any of the methods that they use. Even methods that fall within Janzer and Weinstein’s quadrant of transformational social change must only be used when carefully considering context, designer role, and with support of participant and community wellbeing. Another reason to address the use of methodologies and methods in design is to address the parallels that designers and design researchers have seen between design and other fields or systems. This is particularly important as social impact designers attempt to define and carve out the role of designers in these spaces. In order for designers to collaborate within multidisciplinary teams,
we must first understand our roles more clearly. Part of this is distinguishing and distancing ourselves from others.

First, Sarah Fathallah and A.D. Sean Lewis recognized parallels between policing and traditional design work. When it was applied to social impact without adapting the methods, they found the process of engagement and co-design with impacted communities to be extractive and harmful. Fathallah and Lewis discussed the extractive qualities of design in “Abolish the Cop Inside Your (Designer’s) Head,” by highlighting the ways that design has aligned with policing and pointing out similarities in ideologies between the two institutions. In addition to pointing out that designers have created many of the tools of policing, the authors detail many shared ideologies. Importantly, Disposability and Extraction is one of the points of shared ideology about which they write. They write:

> In design research, ‘subjects’ are useful as long as designers are able to extract knowledge, insight, or social capital from them, and are quickly disposed of once their value is no longer of use. Even when designers attempt to facilitate processes with research or user testing participants in inclusive, democratic, or participatory ways, design processes remain by and large extractive to communities. (2021)

Another concerning point about using design methods in social impact work is the increased likelihood of a designer or design researcher asking questions that extract emotional content from the participants. Many methods ask that designers push participants to share their experiences and explain details for more evidence. Without proper training or experience, this can create unsafe and psychologically damaging environments for participants. Tad Hirsch found this connection in a 2020 paper entitled, “Practicing Without a License: Design Research as Psychotherapy.” While Hirsch does not see an intrinsic issue with delving into emotional content with design research or development participants, there is a strong recognition that the conversations often lead to exchanges that mimic those of psychotherapy. Hirsch asserts that designers must be aware of those relationships because most designers are not prepared to manage the relationships as a therapist would. For example, designers are not tied to the idea of professional
boundaries by a larger entity as therapists or doctors would be. However, the mental health field knows that healthy boundaries are better for both the participant/client and the designer/therapist. Additionally, designers do not learn how to navigate transference – where a participant attaches more closely to the designer because the designer reminds them of someone else in their life – or countertransference – when the same process happens from the designer with a participant.

Summary of Trauma and its Impact

While the main focus of this work is not on the actual experiences of trauma, it is important to know the prevalence of trauma as a foundation of why this framework exists to begin with. Trauma is a widespread experience in the United States. Research that studies the impact of Adverse Childhood Experiences (ACEs) is commonly cited to show the prevalence of trauma. ACEs are a list of experiences which are used to screen adults and youth for trauma. Multiple studies have shown that there are clear physical and mental health implications for people who report having experienced one or more ACEs. In the classic ACEs study in the 1990s, 1 in 10 reported verbal instances of abuse and more than 1 in 4 reported physical abuse (slapping, pushing, throwing, etc.). 1 in 8 of respondents had witnessed violence against a parent. Additionally, 28% of women and 16% of men reported sexual assault as a child. Of the respondents who reported ACEs, 87% experienced at least two different ACEs and 1 in 6 experienced four or more (Van Der Kolk 2014). Many ACEs studies have been conducted since the original with similar results. All of this is to reiterate that trauma exists, is widespread, and has implications beyond the immediate aftermath.

Trauma is often considered related to extreme events such as war, abuse, neglect, violence, and natural disaster, and other extreme events. However, the definition of trauma is evolving to address chronic stressors, race-based trauma, and other circumstances outside of this traditional thought. More contemporary definitions address the idea that the event is not what defines trauma but that experience of the individual and the impact on their life. Having researched multiple definitions of trauma within multiple contexts, I define trauma as, “the experience of a
threatening, harmful, or injurious event, series of events, and historical contexts, and the physical and emotional responses of an individual or collective to these conditions.” This definition was created to include two important aspects that were not common across definitions. First, this definition acknowledges the impact of historical trauma on the present. Especially for marginalized groups that have been historically oppressed in the United States, it is important to acknowledge the generational impact. However, there may be additional information in the study of epigenetics. Second, this definition includes a perspective of collective trauma. Though individual people may experience trauma differently and respond in various ways, communities are impacted by and heal from trauma collectively so it is important to acknowledge this as a central component of trauma studies. More definitions are discussed in the results section of this document.

Central to experience is memory - whether or not trauma is present. The inner workings of the brain hold these memories and help to keep us safe from potential threats. Stressful or traumatic experiences shape the memories stored in our brain and tell us how to respond the next time you are under threat. Sometimes this function works in your favor and saves us from potentially harmful events. Other times this function works against you by activating the threat response within a seemingly innocuous moment. In this way, trauma changes the way your brain works and alters the way you see the world and relate to others. The image below simply explains the part of the brain related to these memories and how they respond to threat or crisis. The most important takeaway here is that our brain functions to protect us from physical and emotional harm. Therefore, we hold mechanisms that often operate outside of our conscious minds and initiate a physical response to real or perceived threats. As practitioners of social impact design, we must understand that no one enters a space as a blank canvas and that part of the role within a trauma-informed approach is to acknowledge this fact and do what we can to acknowledge, address, and mitigate when and how participants and community collaborators perceive threats in our work and actions. The image below briefly explains how the brain works and perceives threat.
In response to the harm caused by trauma and otherwise adverse experiences, clinical, community-based, and spiritual supports were created. Over time, communities at the center of trauma and harm created models of resilience and clinical models were developed to address the psychological and physical symptoms – the clinical models developing long after the more community-based systems of support. Either way, there have been attempts to help people regain identity and meaning after trauma occurs.

**Evolution of Trauma-Informed Approaches**

As discussed briefly in the introduction, trauma-informed principles and approaches have evolved from use in mental health and treatment of people who have experienced trauma. Based on what clinicians and healing practitioners know to be true about trauma, the term trauma-informed came to be used in settings where trauma was being directly treated and addressed. As consciousness of the impact and prevalence of trauma grew, these were the settings where the specific skills to address trauma individually and collectively were developed and researched. This was not necessarily only clinical settings as community-
faith-based organizations were also working to address trauma. A chapter by Caroline C. Piotrowski called “ACEs and trauma-informed care” from a larger 2020 publication called “Adverse Childhood Experiences”, attributes the development of this trauma-consciousness to domestic violence women’s shelters in the 1970s, child abuse advocacy and prevention centers in the 1980s, and responders to the crisis of post-traumatic stress disorder (PTSD) for veterans of the Vietnam War. Service providers saw patterns in the way that trauma survivors thought, behaved, and engaged in services. Since then, the awareness and prevalence of trauma and traumatic stress has only increased, leading to an expansion of this awareness to more sectors of health and other disciplines altogether.

As this work evolved over the decades, people who worked with trauma survivors recognized the need for practice shifts that mitigated the risk of retraumatization to their patients or clients. As providers adapted, researchers watched this work and started to define and document the approach. With popular clinical/organizational definitions coming from the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Child Traumatic Stress Network (NCTSN), as well as many academic and governmental institutions, trauma-informed care came to signify a strengths-based approach to treatment that supported empowerment and self-sufficiency after a traumatic event. Practitioners began to see client behavior from a different lens. Rather than put the full onus of negative behaviors on the client, they understood that behaviors they saw were part of a larger picture. Common phrasing within trauma-supportive communities tells us that we should ask “what happened to you?” rather than “what is wrong with you?”

A 2014 document by SAMHSA called “SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach,” offered practice and implementation recommendations for organizational adoption of trauma-informed approaches. In it, they summarized the Six Principles of a Trauma-Informed Approach that are now widely used in literature in the United States: safety, trustworthiness & transparency, peer support, collaboration & mutuality, empowerment, voice & choice, and cultural, historical, & gender issues. For this document, I have updated “gender issues” to reflect multiple and intersectional identities and will use “identity issues.” While these are popularly used principles and the principles that I used in this research,
there are other frameworks to support trauma healing. The present research and documentation uses the SAMHSA principles in an attempt to create interdisciplinary bridges between social work (mental health) and design specifically. The image below is a visualization of the six SAMHSA principles.

Figure 5. SAMHSA’s Six principles of a trauma-informed approach

Over time, the use of the term expanded to professionals in various fields – especially those that engage with marginalized, vulnerable, and/or at-risk populations.

Piotrowski writes that trauma-informed approaches are:

“...designed, first and foremost, to reduce the risk of retraumatization for individuals engaging with professionals. This can include patients receiving care in healthcare settings, clients of social and public health services (e.g., homeless shelters, food banks, crisis shelters, immunization campaigns, home visitation), as well as participants who are recruited to engage with professionals (e.g., participation in a research study, interview with a professional journalist).” (2020)

Additionally, Piotrowski recommends that trauma-informed approaches be especially applied for people who are likely to have ACEs in their history, with children
Trauma-Informed Approaches in Nonclinical Settings

Recent trends in K-12 schools and in post-secondary education push for increased use of a trauma-informed approach. This typically includes an emphasis on the prevalence of trauma in their students as well as possible manifestations in the classroom with a step away from requiring a clinical understanding of how to clinically treat someone who has experienced trauma. This new direction is displayed in the “Trauma-Sensitive Schools Training Package” by The National Center on Safe Supportive Learning Environments that moves the learner from psychoeducation about trauma and its impact into how to address trauma in the classroom (2018). Additionally, one example of application of the approach is displayed in Tamar Mendelson et al’s article, “A Randomized Controlled Trial of a Trauma-Informed School Prevention Program for Urban Youth: Rationale, Design, and Methods.” The approach was applied in an urban school setting. Important to this article is the understanding that while the approach is based on what is known to support those who have experienced trauma, it is effective and applicable to all students in this case (2020). Finally, in “Increasing Trauma-Informed Awareness and Practice in Higher Education,” Kristen Doughty writes about trauma-informed care in universities. Doughty writes that “...a trauma-informed higher education institution can provide a safe, supportive, respectful environment where students are empowered and share leadership” and that “students provided with a trauma-informed environment will feel connected and supported, and this connection has shown to positively impact academic success.” (2020).

Often in the literature about trauma-informed design is an acknowledgment of its
place in organizational development and change. Work environments - particularly in high stress environments - need to create a trauma-informed process that includes all people, processes, and mechanisms within the organization. There are many examples of this in the literature about trauma-informed care. One important document is The Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) “Concept of Trauma and Guidance for a Trauma-Informed Approach” that provides succinct yet powerful guidelines on implementing a trauma-informed approach (2014). Many of the principles outlined in this document address not only the relationship and treatment between practitioner and community, but between organization and practitioner as well as between practitioners. This includes things such as policy, leadership, collaboration, evaluation, and many more elements of the process.

Practitioners such as interior designers and architects have applied these trauma-informed principles to the creation of physical spaces. One such example is related to the design of supportive housing for adults experiencing disability or people with substance use disorders. These spaces often address the need for safety and self-sufficiency while making services and treatment more accessible. This is shown in cases like those described in “East New York supportive housing to feature ‘trauma-informed’ design” by Real Estate Weekly (2021), “Trauma-Informed Design: Healing and Recovery in Second-Stage Housing” by Naomi Duddridge (2010), “New Denver housing community takes trauma-informed design to next level” by Gary Enos (2017). Additionally, as written in an article by Yvonne Jewkes, Melanie Jordan, Serena Wright, and Gillian Bendelow in 2019 called “Designing ‘Healthy’ Prisons for Women: Incorporating Trauma-Informed Care and Practice (TICP) into Prison Planning and Design,” this is also being applied in prisons. However, one contradiction in prison design is that the fundamental use of incarceration contradicts the trauma-informed principles nor does it support a liberatory mindset. Therefore, there is a lot of criticism of designers practicing in these spaces.
A Landscape of Trauma-Informed Design

In the past few years, design researchers and social impact design practitioners have discussed trauma-informed design more broadly as it applies to design approaches and mindsets. My present work aligns with the work of these practitioners and researchers with the hope of creating strong networks of parallel and intertwined work. To add to this work, I will outline their contributions while offering practice-based examples of how to apply them in the field.

One major contributor to trauma-informed design practices is Kelly Ann Mckercher, who wrote “Beyond Sticky Notes” in 2020, facilitated the creation of an online database on trauma-informed resources, and created the “Model of Care for Co-Design Cards”. Mckercher’s work supports a trauma-informed approach and helps to change the mindset of designers using the cards or the compilation of resources. The community-building around this type of work as well as the outlining of the approach itself moves the conversation forward. The co-design card deck highlights processes before and after community engagement to encourage reflexivity in project purpose and engagement style. For example, Mckercher encourages designers to assess whether the proposed project is needed before a designer begins the engagement process.

Another important contributor to the work of trauma-informed design is Rachel Dietkus who has a wealth of experience in design and social work settings and has done much work and publication around the connection between the two disciplines. Dietkus also writes extensively about the impact of the design process on individuals and communities and has done research and investigation into the interrogation of design methods as tools for harm if not done correctly. Dietkus is also working to consult with various design teams on how to use a trauma-informed lens in their work. For the purposes of transparency, I spoke to Dietkus in March 2021 to begin a shared understanding of our perspectives as social workers in design and the place for trauma-informed practices as well as to discern where this work can go.

As mentioned above in speaking about the parallels between design and policing, Sarah Fathallah has also done extensive work on participatory action including
applying a trauma-informed and culturally responsive mindset to the work. Jax Weschler is also doing extensive work online and locally in Australia to contribute to the conversation. These names are prominent in the conversation about trauma-informed design, but I must also reassert that there may be many more practitioners in social impact design and who effectively use trauma-informed approaches in their work that are not as visible within the national or international conversation about this work.

The above inroads to trauma-informed design have contributed greatly to the field’s understanding of the term and elevated the visibility of the group of designers that work so diligently to advance the work. I hope to extend the previous work by exploring the praxis elements of this work. This means that I will focus on the combined value of a trauma-informed mindset and approach while pushing for an action-based model. Action here can be both the application of skills and the practice of reflexivity from a trauma-informed standpoint. While the above designers and others in social impact practice may deeply understand the way forward with praxis, I hope to create a clear demonstration and add to the discussion by highlighting the ways that it can – or cannot – create richer and more ethical design practices. It is my hope that this work continues to add to the field of design in collaboration and cohesion with those that are already working in the field.

The Importance of Praxis

The term praxis will be used in this research to signify action based on a deep understanding of theoretical frameworks and lived experiences that creates lasting social change. Although this brief definition is influenced by a broader swath of explanations, it is most directly influenced by the work of Paulo Freire who wrote that, “[l]iberation is a praxis: the action and reflection of men and women upon their world in order to transform it.” (1970). This definition, first used in 1970 in the original edition of this work, emphasizes the need for both theory and practice. I also chose to adopt a Freirian way of thinking because his classic work encourages action toward liberation and for amplification of underrepresented groups; thereby closely aligning with the aims of social design and my own practice values.
For designers seeking to adopt a trauma-informed approach, the elements of theory here are an understanding of what trauma is, how it impacts individuals and communities, and how trauma responses present in various contexts. Theory also includes acknowledgment of the broader approaches to the work such as using empathy, balancing power dynamics, providing voice and choice, and others. The conversation about these topics is already becoming more prominent with practitioners and researchers like Kelly Ann Mckercher, Jax Weschler, Rachel Dietkus, and Sarah Fathallah as discussed above.

The challenge in moving from theory to practice is envisioning how this understanding will change practice – if at all. Additionally, the theory of trauma-informed approaches was not created within the field of design so this requires a great deal of interpretation, research, and communication to bridge the gaps between the two disciplines. However, one thing that designers and mental health practitioners can understand is the multiple approaches to practice. Notably, many designers, studios, and organizations use visuals to show their process clearly. Some of the models, such as those from Ideo and the Design Council (Figure 6), are centered around a more classic approach to design. There is a focus on processes free from
specification about engagement strategies, but more straightforward on ideation, prototyping, and outcomes. The other models – from Stanford’s d.school (Figure 9) and Liberatory Design (Figure 7) – include some of the mindset and values discussed above. Liberatory Design specifically is an explicitly values-based model of design accompanied by a card deck – The Liberatory Design Deck – that further breaks down and encourages designers to use reflective practice. They question many aspects of power, privilege, and co-design that need to be reflected upon for practice.

While reflexivity is included in praxis per my definition, the model can still be interpreted and applied in different ways. For example, when there is a call to include diverse voices there is a lack of specificity and nuance that case examples could clarify. This is not a critique of any of these models or the concepts herein. Rather, it is an acknowledgement of the importance of theory and praxis in tandem. Another practice model from IDEO (Figure 8), attempts to includes more detail in how the model is applied. However, this is a step back from the values-based practice that we see with Liberatory Design. The main point in this discussion about practice models is to highlight the fact that while these models have a large focus on the mechanics of the design process, trauma-informed design practices can fill in with a values- and skills-oriented approach to engagement and process within each step of any given design practice model.

According to Wayne C. Chung’s Design Practice Matrix from 2019 (Figure 10), part of framing is understanding context and establishing frameworks. However, without adding tangible activities or tangible outcomes, this mindset remains largely theoretical and within the mind of the designer. This is why my goal in the present research is to demonstrate how a designer’s outputs and activities as they relate to trauma-informed practice can be both tangible and nonextractive to co-designers and collaborators.
Goals of the Present Work

While honoring the significant work of the past, my work explores both the process of understanding and applying a trauma-informed approach to design practice and research. In summary, this research explores the following questions:

1. How can trauma-informed design practices with vulnerable populations reduce the impact of design’s more extractive elements and increase community motivation for participatory design and co-design methodologies?

2. How will the introduction of specific non-clinical trauma-informed practice skills impact the work of designers within their application of participatory design and co-design practices?

3. How might designers apply a demonstrated understanding of what it means to be a trauma-informed designer and replicate this process for the future work of their own and others?
Overview

In order to answer the above questions, this design research project had two distinct methodologies. First, I conducted extensive desk (secondary) research. The goals of this research were to: 1) define terms for a multi-disciplinary audience; 2) establish a precedent for trauma-informed practices in multiple fields and; 3) understand the landscape of trauma-informed practices in design. Second, I conducted participatory research with practicing designers in social impact spaces. The
goals of this qualitative research were: 1) interpret the language of a trauma-informed approach in the context of design; 2) understand the baseline practices that drive social impact designers and; 3) make recommendations toward a model of praxis for trauma-informed design practices in social design.

Methods of Desk Research

In order to accomplish the goals of this phase of the project, I conducted an extensive literature search and review. I first compiled definitions and contexts from literature about trauma and trauma-informed approaches to conduct a thematic analysis and create definitions for the purposes of this work. Second, I added additional references to the literature review that helped me explore the landscape of trauma-informed design and to understand the place and purpose of various design process models. From there, additional themes were created to discover potential opportunities for multi-disciplinary understanding and commonalities. Some of these takeaways are shared in the literature review above. Finally, I used these themes to explore gaps in the literature and practice of trauma-informed design. This bulk of this research took place between January until September of 2021 excluding research that was done to inform ongoing tangible activities and outcomes.

Methods of Qualitative Research

In order to conduct qualitative research for this project, I sought design partners who work in social impact settings. Rather than partner with a community-based organization, I was intentional about choosing practicing designers for multiple reasons. First, I already have training and experience applying trauma-informed approaches to community-based organizations and in government contexts. I felt that this would not reveal new information about the design process in the way that I required. Second, I hoped that design partners would be able to immediately and directly apply the concepts I wanted to test rather than relying on memories or past experiences.
The criteria for this search was simple: actively engaging with communities through design and a focus on social impact aims. For practical purposes, “actively engaging” meant that the designers at a studio, lab, or organization had a group mission and were in the process of using varying design activities to resolve an issue or create an output. “Social impact aims” for this search meant that the group specifically supports or creates projects that address a specific community issue or that explicitly support marginalized or at-risk populations. This criteria was intentionally broad for a variety of reasons. First, due to time and space constraints within an ongoing pandemic, I was not able to have strict criteria for partner collaboration. Second, many designers in social impact projects work on consultancy or contract basis and may therefore not have a lot of capacity to collaborate on an additional project. I therefore opened criteria because I was unsure of designer availability. Third, I decided not to focus on a specific community demographic because I felt that it was counter to the argument within my research. Within the foundational understanding of trauma used here, I argue that it is not designers’ role to qualify people as traumatized or not. Additionally, I argue that trauma-informed approaches are used broadly and across demographics. Therefore, I did not limit my search to designers working with a specific demographic. For the most part, I contacted designers working in the Midwest unless the mission was especially aligned with my values and/or interests.

I used email to reach out to designers from the Social Change by Design database and through additional web searches. If the designers responded via email and agreed to speak, I would meet with them virtually to discuss my project, propose the idea of a partnership, and explain or clarify expectations for mutual collaboration. After sending at least 15 outreach emails with 5 follow-up meetings, I ended up collaborating with Convergence Design Lab based out of Chicago, IL. Other designers opted out of a partnership because they did not have the capacity, they did not feel it was a good fit, or they were not in an active project.

My overall approach to working with Convergence Design Lab – which will be shortened to Convergence – was to start with relationship-building and to meet them where they are. According to my own values and a trauma-informed approach, it was extremely important for me to build rapport and focus on the
strengths of Convergence’s practices rather than assume a deficit. My assumption entering the partnership with the designers at Convergence was that they are already intuitively using a trauma-informed approach and that my goal was to support this work and to create pathways to be more intentional about their approach. Upon first meeting with me, Convergence shared that they were in the middle of a project with their client SpyHop and saw an opportunity to explore trauma-informed approaches with SpyHop’s Youth in Care program. SpyHop is a youth media organization based in Salt Lake City, UT and their use of Youth in Care signifies adolescents and teenagers who are in secure care facilities, in foster care, or in residential treatment facilities. Convergence has been working with SpyHop since its inception and Mindy Faber has a longstanding relationship with the organization that predates Convergence’s founding. For more detailed information about Convergence demographic and focus, see profile on the following page (Figure11).
ORGANIZATIONAL PROFILE

Convergence Design Lab

Location: Chicago, IL
Services: Research
          Strategic consulting
          Learning experience design
Features: 100% women-owned
          Participatory methods
          Equity-focused
Key Staff: Mindy Faber Co-founder & Exec. Director
          Margaret Conway Co-founder & Dir. of Learning
          Jacob Watson Researcher/Ed. Specialist

STRENGTHS AND ACHIEVEMENTS

- Extremely knowledgeable about the education system and youth development
- Skilled at creating and maintaining stakeholder relationships
- Caring and connected team
- Strong research and analytical process
- Passionate about equity and youth development
- Young studio with large impact

FUTURE GROWTH

- Expanding and funding
- Continue with current clients
- Highlight and reflect (more) on practice values and culture
- Further document strong organizational identity and practice skills (like relationship-building and youth journey)

RESOURCES

- Many organization-created tools and processes (below)
- Supportive team
- Institutional and topic knowledge
- Strong client relationships
- Culture of reflexive practice

Figure 11. Profile of Convergence Design Lab
More specifically related to the design and research for this project, I outlined a process of three phases: observation and reflection, planning and intervention, and reflection and recommendation. The phases were conducted mainly with Convergence staff – particularly the Executive Director, Mindy Faber – and at times included staff from SpyHop. The decision to use these phases was based both on my research needs and on the opportunities within the partnership. For my purposes, I needed a baseline understanding of how Convergence practices design and I needed to test new tools, resources, and processes with them. For their part, Convergence wanted to be sure that the relationship would support the functioning of their practice in some way and would determine the specificities of this as we continued.

The first phase of “Observation & Reflection” included building a relationship with Convergence, attending practice-based work meetings with them, and reading their publications, reports, and blog posts. For this phase my actual activities included: meeting with Mindy Faber and discussing various ways to explore themes, co-creating an interview protocol and script with Mindy, joining Mindy (virtually) on a stakeholder interview for evaluation, keeping notes on interactions and assessments of these interactions, reading and analyzing Convergence’s Medium posts about their work and culture, and reading and analyzing past transcripts from focus groups and discussing the themes with Mindy. For these activities, I made attempts to connect back to principles and themes of a trauma-informed approach.

During the second phase of the process “Planning & Intervention,” I created tools and experiences to use with Mindy and other designers with Convergence. I created a didactic guide (Appendix A) to discuss trauma and trauma-informed
principles and 3 workshops with themes progressing based on takeaways from the previous workshop or activity.

The workshops followed a trajectory that included foundational knowledge of trauma and trauma-informed principles, case study analysis and discussion, and trauma-informed practices in learning environments. Individual workshop themes were decided between workshop sessions. In other words, they were not pre-established during the planning stages of the workshop series. The reasons for this were: the amount of workshops for which Convergence was available was not determined, I wanted to practice flexible and responsive design and build on actual knowledge and conversation from workshops rather than on pre-planned agendas. The specific logic and details of this agenda trajectory will be discussed in-depth in the “Results” section of this document.

In some ways, the third phase – “Reflection & Recommendation” – took place concurrently with Phases 1 and 2. The purpose of this phase was to review research activities, analyze the findings, share conclusions on how trauma-informed approaches were applied to design practice in this case, and support future work of design. After completing activities in Phases 1 and 2, I reviewed and analyzed observation notes, existing Convergence materials and transcripts, and feedback from workshops. In order to create materials throughout Phase 2, I integrated elements of this phase as activities were rolling out. There were essentially two parallel outputs. First, the results of applying a trauma-informed approach and whether it was possible in this case and second, added value or material for Convergence through the process of collaboration with this project.

**Broad Approaches**

Throughout the application of these methods, I stayed grounded in two broader design approaches: a praxis model of social design and social work approaches to design. As stated in the “Theoretical and Contextual Literature Review,” I drew heavily from Paulo Freire’s Pedagogy of the Oppressed as a grounding theory for the praxis model. His work emphasizes that theory and action are both necessary to make change (Freire 1970). This perspective resonates with this work as
it encourages designers to think beyond theory and discussion of mindset into concrete practice change and reflexivity. I also used the precedent of using a social work approach in design drawing from work by Victor Margolin and Sylvia Margolin in “A ‘Social Model’ of Design: Issues of Practice and Research”. By applying a holistic and ecological approach to design practice and following a social work process, designers can engage in social impact work with guidance from a field with a longer stance within this work. I used these precedents and approaches in my foundational reasoning behind decisions and in my interactions with Convergence. I also reflected on my approach a practice often throughout the process to ensure that I was using a trauma-informed approach to this project. that I required. Second, I hoped that design partners would be able to immediately and directly apply the concepts I wanted to test rather than relying on memories or past experiences.
Results of Desk Research

Due to the fact that trauma-informed design is still an emerging conversation in the field, the secondary research was vital in exploring potential for the approach. This research led to two major outcomes for a possible trauma-informed design approach; a step toward defining terms and a guide for process.

In order to write a broader definition for multidisciplinary use, a table (as shown in Figure 11) was created to track existing definitions of trauma and trauma-informed from various fields. Through an analysis of existing themes and contexts, the
The main elements of expanded definitions of trauma were: impact of an experience, cumulation of experiences, impact of historical and racial context, and accounting for cultural interpretation. The definitions in the following table were created:

<table>
<thead>
<tr>
<th>TERM</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma</td>
<td>The experience of a threatening, harmful, or injurious event, series of events, and historical contexts, and the physical and emotional responses of an individual or collective to these conditions.</td>
</tr>
<tr>
<td>Trauma-informed</td>
<td>Practices that use skills from evidence-based approaches for addressing trauma and integrating them into their work universally. These practices must be understood within the context of a sociopolitical, economic, historical and racialized society.</td>
</tr>
<tr>
<td>Trauma-informed design</td>
<td>A broad term to describe designers with an understanding and awareness of trauma. It also describes the construction and setup of spaces that support people who have experienced trauma.</td>
</tr>
<tr>
<td>TERM</td>
<td>DEFINITION</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Trauma-informed design practice</td>
<td>An application of design methods/methodology that ethically and responsibly integrates universal concepts of empowerment, physical and emotional safety, trust, transparency, and collaboration - which are founded on evidence-based practices to support people who have experienced trauma.</td>
</tr>
<tr>
<td>Historical trauma</td>
<td>Threatening, harmful, or injurious event, series of events that were experienced in the past and the ongoing response of individuals and collective in the present day.</td>
</tr>
<tr>
<td>Racialized trauma</td>
<td>Threatening, harmful, or injurious event, series of events, and historical contexts that are experienced by Black, Indigenous, Latino/a, Asian, Middle Eastern and others based on their racial or ethnic identity. These can be experienced as microaggressions or more overt events of racism.</td>
</tr>
<tr>
<td>Intergenerational trauma</td>
<td>Threatening, harmful, or injurious event, series of events that were experienced in the past by relatives and community members. The present generations continue to experience the same circumstances and/or are impacted adversely by the experiences of earlier generations.</td>
</tr>
<tr>
<td>TERM</td>
<td>DEFINITION</td>
</tr>
<tr>
<td>--------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Medical trauma</td>
<td>Threatening, harmful, or injurious event, series of events that were experienced through medical procedures and the response of individuals to these experiences. These can be routine, emergency or malpractice experiences.</td>
</tr>
<tr>
<td>Violence</td>
<td>An act of hate or anger that causes harm from one person to another. This can be emotional, psychological, or physical.</td>
</tr>
<tr>
<td>Neglect and abuse</td>
<td>The experiences of not being adequately cared for by your caretaker (neglect) or being subject to physical or emotional violence by them (abuse).</td>
</tr>
<tr>
<td>Violence</td>
<td>The experiences of the death of a loved one or the sudden disappearance of a person, place, or thing that held deep meaning.</td>
</tr>
<tr>
<td>Vicarious trauma</td>
<td>The experiences and responses of someone who encounters, treats, or otherwise supports someone who has experienced trauma. This usually results from hearing details of the experience. Responses mimic those of primary experiences of trauma.</td>
</tr>
</tbody>
</table>

Additionally, an exploration of themes in literature was done to expand on definitions and inform the larger concepts within design. These themes were analyzed in order to find purpose and means of a trauma-informed approach as documented in other fields. In some cases, fields that do not use the terms of trauma-informed
The themes that emerged were: experience or culturally specific perspectives, foundational knowledge of trauma and storytelling about experiences, design-specific trauma resources and related frameworks, extractive qualities of design, empowerment in communities, and presence of trauma-informed practices in other fields. These themes were not only used as a contextual and literature review, but were the basis of design activities and outputs throughout the research process. In particular, I formed a four-stage process for integration of theory and practice as shown in Figure 13 below.

Figure 12. Thematic Coding Process

Figure 13. Stages of Trauma-Informed Practice Adoption
This model proposes four stages for praxis that move from theory into action. These stages are fluid and allow the practitioner to return to previous stages as needed. Stage 1 is “Theory” which emphasizes the need to learn foundational information about trauma, its impact, and how it manifests in everyday life. Stage 2 is “Ideology” which refers to the designer’s ability to engage in reflexive design practice and understand the context of their projects more deeply. Stage 3 is “Application,” referring to the tangible activities employed by designers that support a trauma-informed approach. Stage 4 is “Assessment,” which encourages an ongoing process of action and reflection. This differs from a traditional design practice model in that it emphasizes the designer’s personal process rather than the process used in a specific product or process.

Results of Qualitative Research

Phase 1 - Observation & Reflection

This phase consisted of dialogue with the Convergence Executive Director, shadowing her in meetings with clients and stakeholders, and reviewing existing Convergence materials. These activities aimed to understand the baseline practice and values of Convergence both in theory and in practice. Within those activities there were opportunities for collaboration and will be explored in the discussion below. The following table shows the actual timeline of activities that were realized.

<table>
<thead>
<tr>
<th>PHASE 1 RESEARCH ACTIVITIES WITH TIMELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Article Review &amp; Coding</strong></td>
</tr>
<tr>
<td><strong>Observation through Conversation</strong></td>
</tr>
<tr>
<td><strong>Observation through Collaboration</strong></td>
</tr>
<tr>
<td><strong>Transcript Review &amp; Discussion</strong></td>
</tr>
</tbody>
</table>

Figure 14. Research Activities with Timeline
Observations and interactions were tracked by documenting themes and outcomes of each instance. More detailed notes were kept on individual meeting notes pages so the summarized notes were added to track themes. The majority of interactions took place with Convergence’s Executive Director, Mindy Faber due to the small size of the core team at Convergence. The main types of interaction were email and virtual meetings. Emails were only tracked if a key decision was made during the communication and did not include tracking for emails to plan logistics.

The document below shows an example of this document while the full document can be viewed in Appendix C.

Another method of observation and exploration was through analysis of Convergence’s existing Medium publications. These publications provided a more natural, self-directed look into their practice. Using a platform such as Medium, Convergence is able to share details, thoughts, and takeaways about their work with clients and as a team. These articles provided me with more details to find patterns in Convergence’s design approach. The below image shows a sample of the work and the entire document can be seen in Appendix B.
As seen in the document, there were four main themes that emerged from the documents: engaging participation, personality/qualities, Convergence as a team, and work with clients. I found these themes by reading ten articles written by four authors. While I read the articles, I took note of the topics within the articles and then named the four main themes based on these topics.

The first theme, engaging participation, means that Convergence uses participatory methods in their research and evaluation process. This is also a theme that is shared on their website as a main staple of working with Convergence and the way that their services are described. In a report about their Theory of Action MadLibs method of evaluation and research, Convergence wrote, “The truth is, however, that good participatory evaluation work can be meaningful, engaging, and even, dare we say, fun. This is precisely what we at Convergence Design Lab set out to do” (Faber 2020). Key to this statement in relation to the larger picture is the sense that the work of interviewing, gathering information, and evaluating programs can be participatory in a way that engages participants. It also stresses that participatory methods make the work better and evaluations richer.

The second theme was personality/qualities, which includes discussion of organizational traits and qualities. For Convergence, the qualities of an organization appear to be as important as the work. In one article they ask, “How do we ensure that our evaluation is authentic?” (Faber 2020) This question was raised in relation to Convergence’s evaluation work with clients. Discussing how this can apply with clients, Convergence writes, “When these connections, networks and collective mindsets take root, learning communities are empowered to overcome challenges and innovate new solutions for the present and future.” (2020) While some aspects of personality and organizational qualities are difficult to observe and document, it is central to Convergence’s approach to the work that they understand that emotion and play are part of the work – not a bonus to it.

The third theme within the articles is Convergence as a team. This refers to the focus on Convergence Design Lab as its own entity that works within the universe of their clients and the education/learning system. It was noteworthy within the articles that Convergence takes pride in their internal organizational culture, highlighting the contributions of team members, writing about their foundational
values, and their regular practice of alignment. A member of the Convergence staff wrote, “One of the things that I love about working with Convergence Design Lab is that we practice alignment all the time.” (Watson 2021) Convergence also writes extensively about their community of practice – both within their team and with their clients – which supports the alignment conversations described above.

The fourth theme is the importance of creating strong client relationships. Convergence “get[s] to look at data, reflect back what we see, measure outcomes, and support the messy work of sorting out organizational priorities” (Watson 2021).

This theme is important to highlight because it brings focus to the crux of the work that Convergence does – client-based program evaluation and learning design. To this theme, one important quote states, “At Convergence, we think of participatory design as research as that good form - providing the exercises, processes, routines and practices that enable our partners to fully flex their muscles of hope and imagination.” (2020) Although short and generalized, this quote encompasses the cumulative effect of the themes discussed here. Through strong relationships with their clients, Convergence is able to implement a process with their clients that is values-based, engaging, and informative so the information the glean is based in fact and so that they are able to build long-lasting professional relationships with their clients.

The reading and analysis of Convergence’s public-facing communication was useful to this research in understanding the baseline practice that Convergence uses, but also resulted in finding alignment between the Trauma-Informed principles as laid out by SAMHSA as shown in Figure 17 below. This is a clear indication that confirms an assumption about Convergence: many designers in social impact spaces intuitively use trauma-informed practices in their work and these practices are often known by other terms. Through the work presented by Convergence, they are in tune with the social emotional needs of clients and other stakeholders. Contrary to what we may typically understand as social emotional needs, this means that Convergence intrinsically understands that participants in design research activities may provide more valuable information through playful, creative, and transparent methods. This, in turn, helps Convergence provide valuable insights to their clients.
Another major research activity during Phase 1 was observation through collaboration and shadowing. The overall purpose of this activity was to more deeply understand Convergence’s baseline practice. This began through conversations with Executive Director, Mindy Faber, for relationship-building and understanding purposes.

One major finding through these conversations and the rapport-building process with Convergence confirmed my above assumptions based on their writing, but with more nuance. Faber shared Convergence’s participatory methods as connected to their organizational values, highlighting that learner-centered design and program evaluation was their main focus. To this end, Faber reported that Convergence was looking for additional skill-building around engaging with stakeholders and to explore trauma-informed design as a possible addition to Convergence’s growth process in client and learner engagement.

One key observation through this phase was the strong relationship between Mindy Faber and their community partner. This is a long-held relationship that has been built for over 5 years – before Convergence Design Lab existed in its current form. Convergence now serves as a consultant for SpyHop’s evaluation process.

Figure 17. Convergence Themes Aligned with Trauma-Informed Principles
and writes extensive reports on organizational functioning including strengths and recommendations. Faber was attuned to the professional and social emotional needs of the staff and was able to discuss the more difficult aspects of their jobs without hesitation and without any apparent pushback from the staff member. Faber also uses a strengths-based approach in approach and communication with Convergence clients.

The main observed challenge related to Faber’s self-reported need for additional exposure to frontline work with youth in care. In this case, the partner is in a different state and much of the work happens virtually. Access has also been severely limited because of COVID. Additionally, Convergence must diplomatically manage their relationship with SpyHop and other related stakeholders to maintain a strong working relationship. To that end, Convergence takes a lot of care when contacting frontline workers in order to respect their time and privacy as well as to respect SpyHop’s relationship with frontline workers for youth in care.

Part of the observation included collaborative interview preparation for a stakeholder interview. This was done with verbal permission from the client. For the purposes of this research, the primary goal was to observe Convergence’s approach to stakeholder interviews, a common practice at Convergence. This interview was conducted with a frontline worker for youth in care. Through this process, we integrated concepts of trauma-informed interviewing with explicit coding for the six principles in the protocol.

This process provided observational and process insights about integrating trauma-informed principles. In observing Faber’s engagement with the stakeholder, she was comfortable with the frontline worker as they were interviewed and had a calm and welcoming demeanor as she spoke. Faber clearly understood the SpyHop program under evaluation and intuitively integrated this understanding into the conversation. I observed the participant to be comfortable in the conversation and enthusiastic about the program.

The protocol coding process as presented below could be a useful activity for learning about trauma-informed principles. However, I observed that integration of the principles must be prefaced by more intensive conversations about theory.
of trauma-informed approaches. While I had discussed the principles with Faber during our conversations throughout this research phase, there was not a formalized process of learning or sharing of resources to support learning. Engagement with the principles at this stage was primarily led by me as I attempted to use this as a hands-on way of learning about the principles. Therefore, I was not able to observe Faber’s understanding of the principles nor was there evidence to make strong conclusions about the usefulness of this process outside of introducing Faber to the principles in a more formal way. Figure 18 below shows a sample of the resulting protocol with coding as well as an inset of the relevant principles and implementation domains.

Figure 18. Interview Protocol with Trauma-Informed Coding
The final activity in this phase was a review of two focus group transcripts followed by discussion with Faber about the contents. The context of these focus groups is also within the youth in care program that Convergence has been working with to evaluate. The focus groups were conducted by SpyHop employees with permission to work directly with youth in secure care facilities. This was not possible for Convergence staff due to sensitivity of access to direct interactions with the youth as well as restrictions from COVID-19 so the SpyHop employees were trained by Convergence in how to conduct a focus group. The youth were adolescents and teenagers and there were 5-7 participants in each group.

This process was not a formal qualitative analysis of the transcript with coding, but rather a review of the transcripts and discussion with Faber about the themes and approaches we heard. For this research, the transcript review was useful for understanding Convergence’s process more clearly. In this case, Convergence trained service providers to conduct the focus group due to lack of access. This is part of an ongoing effort on the part of Convergence to use a human- and youth-centered approach in their work. An approach like this comes with some risks and challenges – primarily that Convergence is not able to control the content and direct the conversation toward information that will go in the evaluation. While the workers that conducted the focus groups had a more naturalized conversation with the youth, they did not necessarily have evaluation in mind during the conversation. At the same time, this more naturalized way of conducting focus groups helped Convergence make discoveries they may not have considered without this activity.

Phase 2 - Planning & Intervention

The primary activity during Phase 2 was a series of workshops with Convergence staff. There were three goals of these workshops: to provide professional development to the Convergence team about trauma-informed approaches, to discuss the connection between trauma-informed principles and design, and to obtain feedback and information from the Convergence team about the process and feasibility. These workshops were all conducted remotely and recorded in February and March 2022 and data was collected by coding the transcripts and through observation. The workshop topics were based on the cumulative knowledge of
previous work. For the first workshop, the topic was chosen based on a request from Convergence, but the second and third topics were based on outcomes from the previous discussion.

Workshop 1

The first workshop took place on February 2nd, 2022 and was scheduled for an hour. Convergence’s Executive Director, Mindy Faber, requested that the workshop be centered around building knowledge around trauma-informed concepts. However, the request centered on having interactive and discussion-based activities to more deeply understand the concepts and how they apply to Convergence’s work. Due to the short timeframe within which to complete the workshop, a pre-session information document was created to summarize foundational information and create a common foundation of knowledge for the staff. The document can be viewed in Appendix A.

In order to build on the knowledge from the pre-session information document, I created a mural board (below) to elicit feedback, input, and conversation from Convergence staff. The goal of the workshop was for to understand how Convergence staff perceived and understood the concepts, what they needed more information about, and how they envisioned future use of the concepts. A portion of the workshop was also spent getting to know the participants as not everyone had met or spoke extensively. The interactive portions of the board asked participants to assign qualities to the principles and then rank them by priority for each individual staff member and the planning portion of the board was planned to create next steps. Next steps were not completed due to time limits.

![Mural Board for Workshop 1](image)

Figure 19. Mural Board for Workshop 1
The following image displays the finished mural board from the interactive portion of the workshop.

![Finished Mural Board for Workshop 1](image)

**Figure 20. Finished Mural Board for Workshop 1**

This finished board displays insightful results that, given with the fuller context of Convergence, provided a direction for next steps. First, Convergence showed an interest and level of comfort with three particular principles: trustworthiness and transparency, collaboration and mutuality, and empowerment, voice, and choice. They focused on these principles by indicating that they were already comfortable working within these, but that they were also the ones that they wanted to focus on more. Convergence staff were generally in agreement about these principles that aligned with their practice. Second, Convergence staff also had common answers to which principles were not priority at this point. Peer support and cultural, historical and identity issues were not listed as priority next steps for them. It should be noted that staff were not asked to rank principles by importance, but by their immediate understanding and applicability. Given observations as written above and data from transcripts, I do not interpret the low ranking of these principles as a lack of care about the topics themselves. Finally, Convergence were mostly confused about the principle of peer support and expressed a high level of uncertainty about the meaning of the term and connection to their work.

The transcripts from the workshops were also reviewed and coded for themes: role of consultants, unclear activity instructions, organizational strengths, developing...
understanding, scenarios as a practice-building tool, and integrative skills. In general, the transcript reflected uncertainty about the principles of trauma-informed practice and how to integrate them into everyday practice. This could be both a function of unclear activity instructions and/or an issue of interpretability of trauma-informed terms between mental health and design. The image below displays the themes with quotes and frequency of discussion.

Workshop 1 - Intro and Principles Discussion

<table>
<thead>
<tr>
<th>Role of consultants</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;I think it's so interesting and I am sitting with what you said. Mindy, about like, is it really our business?&quot;</td>
</tr>
</tbody>
</table>
| "I think I think just on the preamble activity I think I saw a lot and I am sitting with what you said. I think there's a lot of problems between psychology consulting and the results for better or for worse.
And I also have that I can also I think that there's some other responses where we can have more control."

| Unclear activity instructions |
| "As seen in the coded image, Convergence had a high level of focus on their role as consultants and how trauma-informed approaches fit into that work. More specifically, Convergence staff felt that they did not have control over whether their client adopted the trauma-informed approach and they were unsure about when or if to communicate the approach to them at all. One quote from a Convergence staff member, in reference to their work with clients around trauma-informed principles, “Is it really our business?” Another quote expressed how this might look within Convergence as a design lab, stating, “Then you’re sort of saying, OK, we’re going to be like, Yeah – then you’re just putting like a little bit of a stronger stake in the ground.” In other words, this staff member viewed one approach to this issue being that Convergence – or any client-based designer – use the principles to guide their values in the work as well as in setting boundaries with clients. They envisioned a scenario where Convergence, as the consultants, would be fully transparent about..." |

| Scenarios as a practice-building tool |
| "But then it’s really tricky, and I think this is why it’s interesting to talk about the role of the consultant in the tool, because it’s very much not straightforward.

| Organizational strengths |
| "Like you said we have an approach with a human centered design, we’re really believe in participatory work and community based research."

| Developing Understanding |
| "I personally feel like I need to back up a bit more and understand some of the principles and the idea of like build my understanding of the principles as it relates to the work that we do."

| Integrative Skills |
| "But when you’re just kind of like having a steady check in with, I don’t know, you know, just like situations where I need to be more attuned to what this could potentially look like or what I should be doing in..." |

Figure 21. Coded themes from Workshop 1
their values and hold that stance with the client. However, this was only theoretical and not the suggestion that Convergence take that route.

The theme related to consultancy is a key finding for the work of trauma-informed design as this has not been – to my knowledge – discussed widely in previously established work. Many designers engage community-based programming and groups through the consultancy lens. While designers frequently engage directly with the community of impact for a program, their inroad will often be as consultants. This is notable because it presents a logistical and ethical problem for consultants; they want to create impact and have strong ethical guidelines, but the survival of their professional endeavor may depend on continued relationships with clients that may not share the same values. To this end, Workshop 1 led Convergence to wonder where the line between ethical boundaries and completed work may lie.

Another key finding in this workshop was that scenarios are useful to connect the principles and skills they were learning to the work of a designer. Convergence staff wanted a step-by-step walkthrough of a scenario with how the principles would apply at each step. While this is possibly a somewhat obvious pedagogical approach, this has also not been done widely with trauma-informed design or other frameworks within design. While case studies are used for learning problem-solving and to teach methodologies, a process for integrating these into regular practice does not exist for trauma-informed design. To that end, Convergence and I planned for a second workshop to address how a case study or scenario may be used to strengthen praxis in trauma-informed design.

Workshop 2

The second workshop in the series occurred on February 15th, 2022, two weeks after the first workshop. Based on the results from the first workshop – discussed above – the topic of the second workshop was the review of a case study with step-by-step alignment with trauma-informed principles. In order to deliver the second workshop and encourage integrative design practices, I created a set of tools to conduct case reviews for design scenarios.

Case reviews are used widely in social work and other fields to assist frontline
workers in case work and/or treatment. They are typically conducted within an interdisciplinary team that could include social workers, therapists, teachers, psychiatrists/psychologists, medical doctors, nurses, speech therapists, physical therapists, and so on. In a social work model, the primary caseworker will present the information about the case, provide recent updates, and ask for specific recommendations about the approach they should use. This is done with appropriate client notice and within HIPAA laws. In the end, the caseworker should have additional ideas, information, or insights about how to proceed with the case for stronger outcomes.

With this in mind, I created guidelines and templates to be used in the second workshop that would replicate a case review model. These tools can be reviewed in Appendix E. In order to provide an example of how to use the tools, an external scenario was used to fill out the templates. The tool included trauma-informed concepts with the goal of relating these directly to the case study. Instructions were also documented to assist in approaching the conversation with Convergence. Before the second workshop, Convergence opted to walk through the example scenario rather than prepare one from their own experiences. These materials were sent to Convergence staff two days before the workshop. After the workshop, the transcript was reviewed and coded. The image below shows emerging and continuing themes with quotes from the transcript.

In practice, the case review process provided valuable results about how this integrative approach may work in design. Although Convergence opted to use an external case study for the review process, it became clear that it was difficult to relate to the example case and did not allow Convergence more insight into a trauma-informed approach. Therefore, we adjusted during the workshop to focus on a Convergence-specific situation. This adjustment was difficult in that it did not allow for fidelity with the use of the tool because that requires preparation before the meeting. Nevertheless, Convergence staff reported that they still found the process useful. There was also feedback that presenting an example case was not helpful for Convergence staff because they felt it was distracting.
The barriers to the tools were likely to have resulted from various key issues. First, Convergence had a particularly high workload during the preparation for this workshop and could therefore have opted for an example for that reason. This is important to note because it signifies that the design process has cycles in which designers may not be able to engage in deeper reflexive team practice at all times. Therefore, it would have been helpful for this research to have created a journey map or calendar of the yearly cycles within Convergence’s practice. This would have helped contextualize the preparation for this work.

Another barrier to utilizing this example in a productive way is that there are very few case examples publicly available that closely mirror the work being done at Convergence. The issues discussed during the first workshop created a very specific set of circumstances: design processes and methods, learning design, client-based, and involving inter-organizational differences between stakeholders. In looking for an example case study, I sourced from “Design for Social Innovation: Case Studies from Around the World,” edited by Mariana Amatullo, Bryan Boyer, Jennifer May, and Andrew Shea (YEAR). This book contains a variety of case studies from various communities and design projects sorted by theme. Through this publication I was able to find a case study called, “Kuja Kuja: Establishing better feedback loops between refugees and humanitarian organizations,” that had many similar aspects of the Convergence issues. In this case, there is a design-focused consultancy working in a refugee community to establish communication channels. However, the learning design aspect was missing from this case and I had to editorialize in some points of the case review because the information available did not contain vital details.

In the end, I found important insights about the process of a design case review. First, Convergence preferred an agency-specific approach, but was not able to provide one possibly due to time constraints. Second, it is difficult to provide a detail-rich case review on the spot so preparation is necessary. Third, the ability to perform more in-depth activities of reflexive practice may depend on the designer’s work cycle so less intensive options would be helpful. Finally, the integration of concepts specific to trauma-informed design practice is helpful for the learning process, but may be distracting in regular practice and may depend on the level to
which a designer adopts a trauma-informed approach.

The following image shows results from coding the transcript of Workshop 2.

**Figure 22. Coded themes from Workshop 2**

Four of the themes from the previous workshop carried over: role of the consultant, scenarios as a practice-building tool, organizational strengths, and integrative skills. However, of these four, the theme related to the role of consultants continued to be a dominant element in the conversation. There were also ongoing concerns about using the term ‘trauma’ in their work. Many new themes emerged in this conversation, but three of them were the most frequently discussed and used the most time within the workshop: role of the designer, design framing of new and integrative terms, and the purpose of intentional trauma-informed design.
practices. Role of the designer and role of the consultant are distinct from each other in their scope and target. Role of the designer relates to how and why a designer might adopt a trauma-informed approach to practice. This is a broader look at designers across contexts while the theme related to the role of the consultant is specific to designers who work in a consultant capacity. Design framing refers to the process of making connections between pre-existing terms within design and terms from other fields. Finally, the purpose of intentional trauma-informed design practice refers to the process of designers specifically adopting trauma-informed approaches rather than a more general or broad understanding of them.

This workshop revealed more insight into how Convergence views their role as consultants – particularly with the leadership of client organizations. The first additional insight here was the internalization by Convergence staff that applying a trauma-informed lens to typical face-to-face interactions with clients is different than applying this to the outputs of the work. In other words, Convergence saw that they would apply a trauma-informed approach through their internal practice-building and interactions with clients and as a way to encourage work outputs that aligned with those values. They saw these as related, but not necessarily the same skill.

Another insight in the discussion related to the expectations of the client organization that a consultant be a neutral party that shares advice and recommendations about the organization. This is important in various ways. First, they continue to question whether it is the role of the consultant to encourage values-based solutions which the client may not have previously considered. Convergence works specifically with clients who have a social and/or educational mission so it is likely that these organizations have existing values and work approaches that guide them. Convergence wonders where their adoption of a trauma-informed approach would fit within that and whether it is appropriate to encourage with the clients at all. The staff at Convergence generally agree that they do not always have the agency within their partnerships to do this and that they would potentially face pushback if they were to encourage a new values-based approach.

Convergence shared instances from their work where various stakeholders with a client organization may discuss and perceive organizational culture and youth
services in different ways. One of the tasks that Convergence staff takes on in their consultant relationships is to essentially listen and informally mediate between the stakeholders. For instance, where the director of a program may view an issue from one point of view, the workers that deliver services may have a different and opposing perspective. One staff member shared, “They see you as their kind of paid consultant to be on their side, to, you know, to give them advice… and to be that kind of, you know, neutral person, you know. And then at the same time, I’m very cognizant and aware of the dangers of getting pulled into that situation.” As this was a workshop focused on case studies, we transitioned from the pre-planned agenda to use this example as a way to integrate some of the trauma-informed principles. We discussed organizational culture and potential reasons for why leadership and frontline staff may have very different reactions to the same issue. For their part, Convergence is extremely responsive and aware of the issues of frontline workers so this was not a stretch within their practice.

The first additional theme discussed here is the role of the designer. As previously described, this theme refers to the overall role of the designer within social impact work and a trauma-informed approach specifically. This workshop contained the first explicit discussion about the specific role of the designer as a nonclinical expert in the design process who uses a supportive and holistic lens in their approach. We discussed this theme in connection with the ‘end user’ (or learner in this case) and in connection to face-to-face interactions with clients.

Since trauma is commonly used in a more clinical sense and because trauma-informed approaches as a term began with mental health and social services settings, Convergence designers acknowledged that they do not have the expertise in treating symptoms of trauma. However, they saw the connection between a more supportive, ethical, and holistic lens as important to social impact work with anyone, but especially people at a high risk for trauma exposure, their communities, and the frontline workers with which they engage. Additionally, they recognized that though there are parallels between design research in social impact and therapy, they should not and did not want to be expected to solve the complex emotional problems facing individuals in these settings.

The second additional insight from Workshop 2 was about framing trauma-in-
formed concepts within the specific context of the designer’s work. Through this workshop I was able to connect more terms from Convergence’s context than I was able to have done previously. Although some connection to practice-specific terms occurred during the observation phase (Phase 1), this workshop provided a more explicit 1:1 connection between the terms that Convergence prefers to use and the terms they heard throughout the process of learning about trauma-informed concepts. It should be noted that these terms are not a perfect alignment and meaning may vary depending on the context or specificities of an interaction. However, understanding even broad connections between terms is useful in contextualizing a trauma-informed approach for designers and in finding where the approach may fit in a practice environment. The table below shows a sample of these connections that were made during Workshop 2.

### PHASE 2: DESIGN FRAMING RESULTS

<table>
<thead>
<tr>
<th>Term 1</th>
<th>Term 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer support</td>
<td>Community of practice</td>
</tr>
<tr>
<td>Trauma-Informed Design</td>
<td>Participatory design</td>
</tr>
<tr>
<td>Empowerment, Voice, &amp; Choice</td>
<td>Participatory agency</td>
</tr>
<tr>
<td>Trauma-Informed Lens</td>
<td>Adaptive lens</td>
</tr>
</tbody>
</table>

Figure 23. Interpretation of terms for design

A secondary finding from the conversation about terms was that Convergence staff still struggle with the use of the term ‘trauma’. They reported that for them this term was still too clinical and individualistic. This conversation was vital to understanding the integration of trauma-informed approaches to design because it shows where to guide future iterations of a theoretical understanding about the approach itself. Referring back to the stages approach to adopting new practice presented in the literature review, this means that the first Stage – Theory – must be adapted with the team’s specific pre-existing perceptions of what trauma means. In other words, had I understood that Convergence viewed the term trauma as an individually-focused term I would have spent more energy providing
context and resources that showed a more collective-based frame of the term and approach.

Finally, Workshop 2 contained a deeper discussion about the purpose of adopting an intentional approach to trauma-informed design rather than a more theoretical one. A more intentional approach would mean that a designer uses trauma-informed principles as a guide for some – or all – of their practice and engagement strategies. A theoretical approach would be one in which the designer learns about the theory of trauma-informed design to adjust design mindset, but do not necessarily change their practices as a result. This theme was one in which challenges were still very present. Convergence is still back and forth between the first and second stages of integration (Theory and Ideology as discussed in the literature review) and moving into the Application stage (Stage 3). Therefore, the praxis elements discussed here are still in process and they still report uncertainty about what this could mean for them. In some ways, Convergence is grappling with whether they would like to change their practice in response to their learnings or not or if they would like to maintain a more theoretical stance of adoption.

Workshop 3

Based on the expressed need for additional context and connection to Convergence-specific topics, the third workshop was a discussion around resources that everyone reviewed prior to the session. These resources were specifically related to trauma-informed approaches in education, a field that has been integrating trauma-informed approaches for much longer than design and a field that Convergence staff understand deeply.

Based on the request from Convergence and my lived experience in trauma-informed education spaces, I chose the following resources for Convergence staff to review:

- Video - A School’s Journey Toward Trauma Sensitivity https://www.youtube.com/watch?v=yvXrmi5kbi0. This video follows and interviews teachers and administrators at a school that fully embraced a trauma-informed (which they call trauma-sensitive) approach.
Guide - Helping Traumatized Children Learn: Creating and Advocating for Trauma-Sensitive Schools from the Trauma and Learning Policy Initiative. The Preface and Executive Summary downloaded from this link. The Preface and Executive Summary from the second volume of a guide that supports schools in becoming trauma-informed from a building-wide scope.

Article - Understanding Trauma-Informed Education from Edutopia. Accessed at this link. A testimonial and advice from a principal that has been acknowledged for their implementation of trauma-informed principles in their school.

The agenda of this session was straightforward as we had a general discussion about Convergence Staff thoughts on trauma-informed education and whether they were able to make more connections to how this relates to design. Overall, this appeared to be a very helpful tool of understanding for Convergence staff. The flexibility of the conversation as a guided discussion helped address some of the more confusing points of a trauma-informed approach in nonclinical settings. The positive feedback and demonstrated understanding resulting from this workshop is an indication that it would have been helpful earlier in the process. In a sense, this workshop was a return to Stage 1 (Theory) or Stage 2 (Ideology) as a knowledge-building activity. However, this result is not surprising nor is the need to return to an earlier stage during the process of integrating trauma-informed concepts into practice. The earlier discussion about the multistage process of integrating trauma-informed approaches into design predicted that the model would be fluid and that designers would go between stages at any given point.

Figure 24 below displays themes coded from the workshop transcript with relevant quotes.
This workshop’s final results provided vital insights into the work of trauma-informed design. First, a designer or studio may ultimately have to decide whether a conscious and intentional adoption of this approach aligns with their capacity, motivation, and need. With remaining doubt about the integration of these terms, it is possible that Convergence may decide that they will take a more theoretical route of adoption as discussed above. At the time of writing this document, there is no indication that Convergence regrets their involvement in the project or that they feel time spent learning about this approach was a waste of time. That being said, there is no indication that Convergence will decide to maintain a long-term commitment to this approach either.

Second, designers who are knowledgeable and experienced in trauma-informed approaches must continue to explore the conversation around terminology. The nonclinical and popular understandings of trauma remain a barrier to a fully integrated praxis. In all three workshops, Convergence showed understanding of the terms and were open to expanding their previous conceptions of what trauma was or what it meant to be trauma-informed. However, there was remaining doubt about the term. Based on the cumulative conversations and workshops, I believe that the hesitation here is based on Convergence’s uncertainty about how to be trauma-informed and whether they feel prepared to convey this messaging to clients and other external stakeholders. This is further complicated by the fact that

![Workshop 3 - Topic-Specific Discussion](image)

Figure 24. Coded themes for workshop 2
there is currently no way of assessing progress of adopting a trauma-informed approach and no governing entity to support designers in the process or to hold them accountable.

Finally, there was more discussion about framing concepts within design and in the context of Convergence’s work focus. The table below shows an expanded list of terms that were discovered during this workshop.

<table>
<thead>
<tr>
<th>PHASE 2: DESIGN FRAMING RESULTS (EXPANDED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on information from Workshops 2 and 3 about Convergence Design Lab's preferred phrasing, the following table is a visual representation of trauma-informed terms connected to Convergence’s preferences.</td>
</tr>
<tr>
<td>Peer support</td>
</tr>
<tr>
<td>Trauma-Informed Design</td>
</tr>
<tr>
<td>Empowerment, voice, &amp; choice</td>
</tr>
<tr>
<td>Trauma-Informed lens</td>
</tr>
<tr>
<td>Strengths-based</td>
</tr>
<tr>
<td>Person-centered</td>
</tr>
<tr>
<td>Trauma-informed lens</td>
</tr>
</tbody>
</table>

In summary, Phase 2 in this research had two purposes. First, I aimed to test the implementation of trauma-informed design praxis tools and to receive feedback about the feasibility of this approach in design. Second, Convergence participated in the activities in order to learn more about a trauma-informed approach to design and whether it was something they could embrace as a group. This phase provided a wealth of information about how a trauma-informed approach is both understood by designers and about whether it is possible within a design context.

Phase 3 - Reflection & Assessment

The context of the research presented here was such that it required ongoing assessment and reflection in order to have responsive and useful activities for my
partners at Convergence Design Lab. Because of this, Phase 3 was not a distinct phase within the research process. Rather, it was an ever-present part of the processes and activities within Phase 2. As discussed extensively above, the workshop series was designed to be responsive to the outcomes of the previous work in order to create fluidity and learning for the designers. I reviewed and analyzed the data from the observation phase to create materials and activities for Workshop 1, I then used the cumulative understanding of Convergence’s needs to create the agenda and tools for Workshop 2, and attempted to fill gaps in learning for Workshop 3. As I implemented the research process outlined in Methodologies and Methods, it became apparent that the third phase was occurring alongside the others.

Still, there are important takeaways from this process to guide future designers in trauma-informed design praxis adoption. First, if the terminology of trauma-informed approaches is unfamiliar to the design, they will need to be intentional about their learning process and continuously reflect on whether emerging terms align with their practice. As it stands both anecdotally and in the context of this case study, the integrative terms related to trauma-informed design have not settled into the consciousness of most designers. This may require designers to reflect on whether they want to continue with the process. Second, since reflection and assessment of their learning and adoption happens continuously throughout the process it is almost certain that they will move fluidly between stages of learning and adoption. The process of adopting a new practice approach will not be linear, especially considering that trauma-informed design is an emerging form of practice. Finally, there are currently few case studies that directly reflect the adoption of trauma-informed design praxis so designers hoping to adopt the approach will be providing valuable insights for their peers.
Implications for Design Practice

The design research described here examined the potential for a trauma-informed approach to design practice that could go beyond theory and into action. This focus on praxis could support a clear bridge between mental health fields and social impact design. No one field can solve any of our wicked problems in isolation and finding common ground through an action-oriented, ethical, and inclusive approach could support these efforts. Through this case study with Convergence Design Lab, this research is a beginning of putting theory into action. However,
there are some important implications for design and future work.

First, trauma-informed practices are feasible in design, but there is still room for growth in defining terms and envisioning the role of design. Integration of the term trauma-informed in design is still in its early stages and the understanding of trauma as a term comes largely from other fields. Based on observations of this conversation in design and the present case study, there is enough evidence to show that the term remains polarizing in design.

As discussed in this document, trauma is a highly stigmatized term because it is seen as clinical and anxiety-provoking to many outside of mental health. From this work it appears that designers feel unprepared to declare themselves as trauma-informed because they do not have the clinical perspective and do not yet see the approach as a feasible or appropriate practice in design. There are also implications of historical and generational abuse by clinical and state entities that may create resistance in community-based design spaces. However, even within clinical settings trauma-informed practices are not seen as solely driven by clinical practitioners. Many professionals in administration, security, and support services are also encouraged to adopt trauma-informed approaches to their work in order to create an all around supportive environment for staff and clients. Therefore, design as a field is fully capable of embracing trauma-informed approaches – especially for designers that work in social impact settings.

Second, designers who choose social impact want to create change and approaches like trauma-informed design practice can help organize, start discussions, or acknowledge strengths. As expected, it is my belief that designers who choose to work in social impact spaces have true intentions of creating positive change. I also believe that many of them already possess the skills to engage in a trauma-informed manner – whether innately, through training, or from lived experience. As designers, moving toward intentional approaches to ethical engagement could pose a challenge because these social theories are not commonly taught in design education. Understanding the strengths of designers and people who want to do good is a vital place to start in making change in the field.

Because social designers often already use approaches such as trauma-informed
design practice in their work, an intentional and concrete pathway to practice could serve as a way to organize and have important organizational conversations about practice values and strengths. While the ultimate goal of adopting new approaches is to improve the way we practice, the act of reflecting on existing practices, pointing out strengths to build on, and areas for growth is an important part of the process. Starting the pathway to trauma-informed practice could direct the conversations and reflection toward a more intentional approach to overall practice before even integrating new skills and knowledge. This process could also help practitioners decide whether this is an approach they want to pursue.

Third, trauma-informed practices are a good fit for design, but multidisciplinarity is key. Designers in social impact are well-poised to integrate trauma-informed learnings into their practice, but it must be informed by other disciplines. There are many ways to address the wicked problems we face as a society and various disciplines are working to find appropriate solutions. Each of these disciplines teaches its practitioners specific skills that help them better do their work. Designers apply innovative approaches to research and problem-solving that help distinguish them from other practitioners and are perfectly poised to lead the task of using an integrative approach to the work of addressing wicked problems.

The integrative approach is not altogether new to design as engineering, architecture, interior design, and other disciplines have long collaborated on projects whether they had commercial or social aims. This allowed projects to be completed using the skills that each discipline allows. The use of skills from other disciplines stands true with the introduction of skills specific to mental health practitioners, advocacy, activists, and others that have important skills of engagement cultivated over time. Therefore, as designers expand their reach within social impact it is vital that they collaborate with and learn from fields with these specific skills.

Finally, with lack of practice examples, we need to collaborate and share strategies because designers of all training backgrounds are using trauma-informed design. One major challenge in the present work was to provide design partners with examples on how other designers have integrated trauma-informed principles into their everyday practice. This contrasts with an important finding here that case ex-
amples help designers more clearly understand how to become trauma-informed. Therefore, we must create mechanisms in which trauma-informed designers can share their experiences with others.

Although the conversation around becoming a trauma-informed designer is relatively new, it is likely that there are clear examples of how designers are trauma-informed in their work and how they are moving more intentionally into this space. As a collaborative and practice-oriented field, it is vital that designers share this work in an effort to create more examples for designers that want to learn more. In this emerging conversation, sharing these examples is useful to provide examples of best practice, discuss the challenges or doubts, and allow others to learn from missteps.

In the end, social designers have decisions they must make in the process of becoming trauma-informed. First, they should attempt to reflect on their personal and professional values within their practice. Before making significant changes to their practice, it would be useful for designers to think about what their practice values are and whether an approach like trauma-informed practice is appropriate for them. This is precisely the second important decision. Designers should continue to interrogate whether they feel this approach is right for them at all. If they decide to use trauma-informed practices, they should also decide how much change they will make. Will they stop at theory or move entirely through all four stages? I believe this is a personal decision and holds no moral weight on their work.

Becoming trauma-informed also requires ongoing reflexive practice so designers should make decisions regarding how intensively this reflexivity will happen. Finally, designers must decide the nature of their multidisciplinary approach. Does multidisciplinary integration of trauma-informed practices require a full time staff member? Could this work be done on a contract basis or during ongoing training?

None of these decisions should carry a heavy weight on the sense of morality a designer feels about their work. As stated, the assumption is that social designers intend to make positive change with their work. The fact remains that we must – as a field – hold each other accountable and find our own benchmarks for creating processes that do not extract financial or emotional labor from participants in our work.
Future Work

My attention and time in this work will go beyond the creation of this document. In the next phase of this work, I am creating a website of tools as used in this case study. I hope that the sharing of these resources will contribute to the collection of work being developed in trauma-informed design and in social impact design overall. In collaboration with web designer Jack Kornet, I will share the practice guide that I developed as well as lessons learned and future of the work.

I also hope that this website will support the development of a more connected multidisciplinary network of practitioners from design, mental health, medicine, architecture, engineering, community organizing, advocacy, etc. that are working toward similar goals. This should reflect the racial, ethnic, socioeconomic, gender, and identity diversity that we see out in the world.

In addition to the next steps currently being developed, I believe this work can be further developed into something that can be more easily translated into design work. First, I hope to contribute to the development of clearer benchmarks for becoming trauma-informed and that these benchmarks are driven by interdisciplinary teams. I believe that as this work continues and the network of trauma-informed designers develops, there will be more case studies that can be shared and used in skills development. I also hope that the field of design further explores a process of praxis for other approaches such as design justice.

In the long term, I believe that trauma-informed design practice is part of the larger movement of design into social impact work. As design moves further into this space, I believe that the field must reflect on its past and create clearer systems of accountability and support for practitioners. We also must continue to break down the boundaries between research and practice in design; a challenge in many services-oriented fields. Particularly in the case of social designers, it will become necessary to educate new designers on skills of human engagement and support of participant wellbeing as part of design education. While this should not change the role of the designer, it will give the designer move tools to have impact that matches their intent and to create strong and sustainable solutions to wicked problems.
Conclusion

Designers have a unique toolbox of skills that allows us to address many of the wicked problems facing our world today in an innovative, creative, and human-centered way. The designers that want to devote their professional lives to this work have the ability to make great change in the world. However, changing the aims of design to address the wicked problems requires that the practitioners receive the necessary skills to support people who have been harmed by our systems and to maintain their own wellbeing in the process. Trauma-informed design is one approach that – while newly emerging in the field of design – has the potential to give designers some of these necessary skills. Drawing from social sciences and mental health fields as well as community-based practices, trauma-informed approaches have been shown to work well in nonclinical settings outside of design. By understanding the impact of trauma on our society and using skills to engage more mindfully, we can unlock strengths in relationships that we may not have seen before. Though drawing from knowledge of trauma symptoms treatment, trauma-informed approaches understand that all people – whether they call it trauma or not – are impacted by their past experiences and bring them into every space they walk into.
Appendix A (page 1 of 4)

Trauma-Informed Design: The Basics

Trauma & The Brain
When we can’t always control how we respond

The brain tells us how to respond to any given experience.
Information about that experience is stored in the brain and informs future responses.
We reflect on experiences and make sense of them, which helps us understand the world.
When information comes in, our brain guides the response and tells us when something is a threat.
If there is a threat, our brain steps into keep us safe.
When a situation causes chronic stress or overwhelms our ability to cope, our brain might store that memory and set off alarm bells without us even realizing we feel threatened.

When designers investigate human experiences, we run the risk of reminding them of painful or adverse experiences - usually unintentionally as a consequence of the conversations we have. That's why it is vital we understand what is happening, how to minimize harmful impact, and how to support the with which people we work.

What is TRAUMA-INFORMED and what does it mean for designers?

- Integrated into design from social sciences – particularly mental health and substance abuse treatment.
- Principles, guidelines, and assumptions were created by social science fields and derived from what is known to support people who have experienced traumatic or adverse events.
- These concepts inform the approach of a practitioner and are not a method of practice on their own. For example, a human-centered designer may use a trauma-informed approach.
- In other words, trauma-informed approaches are not currently methodologies in and of themselves. Therefore, we infuse our work with trauma-informed practices, review existing methodologies, and adopt new ones as appropriate.
- Trauma-informed approaches in design guide practitioners in strengthening their engagement with others, consider ethics in their relationships with co-creators and communities, and continually reflect on their intended vs actual impact.
- Designers can adopt concrete skills and knowledge to become trauma-informed.

Sarah Miles, 2022
Appendix A (page 2 of 4)

Impact on Engagement
Framing Responses and Reactions

Types of Design Interactions

Initial Interaction
- Occur when beginning a project or relationship. Often, the designer does not yet know the individual or community to which they’re speaking.
- Examples: Introductory community engagement, relationship-building, outreach, and community meetings.

Intermediate Interaction
- Occur in the planning stages of a project. This is frequently done after the relationship or goal is established and when the activities (interviews, workshops, co-design sessions, etc.) are being scheduled or planned.
- Examples: Planning meetings, email communication, meeting logistics, follow-ups, and check-ins.

Direct Interaction
- Occur when design or research activities are implemented. The designer has direct and sustained conversations or interactions with individuals or communities. Typically, this is where the most highly emotional content will surface.
- Examples: Interviews, workshops, co-design sessions, journey mapping, community mapping, and focus groups.

How Adverse Experience Can Manifest in Design Interactions

INITIAL
- Distrust in outsiders
- Skepticism of change
- Sense of hopelessness
- Lack of access to resources
- Difficulty engaging or organizing

INTERMEDIATE
- Slow to respond to communication
- Resistance to change
- Withdrawing from partnership
- Unsure about committing/partnering
- Discomfort with transparency
- Disorganization
- Conflict amongst staff
- Apparent staff burnout
- Not following through on multiple action items

DIRECT
- Emotion that appears disproportionate to the context
- Arguing, confronting, or yelling
- Crying or tearing up
- Leaving or walking out
- Staying silent
- Urge to share more personal details or traumatic experiences
- Apathy
- Tone of voice that you perceive as: angry, sad, avoidant, frustrated, frantic
- Body language that you perceive as: withdrawn, closed, uncomfortable, confrontational

Sarah Miles, 2022
### Appendix A (page 3 of 4)

## Trauma and Design

### Interpreting Terms and Concepts

### Interdisciplinary Interpretation of Trauma Concepts

<table>
<thead>
<tr>
<th>From Mental Health Fields</th>
<th>Implementation Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Principles of a Trauma-Informed Approach</strong></td>
<td>Ten areas of practice in which a trauma-informed approach is applied.</td>
</tr>
<tr>
<td>Safety</td>
<td>Governance &amp; Leadership</td>
</tr>
<tr>
<td>Trustworthiness &amp; Transparency</td>
<td>Policy</td>
</tr>
<tr>
<td>Peer Support</td>
<td>Physical Environment</td>
</tr>
<tr>
<td>Collaboration &amp; Mutuality</td>
<td>Engagement &amp; Involvement</td>
</tr>
<tr>
<td>Empowerment, Voice, &amp; Choice</td>
<td>Cross-Sector Collaboration</td>
</tr>
<tr>
<td>Cultural, Historical, &amp; Identity Issues</td>
<td>Screening, Assessment, &amp; Treatment Services</td>
</tr>
<tr>
<td>Training &amp; Workforce Development</td>
<td>Progress Monitoring &amp; Quality Assurance</td>
</tr>
<tr>
<td>Financing</td>
<td>Evaluation</td>
</tr>
</tbody>
</table>

### Proposed Adaptation for Design

The following concepts adapted for design represent how designers may view or understand mental health concepts within their professional context. Due to the nature of the work, some of the terms needed additional adaptation. These are in bold below.

<table>
<thead>
<tr>
<th>Trauma-Informed Values for Ethical Engagement</th>
<th>Implementation Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Six values that guide a designer’s approach to community engagement.</strong></td>
<td>Ten areas of influence for design projects and research.</td>
</tr>
<tr>
<td>Safety</td>
<td>Governance &amp; Leadership Approach to Research &amp; Design Activities</td>
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<tr>
<td>Trustworthiness &amp; Transparency</td>
<td>Physical Environment</td>
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<td>Peer Support</td>
<td>Community Engagement &amp; Involvement</td>
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<tr>
<td>Collaboration &amp; Mutuality</td>
<td>Interdisciplinary Approach</td>
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<td>Empowerment, Voice, &amp; Choice</td>
<td>Implementation of Research &amp; Design Activities</td>
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<tr>
<td>Cultural, Historical, &amp; Identity Issues</td>
<td>Training &amp; Workforce Development</td>
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<td>Progress Monitoring &amp; Quality Assurance</td>
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<td></td>
<td>Financing</td>
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<td></td>
<td>Evaluation</td>
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</tbody>
</table>

### Examples of how to assess practice through these concepts

**Scenario: Conducting a focus group to evaluate program impact**

**Safety** - create a welcoming space where possible through visuals, greetings, refreshments. Ensure exits are clearly marked. Set up chairs and tables with safety and health in mind. If remote, be sure your facial expressions reflect the tone of the moment and maintain calm.

**Trustworthiness & Transparency** - tell participants/partners about any and all goals or additional benefits to you (financial, academic, professional, etc.), provide notice of changes in logistics, deliverables, or timelines as soon as you can, inform participants who will see or use their work, provide a timeline of your involvement or length of relationship.

**Cultural, Historical, & Identity Issues** - reflect on your own power, privilege and bias, examine your intent and view of the community you are working with (how do you view your place there?), explore how your intent or presence may be perceived by the community you work with.

*Sarah Miles, 2022*
Becoming Trauma-Informed
A Basic Roadmap

Stage 1 Theory
Increase knowledge, baseline understanding of trauma concepts, and understand the role of a designer.

Stage 2 Ideology
The designer looks at their practice, reflect on bias and power, and look for areas of growth.

Stage 3 Application
Dependent on the designer and their practice. They may re-imagine engagement, edit methodologies and methods, observe and reflect on engagement style, or others.

Stage 4 Assessment
Asses how effective the changes were, make needed adjustments, and return to a previous stage to learn or reflect more on practice.

Resources for More Information
For Deeper Reading and Connection to Expertise

Books
The Body Keeps the Score  
Bessel van der Kolk
My Grandmother’s Hands  
Rasmaa Menaker
You Are Your Best Thing  
Tarana Burke
Trauma Stewardship  
Connie Burk and Laura van Dernoot Lipsky
Holding Change  
adrienne maree brown
Emotional Design  
Don Norman
Pedagogy of the Oppressed  
Paulo Freire
Teaching to Transgress  
bell hooks

Articles
Social Design and Neocolonialism  
Cinnamon L. Janzer & Lauren S. Weinstein
Upon Opening the Black Box and Finding It Full: Exploring the Ethics in Design Practices  
Marc Steen
A “Social Model” of Design: Issues of Practice and Research  
Victor Margolin and SyWe Margolin
White Supremacy Culture – Still Here  
Tema Okun
Practicing Without a License: Design Research as Psychotherapy  
Tad Hirsch

Online
Trauma-informed practice and design  
Kelly Ann McKeircher
Trauma-Informed Design Panel  
Rachael Dietkus and Sarah Fathallah
Social Workers Who Design  
Rachael Dietkus
White Supremacy Culture  
Tema Okun
De-colonizing Design Reader  
Ramon Tejeda
Healing Justice Is How We Can Sustain Black Lives  
Prerit Hemphill
### Appendix B (page 1 of 1)

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Implications</th>
<th>Key Quotes</th>
<th>Connect to Workshop/Observation Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Engaging participation</strong></td>
<td>26</td>
<td>- They are a new org so maybe this is something that they need to focus on so much right now. - This may be related to why they are willing to work with me. Putting words to some of their practices? Exploring org identity? - Some of these are hard to define/shower - lack authenticity.</td>
<td>&quot;If we are walking the walk of a CoP (community of practice), we are sourcing opinions, strategies, and approaches from the members themselves.&quot; (CoP article)</td>
<td>- This value connects to empowerment, voice, and choice from the principles</td>
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<td>At Convergence, we seek to create learning experiences that empower and motivate all people to be producers and participants, not just those who feel they have no choice but to speak up. We believe that participatory agency, or the sense that adding your voice to civil conversation (in whatever way you choose), will shape you and your community for the better, is one of the most powerful levers to move politics to the workforce.&quot; (Designing for participatory agency)</td>
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<td>the trust is, however, that good participatory evaluation work can be meaningful, engaging, and, dare we say, fun. This is precisely what we at Convergence Design Lab set out to do.&quot; (MdB)</td>
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<td>&quot;In the end, this playful and participatory evaluation design process not only made us more accountable as evaluators, but it helped strengthen SpyHop's community of practice</td>
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<td>&quot;For me, 'personality' is the organization's culture: its voice; its quirks and nuances. Personality is what endears them to their communities and affirms their good work.&quot; (Design/personality)</td>
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<td>&quot;How do we ensure that our evaluation is authentic?&quot; (MdB) &quot;A commitment to CHANGE drives a design process through COLLECTIVE IMAGINATION.&quot; (new ways of learning)</td>
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<td>&quot;When these connections, networks and collective mindsets take root, learning communities are empowered to overcome challenges and innovate new solutions for the present and future.&quot; (new ways of learning)</td>
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<tr>
<td><strong>Personality/Qualities</strong></td>
<td>15</td>
<td>- Even though this was a bit lower, this feels like a really important theme in the readings. Even though they didn't necessarily have a lot in terms of frequency on this one, there are articles at least one where this was the main focus. A highly mentioned secondary focus within an article. - It makes sense to me that they would highlight how they work as a team - engaging participation and personality/qualities really link back to this as well as they prioritize a good relationship in the team.</td>
<td>&quot;One of the things that I love about working with Convergence Design Lab is that we practice alignment all the time.&quot; (Pictures of success)</td>
<td>- The ongoing practice of reflexivity they do it really important and a huge part of Ti design</td>
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<td>Convergence's Director of Learning, Margaret Cowen, spent an admirable amount of time ensuring that the Mural template would work flawlessly, and it did.&quot; (MdB)</td>
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<td>&quot;When we decided to launch Convergence Design Lab as our own woman-run (independent research and design agency), we did so from a place of hope.&quot; (Hope-Strong)</td>
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<td>&quot;We got to look at data, reflect back what we see, measure outcomes, and support the messy work of sorting out organizational priorities.&quot; (Pictures of success)</td>
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<td>&quot;We like to use ‘Program Reviews’ because: a) the program itself constitutes the focus of the inquiry, and b) a review suggests looking backward and forward at the same time.&quot; (Reflect, remix, rethink)</td>
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<td>&quot;’The Creative and positive-thinking Spy Hop teaching artists needed no capitol of hand-holding. They quickly populated the Mural board with digital post-its under pre-defined headings such as Minisite, Process, Practices, Equipment.&quot; (Mad libs)</td>
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<td>&quot;Even as external researchers, Convergence Design Lab starts its process by engaging youth and practitioners as co-investigators in discovering new ways of learning.</td>
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<td>At Convergence, we think of participatory design as research as that good form - providing the exercises, processes, routines and practices that enable our partners to fully flex their muscles of hope and imagination.&quot; (hope-strong)</td>
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</tr>
<tr>
<td><strong>Convergence as a learner</strong></td>
<td>8</td>
<td>- I wasn't expecting this to come up so much, but it makes sense. Convergence works with clients (rather than direct-to-community) and are trying to communicate their style of work and how they engage clients. - Wanting to encourage and focus on the values with their partners.</td>
<td>&quot;We get to look at data, reflect back what we see, measure outcomes, and support the messy work of sorting out organizational priorities.&quot; (Pictures of success)</td>
<td>- There is opportunity here to cross over skills and values-based client work from participatory agency to trauma-informed design practice</td>
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<tr>
<td>Date</td>
<td>Type of Comm.</td>
<td>Subject</td>
<td>Notes</td>
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<tr>
<td>9/1/21</td>
<td>Email</td>
<td>Initial outreach</td>
<td>Receptive, asked for meeting</td>
<td></td>
</tr>
</tbody>
</table>
| 9/8/21     | Meeting       | First meeting      | Present: Mindy Faber and Margaret Conway  
|            |               |                    | - Various youth development projects and some school-based (but not a lot)  
|            |               |                    | - With one client, lots of focus on "youth in care" (foster care, residential, secure care)  
|            |               |                    | - Would like more experience/training on interacting and speaking to this specific population  
|            |               |                    | - Feeling a bit nervous  
|            |               |                    | - Lots of work with Youth in Care mentors (workshops, focus groups, trainings, co-design)  
|            |               |                    | - Mentors are employees of client  
|            |               |                    | - Discussed "digital attrition"  
|            |               |                    | - Interested in exploring what a partnership could look like  
| 10/18/21   | Meeting       | Follow-up and Planning 1 | Present: Mindy Faber  
|            |               |                    | - Possibility of meeting SpyHop (partner) but has to ask them first  
|            |               |                    | - Discussed more what this could look like  
|            |               |                    | - Still somewhat vague for everybody (including me)  
|            |               |                    | - Mindy reports a strong relationship with SpyHop and that she has been working with them on evaluation and expanding their data collection and reporting tools  
|            |               |                    | - Did a series of workshops to co-design the reporting tools, but the use (reporting %) is not as high as they would like. Mainly 1 well-established mentor.  
|            |               |                    | - Discussion about why this might be. (Busy, forget, don't want to, etc.)  
|            |               |                    | - I heard Mindy speaking about her desire to focus on strengths despite challenge and I shared a resource with her about this from a child development perspective.  
| 11/10/21   | Meeting       | Interview planning | Present: Mindy Faber  
|            |               |                    | - Discussed what the interview will be like and who it will be with  
|            |               |                    | - We will co-write protocol and questions where I will attempt to infuse TI approaches  
|            |               |                    | - Mindy is very open to where TI approaches can fit in, but still somewhat unclear  
|            |               |                    | - Despite being unclear, she is open to whatever it means.  
|            |               |                    | - I also shared didactic materials with her, but Mindy reported that she may not really have time to look at it currently and would need additional context for what is on the pages. Materials included various reflective tools.  
| 11/11/21   | Meeting       | Interview planning | Present: Mindy  
|            |               |                    | - Interviewees emailed me to say that he was running late and would be on 10 minutes late  
|            |               |                    | - Mindy and I met to prepare and wait for the interviewee. We discussed the template and who would say what.  
|            |               |                    | - Decided that I would ask the main questions and Mindy would lead follow-up. I think this can be a time to model TI engagement if necessary  
|            |               |                    | - Interviewees said that he was running late again and would let us know when to get on.  
|            |               |                    | - Mindy and I decided to get back on when he was ready to meet  
|            |               |                    | - 30 minutes later we met with interviewees briefly who said that he could only meet for 15 minutes  
|            |               |                    | - I observed Mindy tell him that this was not enough time and asked to reschedule for a day that we could meet for a full hour. Interviewees agreed. Mindy did a really great job balancing the fact that the interviewees is volunteering time, but that we need the information from him. Even though Mindy doesn’t really know him, she seemed to approach this with a calm and laid-back affect.  
|            |               |                    | - I noticed that Mindy seemed nervous/anxious about rescheduling  
|            |               |                    | - Mindy shared thoughts that he may not have realized that he wouldn’t be able to meet and that his schedule is very hectic with multiple tasks at the same time. I shared my process of preparing for stakeholder interviews/meetings which was the stakeholder map with social ecology mapping, but since it was via email Mindy didn’t really respond. I think this document needs additional context and discussion.  
| 11/17/21   | Meeting/Email | Interview reschedule | Present: Mindy, stakeholder  
|            |               |                    | - Transcript on Trint for full notes  
|            |               |                    | - Observations  
|            |               |                    | - Mindy is very calm and steady talking to the interviewee  
|            |               |                    | - The interviewee was comfortable in the space and open to speaking to us about Sending Messages  
| 11/19/21   | Meeting       | Stakeholder interview | Present: Mindy is a very active listener  
|            |               |                    | - Mindy attempted to contact a frontline stakeholder (counselor) that worked with Youth in care and the sending messages program, but the stakeholder declined to be interviewed.  
|            |               |                    | - There was no explanation given about why they did not wish to participate  
|            |               |                    | - I followed up with questions about whether we could explore with them about why they declined, but this was not further explored.  
|            |               |                    | - I noticed that Mindy at times feels compelled (or restricted maybe?) by the client (SpyHop leadership), I wonder if she feels worried about rocking the boat between stakeholders. In other words, if Mindy were to push the stakeholder on why they did not agree to an interview, would there be an issue for SpyHop in delivering the Sending Message program?  
| 11/29/21   | Email         | Stakeholder reluctance | Present: Mindy connected me to the transcript of a focus group done by a mentor with a group of youth.  
| 12/3/21    | Email         | Share focus group 1 | Present: Mindy  
|            |               |                    | - Discussion on focus group transcript - The mentor was hesitant to push the student or ask more. Mindy felt that the mentor did not allow the students to fully explain feelings/emotion-related answers and changed the subject too quickly. I agree and I shared that I thought he may have seemed nervous in these moments. I wondered whether the mentor had seemed resistant to this focus group or about evaluating the students’ experience.  
| 1/3/22     | Meeting       | Follow-up and Planning 2 | Present: Mindy  
|            |               |                    | - Discussion about what a partnership could look like  
| 1/4/22     | Email         | Share focus group 2 | Present: Mindy connected me to the transcript of a focus group done by a mentor with a group of youth.  

**Appendix C (page 1 of 2)**
# Appendix C (page 2 of 2)

<table>
<thead>
<tr>
<th>Date</th>
<th>Meeting</th>
<th>Follow-up and Planning</th>
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<tr>
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<td>2/2/22</td>
<td>Meeting</td>
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<td>Workshop 3</td>
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<tr>
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<td>Notes in Mural and transcript</td>
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### Themes/Thoughts

- Mindy appreciates insights on how to interpret behavior even though she has intuitive and useful observations on it.
- I wonder how to explore setting and moving boundaries in a client/designer relationship. This was an early theme and also came out during the workshops (see mural).
- Mindy (as a representative of Convergence) displayed and reported a lot of space where she is intuitively tuned in.
- There is still some lack of clarity where TIDP fits in and where the discussions are going. This was particularly challenging because Convergence works with clients rather than directly with the “end user”. I think this needs more research as TIDP goes forward.
- I feel that we really only went through Stages 1 and 2 in any depth – although we tested some tools for Stage 3 (application).
Appendix D (page 2 of 4)
<table>
<thead>
<tr>
<th>Title</th>
<th>Source Type</th>
<th>Review</th>
<th>Outside</th>
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</tr>
</tbody>
</table>
Appendix E (page 1 of 3)

Trauma-Informed Design Practice

Case Review

Designer

Partner(s)

Project

Timeline

Presenter Summary
To be filled out and shared prior to meeting by the presenter

Project type

- Client-based
- Community-based
- Research
- Other: __________

Project/Case Summary - to be shared with team prior to review meeting

Background

Recent Developments

Successes

Issues, Interventions, and Outcomes

Questions for Team

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Appendix E (page 2 of 3)

**Trauma-Informed Design Practice Case Review**

**Input from Team**
*(notes from meeting)*

**Presenter Guide and Notes**
*For the presenter to track feedback and input during the meeting*

**Proposed Next Steps**
*(based on eam discussion)*

Reflect on your use of the 6 Principles of a Trauma-Informed Approach in your project so far. Fill in the table to reflect on your practice. Examples can include points like strengths in your practice of these principles, places where you think adverse experiences impacted a client’s/participant’s behavior, and examples of where you think you are strongest or in the most need of growth. *Not every principle will be covered here.*

<table>
<thead>
<tr>
<th>Safety</th>
<th>Trustworthiness &amp; Transparency</th>
<th>Peer Support</th>
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<tbody>
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<tr>
<td>Collaboration &amp; Mutuality</td>
<td>Empowerment, Voice, &amp; Choice</td>
<td>Cultural, Historical, &amp; Identity Issues</td>
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Sarah Miles, 2022
Appendix E (page 3 of 3)

**Trauma-Informed Design Practice Case Review**

<table>
<thead>
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<th>Team Guide and Notes</th>
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<tbody>
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<td>For teammates to make notes before and during meeting. Share with presenter after notes are complete.</td>
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</tbody>
</table>

Provide the presenter with feedback about the 6 Principles of a Trauma-Informed Approach. Feedback includes, but is not limited to: where they were strong, where there is an opportunity for reflection, input about how you think they can focus on one or more principles, and resources to for more support. *Not every principal will be covered here.*

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</table>

**General Feedback for Presenter (notes from meeting)**

**Ideas for Presenter Next Steps**

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Works Cited and Bibliography

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