The Substance Abuse and Mental Health Services Administration (SAMHSA) defined trauma-informed practices as those that realize the impact of trauma and potential paths for recovery, recognize the signs and symptoms of trauma, respond by integrating knowledge about trauma into their approach, and resist retraumatization (SAMHSA, 2014).
PREVAILING THEORY ON TRAUMATIC MEMORY/RESPONSE:
DR. REBECCA CAMPBELL

- Cascade of neurotransmitters and stress hormone
- “Tiny post-it notes”
- Accurate, but disorganized fragments of memory
- Primary aim of Dr. Campbell’s assertions

ADDING TO THE DISCUSSION:
DR. RICHARD MCNALLY’S ASSERTIONS

- Memory is always a reconstruction
- Aversive or traumatic events actually strengthen memory
- Encoding versus retrieval failure

“All of our memories are reconstructed.”
Each time we recall an event, it is being reassembled, and sometimes changed by the very process of recall.

TAKEAWAYS

- Memory can be tricky; accuracy can be difficult to determine.
- Everyone’s response to trauma and stress is subjective.
- Gaps and inconsistencies in memory are “never, on their own, proof of anyone’s credibility, innocence, or guilt.”
- There are no clear answers.
SO, WHAT CAN WE DO?

- Maintain neutrality
- Avoid “start from the beginning” type statements.
- Focus on what they DO remember and develop that.
- Apply a “screen shot” versus timeline approach to asking questions.
- Interview for clarification
- Familiarize yourself with neutral language
- Utilize the same interview approach with both the complainant and the respondent

RESOURCES