Empathetic Engagement

Discussion on Trauma-Informed Service Design, Co-Design, Diversity & Inclusion

During this sofa session:

- 3 pitches by speakers with discussions & quiz
- Open mic during discussions & quiz
- Please share your questions / feedbacks / stories in the chat windows
- Closing discussion at the end to address them

The session will be recorded to reach more audience.

Speakers

Dr Priscilla Chueng-Nainby (Dr P)

Service Design Lead
Design Informatics Academic
Transformation Wellness Coach
Artist / Poet / Activist
The University of Edinburgh

Bukola Jolugbo (Kiki)

Senior UX Researcher/
Transformation Coach /
Teenage Boy Coach /
Parenting Coach

Joan Herlinger

Lead User Experience &
Product Designer
Focus on Accessibility,
Illustrator & Speaker

Empathetic Engagement

1. Trauma-Informed Service Design (Dr P)
2. Trauma aware User Research (Kiki)
3. Neurodiversity-friendly Design (Joan)

Dr P
Priscilla Chueng-Nainby

Service Design Lead
Design Informatics Academic
Transformation Wellness Coach
Artist / Poet / Activist

The University of Edinburgh
https://www.linkedin.com/in/priscillachueng/
Drpcoach@gmail.com

Pitch 1
Trauma-Informed Service Design (Dr P)

What is Trauma

Trauma is an emotional and psychological response to **distressing or life-threatening** events that overwhelm an individual's ability to cope.

Such events can include accidents, natural disasters, violence, or abuse, leading to feelings of helplessness, anxiety, and fear.

Symptoms after trauma including intrusive **memories**, **flashbacks**, emotional **numbness**, and heightened **reactivity**.

Trauma **affects individuals differently**, and not everyone exposed to a traumatic event will develop lasting symptoms.

Discussion 1 (5 minutes)

Empathetically as a user:

a. Have you had personal experience in trauma? (Yes, No)
b. Have you encountered a trauma-triggered service journey experience (Yes, No)

Optional:

c. In a few words , describe the experience?
d. How did you deal with this as a user?

What is Trauma-informed Service Design

An approach to designing services that acknowledges the widespread impact of trauma and actively seeks to create safe, empowering, and inclusive experiences for users. It applies **trauma-informed care principles** to service design, ensuring that interactions, environments, and processes do not re-traumatize individuals and instead promote healing, trust, and accessibility.

Principles in Trauma-informed Service Design

Adapted from **trauma-informed care** (SAMHSA, 2014):

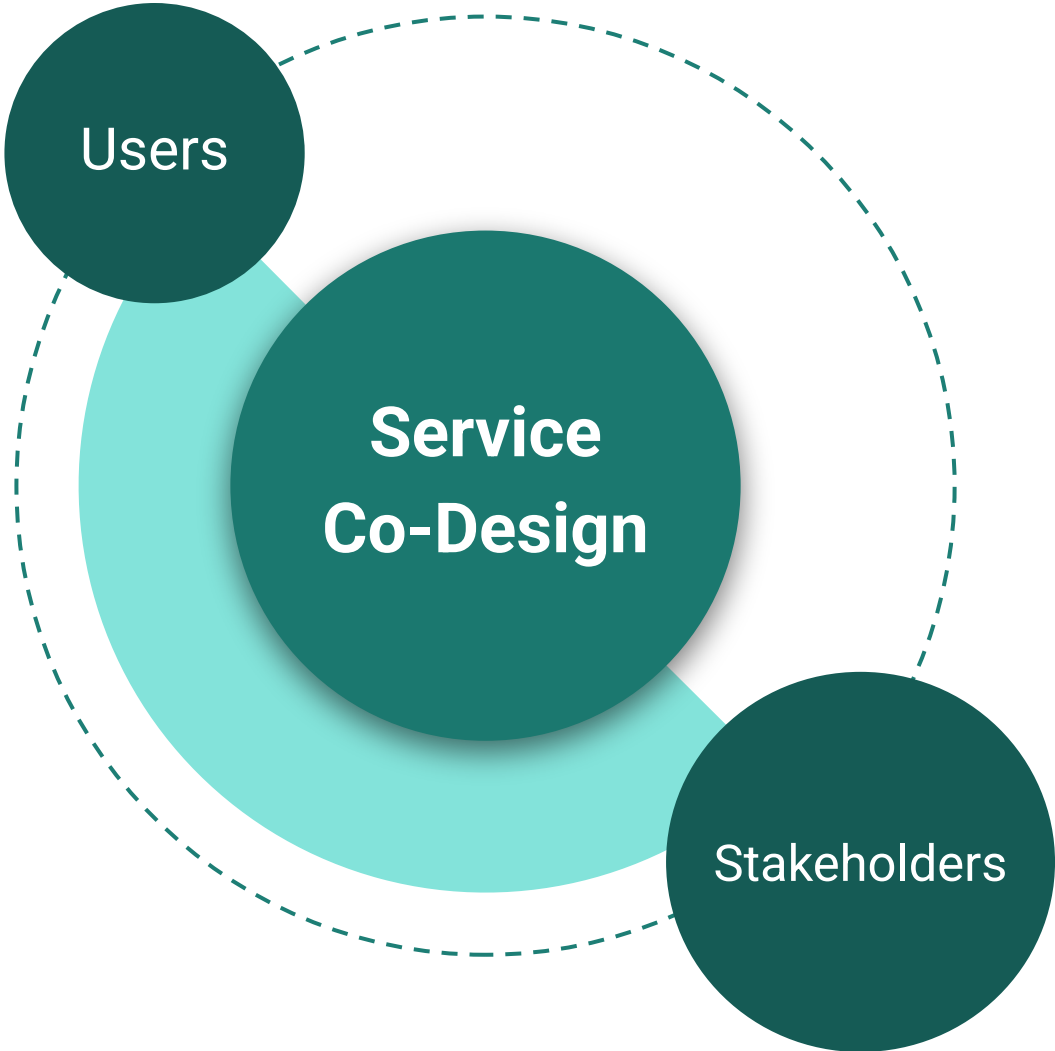
1. **Safety** – physically, emotionally, and psychologically ***safe with welcoming spaces*** with clear communication, and minimizing distressing interactions.
2. **Trust & Transparency** – clear, predictable, and ***honest communication*** about service processes, policies.
3. **Peer Support & Collaboration** – Engaging users as ***active co-designers*** of the service from their lived experiences.
4. **Empowerment & Choice** – Allowing service users to make ***informed choices*** about their engagement, ensuring they have agency and control over their experience.
5. **Cultural, Historical & Gender Sensitivity** – Recognizing the impact of cultural and systemic factors on trauma experiences and ensuring services are ***inclusive and equitable*** for all users.
6. **Minimization of Re-Traumatization** – Identifying and mitigating ***triggers*** within the service journey to avoid reactivating traumatic stress responses.

How is it impactful?

Traditional service systems often **do not account for trauma**, leading to unintended harm or disengagement:

- A **housing service** requiring users to repeatedly recount distressing personal histories may re-traumatize them.
- A **government digital system** with complex, unclear processes can cause stress for vulnerable individuals.
- A **payment collection system** with reminder correspondence with wordings that may trigger trauma victims

Good Service should aims to **reduce barriers to access, increase trust, and enhance service effectiveness** by designing with **sensitivity to service experiences**.



Co-design for Trauma-informed Services

Co-design directly with users' community groups

- GRC: Trans community with Stonewall
- Covid Pass: Care homes, Wembley, Borders, hospitals, etc
- Defra Co-Design Expert coach for project teams to engage farming communities
- Home office MAPPA: Police, Probation, Prison officers

Co-design across disciplines with Gov teams

- GRC: Policy makers at Government Equality Office as design team
- Covid Pass: cross-squads weekly workshops to co-design service journeys
- Defra: Co-design coaching & handbook for project teams
- Home office MAPPA: Whole team in person Service Jam workshop every sprint

Discussion 2 (5 minutes)

as Service Designer or practitioner:

a. Have you come across a trauma-informed service? (Yes, No)
b. Have you worked on a trauma-informed services? (Yes, No)
c. In a few words, describe the experience?
d. How did you help to ensure trauma informed

(Please share at the chat window)

Pitch 2
Trauma aware User Research (Kiki)

Bukola (Kiki)

Senior UX Researcher /
Transformation Coach /
Teenage Boy Coach

https://www.linkedin.com/in/bukola-jolugbo-kiki/

What is trauma in user research?

Trauma in user research can be from **two perspectives**:
the **user's perspective** and the **researcher's perspective**.

It is the emotional, psychological, and sometimes physical distress that arises when engaging in research, whether as a participant sharing lived experiences or as a researcher navigating sensitive topics and challenging interactions.

Trauma affects how people **perceive, process, and respond** to situations, including participating in research. It can reshape brain function, impact memory and cognition, and alter a person's ability to trust, engage, or feel safe in certain environments.

Impact of trauma on research

Trauma from the user's perspective
(Research Participants)

- Re-traumatisation through research questions
- Loss of control
- Reinforced feelings of vulnerability
- Intimidation or power imbalance
- Dishonest reponses

Trauma from the researcher's perspective

- Secondary trauma
- Emotional distress or empathy fatigue
- Ethical or moral distress
- Personal triggers
- Biased insights

Why this matters…

Understanding trauma from both perspectives help researchers

- facilitate research that minimises harm
- create emotionally safe environment for researchers and participants
- mitigate the emotional toll of the discipline
- promote ethical research practices that prioritise well being.

Trauma triggered experience

Research with a young person - youth mental health and impact on family relationships.

Trauma triggers during research

- Froze after some questions
- Body language / avoided eye contact
- Continued apologies

Discussion (10 minutes, Q&A or Breakout Rooms)

From a user or practitioner perspective:

- How do you recognise trauma during research?
- How might you handle this situation?
- How do you gain the participant's trust during research?

Trauma triggered experience - What I did

- Gave control, allowing them to pause, skip or stop
- Non-judgemental environment
- Validated experiences without pushing for details
- Acknowledged emotional signs and offered breaks or shift focus

- **Could have had support resources available.**

Discussion 5 mins (Closing this session)

- What are possible trauma informed research principles (best practices for conducting trauma-aware research)?

Pitch 3
Neurodiversity-friendly design (Joan)

Joan Herlinger

Lead User Experience &
Product Designer
Focus on Accessibility,
Illustrator & Speaker

https://www.linkedin.com/in/joan-herlinger-8698561/

Definition of Neurodiversity

- Neurodiversity is the concept that neurological differences are normal variations in human brain function, not flaws that need fixing.
- Neurodiverse people are individuals and characteristics present differently between the same grouping. Many have high levels of abilities: important not to assume or generalise. Many are gifted as well as neurodiverse.
- Neurodiversity may have advantages, as well as disadvantages.
- For many neurodiverse people, the stress of living in a world designed for neurotypical people can be profound lead to them feeling misunderstood, which may be reinforced through assumptions from others which may lead to re-traumatisation.

15-20%

of the world's population is thought to be neurodiverse.

Positive Traits of Neurodiversity

ADHD

Hyper-focus

Energy & Passion

Creativity

Autism (ASD)

Concentration

Fine Detail Processing

Memory

Dyslexia

Visual Thinking

Creativity

Visual Mechanic Skills

Dyspraxia (DCD)

Verbal Skills

Empathy

Intuition

Discalculia

Verbal Skills

Innovative Thinking

Creativity

Tourette's Syndrome

Hyper-focus

Observational Skills

Creative & Innovative Thinking

Impact

- Some neurodiverse people receive a **late diagnosis**, which may impact their emotional and mental wellbeing. There may be a sense of loss due to earlier lack of support.

- **Rejection Sensory Dysphoria** is a condition associated with ADHD and ASD which may appear as higher emotional sensitivity and can trigger feeling of sadness, anger or shame.

- RSD may appear as:
  - Avoidant behaviours
  - Masking
  - Emotional exhaustion
  - Mental health issues

- A neurodiverse person may or may not be comfortable sharing their diagnosis with you, depending on their lived experience.

Strategies for Comfort

- Identify areas that may trigger or require accommodations before work sessions and a hold sunset review after to understand what went well and areas for learning.
- Be mindful of how your communication style impacts others and adjust to suit the person you're working with.
- Consider methods and formats used to share information. Does it serve people who may have reading comprehension issues? (ASD and Dyslexic) The average reading age is 11-12 in the UK.
- Send documents in advance so they can be reviewed before the session.

Strategies for Comfort

- Aim for a clear, concise communication style.
- Allow enough time for users to complete tasks and don’t display a timer.
- When addressing difficult topics, offer regular breaks and provide quiet spaces with soft lighting to avoid sensory overwhelm.
- Ask participants if they need any accommodations in advance, such as assistive tech or extra time.

Quiz 1 (Please type your answer in the chat)

What is thought to be the percentage of neurodiverse people worldwide?

a) 5-9%

b) 10-14%

c) 15-20%

d) 50-80%

Quiz 2 (Please type your answer in the chat)

What is the average reading age in the UK?

a) 6-8

b) 9-11

c) 12-14

d) 15-18

Quiz 3 (Please type your answer in the chat)

Q1. Which of the following is not a suitable strategy for interacting with neurodiverse users or colleagues who struggle with focus?

a) Giving all the information in one big, verbal download.

b) Clearly defining tasks and goals.

c) Break down larger projects into smaller, manageable tasks.

d) Using checklists or task lists to help track progress.

Closing Discussion on Trauma-informed Service Design

Dr Priscilla Chueng-Nainby (Dr P)

https://www.linkedin.com/in/priscillachueng/

Bukola Julugbo (Kiki)

https://www.linkedin.com/in/bukola-jolugbo-kiki/

Joan Herlinger

https://www.linkedin.com/in/joan-herlinger-8698561/

Thank you! Join this community of practice at drpcoach@gmail.com