Trauma-Informed Care for Legal Professionals

By

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Approved by:
Welcome to the training Trauma-Informed Care for Legal Professionals.

We are going to cover a lot of information today, some of which may be difficult as discussions of trauma can bring up difficult memories. I want to encourage you all to be sensitive with your questions, comments and even body language during the training. For example, try to avoid statements that pass judgment on people such as “they are all that way because...” I would encourage you to pay attention to your colleagues as they make points, ask questions, or offer examples they have seen or experienced. Also, while we would like to avoid judgmental phrases or actions, honest questions and reactions are always welcomed- my hope is to create a space that will allow you to ask questions and share the way you personally have been impacted by clients who have experienced trauma. To ensure this training can function in that capacity, I wanted to check to see if there were any ground rules you as a group would like to put in place? For example, one ground rule I would like to offer to you is that I will respect your time by getting you out at the time I promised! I also know this is a lot of information, so I have planned to take a break halfway through, but am happy to break earlier if that is the group consensus. Any other ideas?

In terms of our agenda for the training, we will cover the training goals and purpose and identify why you as legal professionals should be aware of trauma and know how to respond. Then we will cover the definition of trauma, how it impacts
individually throughout different developmental stages and unique life situations such as individuals who have emigrated from another country. After that we will go through some case studies, practice scenarios, and cover practical tips you can apply to your legal practice. Next we will cover how working with individuals who have trauma histories can impact you personally and discuss ways you can respond. Finally, we will cover the ways your agency is responding to trauma through specific policies and practices.

**SLIDE 4**

So to begin, what are the goals of this training?

**SLIDE 5**

Well to answer that we need to first cover what it is not. We are not trying to change you from legal professionals to behavioral health specialists. We will discuss this more later in the training, but it is important to remember that you fill a vital role as an attorney for individuals who have experienced trauma and we want you to be their attorney, not their therapist. Additionally, this training will not equip you to “rescue” your clients— that is seeing them as helpless and unable to function without your help and guidance. Your client is coming to you because they need your assistance, but they need you to partner with them in this process, not try to take control of every aspect of their lives. They do not need to be saved, but they need your educated support that promotes their empowerment— which is their ability to see the strengths and resources they have access to and take steps that will promote their ability to grow in their functioning and pursue their goals, a process behavioral health professionals call recovery.
SLIDE 6

So how do we want to educate you? We want to provide you with a framework to better understand the basics of trauma and trauma-informed care (TIC). Then we want to show you how TIC connects to your existing legal values and practices. Finally, we want to equip you to understand ways you can improve your response to clients who have experienced trauma both personally and as a practice or organization.

SLIDE 7

Before we define trauma, I want us to understand ecological theory. Trauma and its impact on an individual has many facets and it is important to have a framework in place to better understand the complexities.

SLIDE 8

Urie Bronfenbrenner was a theorist who saw a person’s life as being made up of different system levels that impacted both each other and the individual. Through his research, he also found that individual characteristics could influence a person's response to the systems’ influence.¹ He created several versions of this theory, this chart depicts what is technically his bioecological version ¹ and is the one that I believe to be most directly relevant for our purposes. (I realize it says ecological theory, which is an unfortunate mistake by the designer, but they did an excellent job creating a clear graphic so I decided it was worth still using it.)

SLIDE 9

*Facilitator Note: switch back to SLIDE 8 as needed to illustrate*
As you can see, the individual is in the center of the system and individual characteristics such as gender, sex, age, and health are seen as important. I encourage you, as we go through the definitions of each level, to use yourself and your experiences as examples. The next system is the microsystem, which is made up of the people, places, and beliefs that direct impact you. For many this would be immediate family members, your neighborhood, and spiritual values. The mesosystem is the interaction of the microsystem with each other, for example, if as a child your religious body petitioned against a school board policy. Next, the exosystem is broader government systems and institutions such as state and federal governments that govern where you live. The macrosystem are the ideas, beliefs and values which influence the systems- think the belief in life, liberty, and the pursuit of happiness that influenced the Declaration of Independence and later the US Constitution. Finally, the chronosystem is the time in which these systems are working.

So, ecological theory states that multiple influences pull and affect you- think about for a minute some of the forces that shaped you- that influenced you becoming an attorney. Can you place them on the different system levels?

**Would anybody like to offer any thoughts about this?**

**SLIDE 10**

Case study: Grace is from an east African nation. Grace’s uncle, a US citizen, contacted her family and offered to bring her to the US for a better life. Grace came
to the US on a student visa and her uncle promised to apply for her to remain legally in the US. However, he never completed the application and began controlling her by taking her documents and money. She could not decide what to eat, what to wear, or even when to use restroom. Shortly after her arrival, her uncle began forcing her to have sex with his friends to pay him back for her living expenses. Eventually she was able to escape to a shelter, that connected her with an organization providing case management services to survivors of human trafficking and was referred by them to you for advice on her legal options.

So for Grace, what are some of risk factors she is facing at the micro level?

What about the other levels? Can you see how these past and current experiences may impact how she responds to you as an attorney?

SLIDE 11

So can you see why considering ecological theory matters? This is the system you operate in- and your clients do as well. In this, can you see how different influences at each level could lead some to be empowered and others to feel as if they are caught in a never-ending cycle with no control?

SLIDE 12

In considering how this interaction impacts development, the concept of risk and protective factors was developed. Risk is understood to be cumulative and that as the risk factors increase, so does the potential impact on a person’s ability to cope and respond to the spheres in which they operate. However, researchers have noted that individuals can be exposed to similar risk factors, but have very different
outcomes with some experiencing resiliency and an ability to "rise above the situation and others continuing in a cycle of struggle. Factors that may promote resiliency are known as protective factors. Specific risk and protective factors fall into the broad categories of genetic, contextual, life events, personal characteristics, family environment, and social environment. Within these categories, differences will act as either a risk or protective factor. For example, a child born with a genetic difference will be at risk, but growing up in a supportive family environment would offer the child a protective factor that may at least augment that risk. Many interventions seek to improve developmental outcomes by promoting protective factors, such as mentorship or peer support programs that seek to create a positive social environment.

SLIDE 13

So going back to Bronfenbrenner’s theory and switching to putting your client in the center, you move into being part of their microsystem that has significant pull and influence on them, but keep in mind you are one influence of many and there may be history and situations shaping them of which you are unaware. You may be able to identify different influences and stressors on your client in conversations, but there is another individual characteristic that is often difficult to identify and can have a significant impact - trauma. Trauma can have an impact on them not only in the past, but also on their current interaction with you.

Any questions at this time?

SLIDE 14
So what is trauma and how does it impact people? And what is trauma-informed care and how does it fit into your legal work?

**SLIDE 15**

The most current and widely held definition is that “Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.” Definitions too are not immune to influence and the definition of trauma has shifted over the years due to research and changing cultural perceptions. This definition is the most current one used by the Department of Health and Human Services Behavioral Health branch SAMHSA. There has been ongoing debate about keeping trauma symptoms in the psychological disorder realm with clinical diagnosis like Post-Traumatic Stress Disorder (PTSD) or if it is a “normal human survival instinct”(1-1) 4. The idea of trauma's impact is not a new one- Sumerian culture 4,000 years ago recognized it based on writings that have been found discussing reactions after the country went through some deep traumas. 5 An increased focus has occurred in recent centuries with the work of Freud and the recognition of shell shock in WWI. 5 Also, the Women’s Lib movement of the 70’s that raised awareness of trauma specific to interpersonal violence through the anti-rape and anti-domestic violence grassroots movements that begin to gain support. 5 These events resulted in increased studies and recognition of the validity of trauma’s symptoms. 5 Recent studies have confirmed the need for this recognition as researchers are increasingly recognizing the wide impact of trauma throughout the
world. In fact, one study found that 60.7% of men and 51.2% of women report experiencing at least one trauma in their life.\(^2\)

**Slide 16**

These trauma experiences can come in many forms and ways. They can include situations like natural disasters, terror acts, war, witnessing a violent act, experiencing homelessness, suffering abuse, or car accidents. This clip from the film Freedom Writers illustrates a situation where multiple types of trauma occur.

Please note, I selected this clip as it is a good illustration of what trauma can look like, but do not necessarily recommend the film. SHOW CLIP

**SLIDE 17**

So going back to ecological theory, can you see how experiencing that trauma could influence the way the teen is going to interact with her microsystem and how the other systems may influence her? How she may feel constrained or pressured by different systems that may be empowering to others? Research has identified facts about the trauma, the individual, and the context that are likely to matter.

**SLIDE 18**

How do individuals tend to respond to traumas? Well, common responses can be either immediate or delayed and are divided into five broad categories- emotional, cognitive, behavioral, existential, and physical.\(^3\)^\(^5\) In your handout packet you will find a more extensive list of what these responses may look like but some examples include loss of appetite, drug use, loss of interest in activities, increased involvement in spiritual communities, and trouble sleeping.\(^5\) Please take a moment to look
over the list and I'll be happy to answer any questions you have about these responses.

**SLIDE 19**

What aspects of trauma influence the impact and level of response on an individual? While there may be variation per person, researchers have noted that the type of trauma\(^3,^4\), its nature and extent\(^3,^4,^5,^6\), the individual’s developmental stage at the time of the trauma\(^3,^6\), personal characteristics\(^5\), and a person’s culture\(^2,^5,^7\) are likely to influence the short and long term impact of the trauma.

**SLIDE 20**

Trauma can be a single event such as a rape or death\(^3\), repeated\(^3\) where an individual experiences an ongoing variety of traumas throughout their life such as military personnel who are likely to deal with chronic. Finally, sustained trauma would be an on-going sexual abuse situation, where there seems no way out.\(^3\) At times, the individual’s response to trauma may be complex and often occurs in cases of repeated or sustained trauma.\(^4\) Experts note that those who experience this type of trauma will need greater treatment.\(^4\) The level of treatment needed may depend on the intensity, continued exposure and chronicity of the trauma.\(^5\)

**SLIDE 21**

The nature and the extent of the trauma is the next important factor that may influence impact. When considering the impact of trauma, it may be helpful to think through the source of the trauma as this has likely impacted the trauma experiences, the care received by the individual, the way the individual has processed the event, and, potentially, is still directly impacting them.\(^3\) For example, research notes that
traumas that are natural such as hurricanes may be less impactful as human caused traumas that are seen as “intentional” (34). The relationship the survivor has with the perpetrator is also significant, especially when the perpetrator is a caregiver. Additionally, whether the trauma happened to the individual, a group, community or was a mass trauma has been shown to be linked to varying responses. This is connected to another factor, how individuals around a person who has experienced a trauma respond. Research has found that individual traumas can be more difficult as the person can feel incredibly isolated and may even experience shame or blame from the community, as is often reported in cases of rape. There are also increasing studies looking into the lasting impact of mass traumas such as slavery in the United States or genocides such as the Holocaust. Research is increasingly finding that such traumas, called historical traumas, can have generational impacts in multiple bioecological levels from potential changes in individual’s genes to altering the resources of a community.

**SLIDE 22**

The developmental stage in which a trauma occurs has been shown to have a significant impact on the impact of the trauma. There are certain periods of time throughout a person’s life, where interruptions in typical developmental processes may have a greater and long lasting impact (your packet includes a handout that identifies trauma responses by developmental stage). This impact is especially apparent in children. A study by Kaiser Permente called the Adverse Childhood Experiences or ACE study was able to clearly demonstrate that trauma in childhood was linked to negative behaviors in adulthood. Information about this study can
be found at the ACE website, which is included in your packet in the “Further Learning” section. On that website, you can take a test to determine your own personal ACE score. We can consider the potential impact in four broad categories-neurological, physical, social and emotional impact. The developmental stage in which the traumas occur play a role in the extent the trauma impacts the individual.

SLIDE 23

In looking at neurological impact it is important to note that there is much about the brain that researchers still do not understand. However, we do know that the brain is made up of different regions, with each region responsible for different functions. These regions often work together to respond to stimuli with signals being transported through neurons and often signaled to activate via the release or shut off of chemical hormones. Two major systems, the limbic and frontal systems, are thought to be particularly connected to trauma as they control fear and stress responses. The limbic system, made up of hypothalamus, anterior thalamus, cingulate gyrus, and hippocampus and (researchers believe) with the prefrontal cortex that take in, interpret, and give meaning to emotional stimuli, critical in storage and retrieval of memory, and essential to learning and behavior. The frontal system seems to regulate behavior and guide response to the environment around them. The frontal and limbic system appear to interact and affect each other, and are responsible for multiple pathways related to fear and stress-think fight, flight, freeze, or tone immobility. Trauma interrupts these pathways, may cause structural damage, and continues to have an impact in flashbacks.

SLIDE 24
There are still many questions as to what the specific impact is, but studies have found some information as to what is changing in the brain and how it may impact individuals. Research has found that fear and stress such as trauma may over stimulate the two systems or alter the pathway function.¹¹ This alteration is linked to altering executive functioning abilities, planning, and emotional disregulation.⁹

Brain imagery shows hyperactivity in amygdala and hypoactivity in the prefrontal region. The hyperatrophy leads to new neural pathways, which may be why trauma survivors have an increased emotional response.⁵

Some studies show that the frontal cortex fails to send the correct message to shut off the fear response.⁵ The chemical hormones that trigger fight/flight/freeze responses are highly effective, meaning they are highly toxic when at elevated levels and can impact not only brain structures, but also cause damage to other parts of the body such as bones. The high level of hormones may also damage the memory portion of the brain-hippocampus- and actually cause trauma survivors to not remember events.⁵

These impacts are problematic at any developmental stage, but particularly in children as they may occur during periods where neural pathways are developing, sometimes called the “use it or lose it” phase, meaning if trauma interrupts the development of neural pathways at these critical stages they may never get a chance to develop.¹⁰ For individuals who do not experience trauma until adulthood, the
impact is still great, but if they have had the opportunity to develop neural pathways at a normal rate as a child the impact may not be as pronounced as many of the pathways involved are critical to executive thinking, learning, and emotional regulation.\textsuperscript{8,11}

**SLIDE 25**

We will not spend a significant amount of time on physical impact, not because it is not important, but because I think we are all more familiar with how physical injury can affect an individual. Physical injuries for trauma survivors can include the loss of limb, burns, scars, organ damage, and traumatic brain injury.\textsuperscript{5} The impact of this on the individual may be influenced by the impact in the other three areas.

**SLIDE 26**

The emotional impact of trauma is linked to neurological impacts that we previously mentioned. As part of this, the individual may over or under react emotionally to stimuli\textsuperscript{8,11}, may struggle to regulate emotions, may form emotional bonds to experiences or people associated with their trauma\textsuperscript{3}, and children especially may struggle with forming emotional attachments with caregivers.\textsuperscript{10} As with other impacts of trauma, experiencing emotional effect of trauma as a child are likely to have a greater long term impact than experiencing trauma as an adult.

**SLIDE 27**

The social impact for a trauma survivor may include the loss of close family and friends, a significant change in economic level, a change in culture or location, and general instability such as children who must enter the foster system as the result of
a trauma.\textsuperscript{3,4} Again, for children this instability may have a more significant impact on them than it would on an adult.

\textbf{SLIDE 28}

Researchers have found that individual characteristics may affect the impact of the trauma on an individual.\textsuperscript{3} These characteristics include genetics, history of prior trauma, history of resilience (i.e. having recovered from a trauma gives you hope you can again), history of mental disorders, gender, age, race, ethnicity, culture, sexual orientation and homelessness.\textsuperscript{3,4}

\textbf{SLIDE 29}

Finally, the last situation that researchers have found to influence trauma response is a person’s culture AND if the person is placed into a new culture such as in the case of a refugee or immigration situation.

\textbf{SLIDE 30}

Research has found that cultures view trauma in different ways\textsuperscript{3} and this includes the way the person makes meaning of the trauma,\textsuperscript{3,4} the level of individual responsibility the person takes for the trauma\textsuperscript{3,4}, and way the person goes through the recovery process.\textsuperscript{3,4} One of the most poignant examples I have found of how culture, specifically the interplay of cultures, can occur is told in the book The Spirit Catches You and You Fall Down by Anne Faidman. This book tells the story of a toddler whose family moved to the United States and she subsequently developed a seizure disorder. In her family's culture, seizures were seen as a spiritual experience and were not something to be treated. However, in the US culture seizures are of course seen as a serious medical issue and the book tells the struggle
US officials went through in moving from typifying the toddler’s parents as neglectful to understanding them as loving parents responding as their culture told them to in the midst of the trauma of seeing their daughter seized.

**SLIDE 31**

Research also consistently points to the complexities of traumas individuals with immigration or refugee status frequently face. Not only may their immigration or refugee status be due to trauma experienced in their country of origin, but the journey to their new country holds many potential traumas, and research shows they are at increased risk for traumatic situations in their new location.¹⁵ You will find a handout in your packet outlining typical reactions in these situations. It is important to note that unaccompanied minors may experience a lot of trauma through the treacherous journey they endure trying to reach the United States¹² and the uncertainty and length of process of they experience through US Immigration which you can see outlined in this graphic.¹³  

The complexities of cultural and immigration creates unique traumas for individuals and certain trauma responses are more often found in these populations. Your packet includes a handout out on some of the unique challenges faced by this group. **Please take a moment to look through this and again, I will be happy to take any questions.**

**SLIDE 32**

The difficulty in learning more about trauma is that it can be really hard to deal with its intense impact and if you feel somewhat hopeless right now you are not alone. However, researchers have not only focused on the damage that trauma can have-
they have also found that recovery is possible after a person has experienced trauma. It is important to remember that recovery is often a lengthy process and is influenced by a person’s resiliency, hardiness and coping skills, development maturity, attachment, and posttraumatic growth- but recovery is possible.⁹

**SLIDE 33**

So it is clear that trauma is going to have a wide arching impact on the client’s life. This is a hard reality and it is natural to want to do something to help people recover from this trauma. However, my guess is you are wondering how you as an attorney can respond to this. You know you fit into the microsystem for your client, but what are you suppose to do while you are there? **Before we move into that, are there any questions about what we have covered so far?**

**SLIDE 34**

On the previous slide I mentioned that one of the steps in recovery is the development of coping skills. It is important to recognize that developing these skills allows an individual to function and survive in their environment. This skills can be developed after a trauma occurs or may be developed while experiencing a sustained trauma. Some of the skills may be perceived as positive such as increased involvement in a spiritual community, but other may be viewed as negative such as substance abuse. Your handout that lists common responses to trauma I referenced earlier includes responses that would be considered coping skills. These skills may also be bizarre, unexplained and confusing to know how to interpret, much less respond. For example, a client who has experienced chronic homeless may compensate for the lack of control and safety they experienced in that situation by
being very controlling in other areas of life. You might see this play out in your work with the client by he or she calling for frequent updates on their case, versus waiting for you to call. While general tips we will discuss later in this training, such as staying consistent and trying to seek information versus making assumptions, can be helpful I would like to emphasis the importance of seeking additional information and training on specific responses you can have to common coping skills. We do not have time to cover this information in detail today, but there is another training I can recommend if you frequently experience these types of behaviors with your clients.

**SLIDE 35**

So what do you do to respond to trauma as an attorney? Let’s think about this next section from your perspective. Your interaction with your client occurs in your microsystem and while many levels influence your interaction with them, your training in legal theory and practice is one of the most significant. So what does legal theory have to say about trauma? What are the legal values and how do they support this idea of trauma?

**SLIDE 36**

Looking through various state bar values statements, a typical list includes references integrity, service to clients and public, diversity, professionalism, promoting justice and leadership such as the ones listed by the Arizona Bar. In responding to trauma you are showing integrity to pursue best practice, expanding your ability to serve your client and the public, increasing your ability to serve a
diverse client base, building your professional knowledge and skill, increasing the promotion of justice by allowing clients who may struggle to communicate the details of their case to an attorney not aware of trauma, and leading your field in the growing movement to incorporate trauma knowledge.

**SLIDE 37**

In addition, legal thought and scholarship has a history of recognizing the law as a therapeutic and restorative force. Therapeutic jurisprudence, founded by David Wexler and Bruce Winik, seeks to explore which elements of the legal system are therapeutic, which are not, and ideally use this knowledge to affect change. In The Affective Assistance of Counsel edited by Majorie A. Silver, Susan L. Brooks draws multiple connections between the legal and social work fields, including the fact that both fields’ work is focused on holding up values- legal and therapeutic, so learning from each other is not only important but logical.15 David Wexler noted in his overview of therapeutic jurisprudence that it is “the study of the law as a therapeutic agent” with the focus on the impact of law on emotional life and psychological well being “regards the law as a social force that produced behaviors and consequences”- some consequences are therapeutic and others are not- TJ wants there to be an awareness of this.(1) 16 Restorative Justice is another concept that is linked to therapeutic jurisprudence and is “an approach to dealing with crimes and wrongdoing which takes seriously the need for repair of relationships harmed by these events” (3). In an article connecting restorative justice and TIC, authors Melanie Randal and Lori Haskell argue that TIC is essential for the proper execution of Restorative Justice.17
The American Bar Association recently released a new statement about trauma for children, and I believe, as the trauma field expands, the ABA will expand this into more areas. This is an excerpt, the full statement can be found in your packet, but in it the ABA “urges the development of trauma-informed, evidenced-based approaches and practices on behalf of justice system-involved children and youth who have been exposed to violence...”18. As you can see, we are seeing significant work around TIC for judges and juvenile justice system- so how do you as an attorney fit into this? No, you are not a therapist and you should be sure to guard against stepping into this role- your client is coming to you for legal counsel and it is your role to offer this in a TIC manner- so what is a TIC manner and why are you equipped to do this? In the next section we are going to talk about how to build on your legal training to provide trauma-informed legal services based on TIC values.

Let’s take a break first.

So we have talked about how trauma impacts the individual on multiple levels, identified how legal theory and other events impacts your interaction with clients, but have noted there is more to learn and build on beyond your legal training. I would like to introduce the concept of trauma informed care and show you how to incorporate this into your practice. It is important to note that TIC is a behavioral health concept that has been branching into the legal field. Some legal writing terms it as trauma-informed legal representation, but scholarship is still limited on this so
I have utilized both TIC and trauma-informed legal representation resources for this section. I am also going to use the term TIC for simplicity.

**SLIDE 41**

According to SAMHSA, TIC is “a strengths-based service delivery approach ‘that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.”(XIX)³ The core values of TIC are safety, trustworthiness, choice, collaboration, and empowerment.¹⁹ In executing this process, bioecological theory is critical as it seeks to create services that prioritize the individual, meeting them where they are, versus being driven by the demands of another system level.

**SLIDE 42**

So how does TIC directly connect to the legal values I mentioned earlier? Remember the values of integrity, service to clients and public, diversity, professionalism, promoting justice and leadership? Well, to practice integrity as an attorney you need to ensure your client is safe, you present as trustworthy, offer your client choices, the chance to collaborate, and to be empowered. Similarly, TIC allows for a more appropriate execution of the other legal values.

As you can see, the TIC values have significant support in legal framework- your job is to take that framework, add to it with knowledge and appropriate response.

**SLIDE 43**

So TIC is seeking to look at the client’s perspective, think about the trauma that has occurred, what we know helps with resiliency and recovery, identify how the client
is interacting with different organizations in the systems and consider how those organizations can promote recovery versus expanding trauma. What do I mean by expanding trauma?

**SLIDE 44**

Research has found that service providers’ actions, if not operating out of an understanding of trauma, can actually re-traumatize (cause the client to re-experience their trauma) during service delivery. Triggers are stimuli that set off a trauma memory. Some triggers can be identified, others are subtler and can be noise, smell, temperature, physical, sensation, or visual stimuli. Flashbacks is re-experiencing the trauma as if it is actually happening.

**SLIDE 45**

So what does that look like in practice?

**SLIDE 46**

Well, TIC best practices extend to all organizational levels from hiring choices, mission statements, and staff knowledge. For this training, we are going to focus on expanding your knowledge as a staff member, but if you have questions about how TIC can extend into other arenas I encourage you to read the SAMHSA TIP sheet on TIC listed on your resource sheet.

**SLIDE 47**

These ten principles can help you guide as you consider how best to offer trauma-informed services. We are going to go over some general tips in a few minutes, but clearly we will not cover everything and your unique practice may bring out examples I have not addressed. I encourage you to use these principles as a litmus
test- take time to consider if your paperwork, actions, office environment, etc. is supporting these principles. Are you acknowledging potential trauma? Using language that would encourage your client to focus on their goals to further their recovery? Please take a moment to look over these principles and ask any questions you might have.

**SLIDE 48**

So let’s go back to Grace’s story to see if you can identify some ways her trauma experience may impact her response in an intake appointment.

Case study: Grace arrives at your office for an intake appointment for a possible Trafficking Visa case. Since she is a native French speaker, you have scheduled an interpreter to join in the meeting. You introduce yourself to her and invite her back to your office where you take your usual seat at your desk at offer her one of two comfortable seats opposite you and close the door. You proceed to instruct the translator by saying “Please tell her...” Grace spends the majority of the appointment looking at her hands, responding softly, acting agitated and offering little information that is helpful. You try to draw out the information by asking the interpreter to ask her detailed questions, but she does not answer some questions or gives limited information. At the end of the appointment you do not have enough details to accurately determine if she is eligible for the T-Visa.

1) **How would you have described Grace’s behavior before this training?**

2) **Now with your knowledge of trauma’s impact, what else do you think might be going on?**
3) Can you identify some situations, actions, or other triggers that may have led to Grace’s behavior?

4) Now clearly, you cannot anticipate everything, but there are some basic practices you can employ as a trauma informed legal professional.

**SLIDE 49**

As you think about these practices, I encourage you to remember again that the goal of employing these techniques is to make you more effective as a legal professional—your training and skill set plays a vital role in empowering clients who have experienced trauma and these tips will allow you to do this better. These tips are included in your packet, but let’s go through them:

**Office Space**

Remember that triggers can come in many forms, including physical reminders. In general, TIC experts like SAMHSA recommend paying attention to the following items to create a space that is likely more conducive for trauma survivors:

- Avoid harsh lighting such as fluorescent lights. Where possible try to have options including opening blinds, floor and desk lamps, etc.
- Pay attention to how noise travels and consider utilizing a noise machine during a session—explain the reason to the client.
- Arrange seating in a manner that promotes equality, i.e. try to not sit behind a desk as this can place a client in a position where it appears you have the power and they do not.
- Try to incorporate soothing artwork, plants, and keep furniture arranged to where exits are visible for clients.
• If you have control, try to ensure that the office entrance and lobby are well
  lit and equipped with culturally appropriate reading material, etc.34

**SLIDE 50**

**Demeanor and Behavior**

The client’s impression of you and your commitment to support them begins from
their first interaction with you. Some tips to communicate your support of them
throughout the case process includes:

• Be aware of their culture and try to be aware basic cultural
greetings/practices when possible. Multiple resources are available for this
including a smart phone app called Culture Guide.

• Ask open-ended questions that promoted the client telling their story, versus
  specific, targeted questions such as the funnel method often employed by
  attorneys.

• Utilize the NY courts guide for a trauma informed interview method process:
  introduce yourself and the process to the client covering pertinent details
  and way of being such as speaking in short phrases, engage the client in some
type of conversation to help with comfort such as asking where they are from
  etc., ask the client in open ended questions that will encourage them to begin
  their narrative, respond to the client by validating their statements and
  encourage elaboration, close with an explanation of client options and what
  happens next.21

• Prioritize narrative mode as much as possible for interviews (if not possible,
or appropriate for client try for open ended or holistic questions).13
Listen mindfully, i.e. remain open throughout the story. Try to not draw your own conclusions or assumptions, but listen to what the client is saying and if you need more information try to ask questions to draw that out, not make your own assumptions.

Parallel universe thinking- think about different reasons client may be late, etc. such as car broken, in hospital, no access to phone, etc.

Speak mindfully- communicate with client in their context (check culturally appropriate communication, etc.) This can look like be careful with terms that may pass judgment, avoiding legal jargon or colloquial phrases, and prioritizing speaking with the client, versus at them.

Apply interpreter tips in handout.

Prioritize client choice by offering their choice of seat, door open or shut, letting them know they should feel free to take breaks, outline their legal options, and respect their right to chose whether or not they pursue a legal remedy.

SLIDE 51

General Tips

Practice cultural humility, an alternative to cultural competence that prioritizes self-awareness, openness, and transcendence (small role individual plays in large picture) to allow service providers to interact with different cultures through gaining cultural knowledge, but operating with a respectful understanding that they are learners not experts of that culture. If you have a client from a Southeast Asian country you can look about typical greetings, social practices, and traditions of that country to try to present yourself in a manner that will help the client be comfortable. For example, in some cultures it is taboo for a woman to make eye contact with a man or offering somebody your left hand in greeting can actually be an insult. However, your goal in this is not to learn everything about that person’s
culture because that would take way too much time AND because each person is
going to experience, internalize and respond to cultural differently. So you want to
come to the meeting with some knowledge, but with a desire to learn about a client
and their culture- not an assumption that you have learned all there is to know.
Secondly, make sure you stay consistent throughout the case process and do not
make false promises. For example, if you tell a client you will meet them at an
appointment at 10:00 be there at 10:00 or call to let them know you will be late and
start the meeting with an apology. You want to show them that you are consistent
and dependable in both your words and your actions. It is important to have a
way for clients to offer feedback about their experience in a way that feels safe to
them. Consider creating an anonymous survey link on your website or have pre-
stamped postcards with checkboxes clients can mail in when their case is closed.
Finally, going back to the idea we mentioned at the beginning- that your role is not
to save clients by filling multiple roles but to be their attorney- it is important to
remember that clients who have experienced trauma may benefit from behavioral
health services. At times, like in Grace’s case study, your client may come to you
from case management organizations that are also working to connect your client to
behavioral health services. However, at other times you may be the first point of
contact for your client and have the opportunity to refer your client to a respected
services provider. It is important that in this that you, when possible, refer clients to
providers that are trained in trauma and offer services that are culturally and
linguistically appropriate for your client. To start to build these networks I would
encourage you to speak with case management providers, ask advice from
interpreters you work with, and contact cultural centers such as El Centro in Durham.

**SLIDE 52**

Who do you do this with?

SAMHSA stresses that being trauma aware does not mean that you assume every client has experienced trauma, but that you anticipate the possibility and take appropriate steps.

So let's practice this a bit more. In your handout packet you will see a resource entitled practice scenarios. We do not have time to work through all of them at this time, but let's take some time to go over Scenario 1 and I encourage you to go through the rest of the packet as you have time.

**SLIDE 53**

You may be feeling one of the impacts of working with trauma right now- it can be an overwhelming situation where it is tempting to want to disengage. Let's go back to bioecological theory for a moment and put you back at the center and move your clients to your microsystem. Depending on your work situation, the impact of working with clients who have experienced trauma may be impacting not only you, but also your interactions with the other system levels.

**SLIDE 54**

Now, this is a lot and it is not something to take lightly. Research is increasingly recognizing the toll working with clients who have experienced trauma can have on you and your organization. Working with these clients does increase your risk for
negative impact, but there are protective factors you and your organization can put into place to minimize the risk.

SLIDE 55

Now, research has shown that with traumatized population can have risk-behavioral health has long looked at how those working with the population are impacted. What has been found is that those who work with survivors of trauma are at an increased risk for secondary traumatization, that is vicariously experiencing trauma and being impacted by that vicarious trauma- one study of social workers found that 15.2% of participants met the clinical diagnosis for PTSD based on indirect exposure. A Canadian study of prosecutors showed symptoms of demoralization, anxiety, helplessness, exhaustion, and social withdrawal with a major factor for this state being high caseloads. Articles written about this in both behavioral health and legal journals use several terms to describe this including compassion fatigue, vicarious trauma, burnout and secondary trauma- for simplicity’s sake SAMHSA has begun to use secondary trauma as a universal descriptor and we will do the same in the training. There are multiple risk factors for secondary trauma including preexisting anxiety or mood disorders, a history of trauma, high caseloads of trauma survivors, being younger in age and experience, unhealthy coping mechanisms, lack of tolerance for high emotions, substance abuse, lack of recreation activities, and a lack of a support system.

SLIDE 56

Protective factors include the male gender, being older, having more professional experience, specialized training in trauma, lack of trauma history, personal
autonomy in work, positive personal coping strategies, resilience to find meaning in stressful events, engagement in spiritual practices, emotional support from colleagues, diverse case loads, empowerment in the organization.\(^3,23,24\)

**SLIDE 57**

Clearly some of these protective factors cannot be controlled in the workplace, but some can. SAMHSA recommends that organizations normalize secondary trauma at all levels, implement clinical workload policies and practices, increase opportunities for relationships between colleagues, and put in policies that give employees a sense of empowerment. Additionally, personally you can prioritize self-care strategies that seek to increase personal protective factors. You will find a self test for secondary trauma in your handouts, as well as a tip sheet for promoting self-care. The basic tenants of self-care however are to promote awareness, balance, and connection within your life.\(^3\) Research has found that employing protective factors and self-care strategies can allow services providers to experience resilience and be able to continue providing excellent and trauma informed service.\(^3,23,24\)

**SLIDE 53**

Okay, so going back to the beginning, let’s end with bioecological theory. We have covered a lot of information, but essentially what I have tried to do is to show you how utilizing bioecological theory can allow you to view yourself and your client through a lens that shows how trauma can impact the interactions of systems levels for both of you and equip you to practically respond to mitigate that impact and hopefully for both you and our client, experience resilience.
The next section is the agency specific portion that may be excluded or altered based on the request of the organization or law firm who requested the training.

SLIDE 59

Now what is JusticeMatters specifically doing to practice TIC? JusticeMatters has made an agency-wide commitment to become a trauma-informed organization. They have chosen to prioritize TIC for three main reasons.

First, JusticeMatters desires to uphold best practice recommendations in all aspects of its work. In recent years JusticeMatters’ client population has shifted to largely humanitarian immigration clients who are at a high risk for have experienced or currently experiencing trauma and best practice recommendations for working with such populations is to practice TIC.

Second, JusticeMatters seeks to serve their clients in a manner that will empower clients to greater recovery and health – and TIC has been documented to increase the likelihood of this for clients.

Finally, TIC’s priority to meet clients and staff where their needs are is also consistent with JusticeMatters’ commitment to operate out of the Gospel. In the grace extended to the world through Christ’s sacrifice, regardless of an individual’s past or present sin, God meets each person “where they are” and engages with them in love and grace. Similarly, the goals of TIC are focused on equipping organizations
and service providers to serve clients “where they are” and to treat them with respect, worth, and dignity.

**SLIDE 60**

In prioritizing TIC, JusticeMatters has reviewed all policies, procedures, practices, and even their core mission for TIC compatibility. Based on recommendations from that process JusticeMatters has made shifts at various organizational levels and has a commitment to annually review the organization to ensure it continues to align with TIC. As part of this process, JusticeMatters has mandated that all individuals involved in the organization, from Board members to volunteers, must participate in a TIC training- so good job, you are compliant!

In addition to introducing you to the concept of TIC, the goal of this training is also to let you know about specific TIC policies and practices JusticeMatters has prioritized. This list is included in your packet, but I want to take time to go over them now and take any questions.

**General Policies and Practices**

- All affiliates of JusticeMatters will attend a TIC training as part of their orientation.
- Affiliates who will have direct client interactions will participate in additional training based on the case type.
- JusticeMatters will prioritize soliciting outside evaluation and education for ongoing trauma-informed learning.
• JusticeMatters will create a general crisis response plan and ensure all affiliates are aware of the process.

**SLIDE 61**

**Affiliate Care and Support**

• JusticeMatters will provide opportunities for affiliates to offer feedback to JusticeMatters, receive supervision, and opportunities to build supportive relationships with other affiliates.

• JusticeMatters acknowledges that each individual affiliate will respond to trauma differently and will respect that response.

• JusticeMatters will seek to normalize the experience of secondary trauma throughout all agency levels.

• JusticeMatters will strive to ensure that all affiliates (as applicable) have a balanced caseload and check in with affiliates regularly to ensure the caseload is working.

**SLIDE 62**

**Case Specific Policies**

• JusticeMatters will prioritize assigning lead attorneys of the same gender to clients, especially when there is a known trauma history.

• All affiliates will be familiar with the typical client case process.

• JusticeMatters will strive to keep the affiliates assigned to specific clients consistent throughout the case process.

• JusticeMatters will ensure that each client has provided an emergency contact and has an appropriate safety plan.
Are there in questions at this time?

_Facilitator Note: If there are no questions, this would be the time to utilize the recommend discussion questions in the Facilitator’s Guide._

**SLIDE 64**

Thank you so much for your time and attention. If you have any further questions please feel free to contact me via email. (Alter slide to include your name and contact information). We have surveys we would greatly appreciate you filling. Trauma informed includes seeking feedback from staff and clients, so again we want to demonstrate that to you. Thank you again.

References


23. Newell JM, MacNeil GA. Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue: A review of theoretical terms, risk