# Developing a Trauma-Informed Consciousness for Legal Practitioners

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#### Moderator:

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# Outline

- Preview Scenarios
- Defining Trauma
- Identifying Impact
- Approach & Perspective
- Interactions to reduce re-traumatization
- Communication
- Vicarious Trauma
- Review Scenarios



#### Scenario 1

Kathy has years of experience as an immigration attorney, and has done a couple of VAWA cases in the past. She did such a great job on her VAWA cases, her supervisor decided to give her more of them to do. She hears countless stories from clients being subject to sexual violence, physical abuse and other crimes. She has to assist the client to document this information in their declaration. This has caused Kathy to become depressed and irritable at work. She has not mentioned this to her supervisor since she is afraid he will think she can't handle the workload. This has affected her working relationship with her peers.

- What should the attorney do?
- How should the supervisor address this issue?
- What type of policies should be implemented to prevent this from happening in the future?

#### Scenario 2

A supervisor from a charitable organization noticed there is a decline in staff morale. There are more staff conflicts and individuals are not as excited or committed to the work of the organization and calling in sick more frequently. She is unsure what is triggering this except for the fact that there is a lot of animosity against immigrants in the community coupled with negative policies implemented by federal administration. Staff also sometimes receives harassing phone calls.

 How can she respond to this situation and prevent this from happening in the future?

#### Trauma Defined

- Experience that overwhelms normal systems of functioning
- Trauma is determined by the response to the event not the event itself
- = defined by the experience of the survivor.



# **Understanding Trauma**

- Trauma is "an affliction of the powerless. At the moment of trauma, the victim is rendered helpless...Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning." (Herman, 1992)
- A normal response to an abnormal experience

# **Neurological Impact**

- Experiencing severe trauma alters the brain
  - impacts memory, logic, personality, functioning
- Traumatic memory is not stored in the verbal part of the brain, making it challenging to access fully through language alone

# **Common Responses to Trauma**

- Damaged Trust: begin where the survivor is! It may take a long time for the survivor to be able to tell their whole story.
- Learned Helplessness: survivors may be afraid to act, think for themselves, and express themselves. Offer choices and opportunities for successful completion of tasks.
- Disorientation, Confusion, Chronic Fear, and Anxiety: recognize and normalize stress-producing stimuli and their response.
- Depression or Hopelessness: be aware of depressive symptoms and things that may exacerbate them (news from back home, long wait for work permit, asylum interview, etc).
- Frustration or Rage: may be displayed in trying circumstances and is often out of proportion because of trauma endured.

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# Trauma-Informed Approach

- To integrate knowledge and understandings of trauma into the way services are delivered to reduce re-traumatization
- 4 pillars:
  - Realization about trauma and its impact
  - Recognition of the signs of trauma
  - Response that includes applying these principles in ALL programming
  - Resistance to re-traumatization

(SAMHSA's Trauma and Justice Strategic Initiative July 2014)

# **Strength-Based Perspective**

- Allows us to widen our lens from the traumatic events and see what community resources, internal individual strengths, and positive assets already exist to understand clients in light of their capacities not their limitations.
- People who confront stress develop ideas, capacities, traits, or defenses that serve them well (adaptations rather than pathology).
- Our conceptualization of the client impacts how we show up and the relationship we are able to build

# **Working Together Effectively**

- Strength-based approach: Instead of focusing on a person's problems and deficits, we focus on their abilities, talents, and resources.
- "Empower not Enable"
- Empower: Working with the survivor so they can do it independently in the future.
- Enable: Doing for the survivor, creating a dependency. Perpetuates rather than solves a problem.

#### **Initial Interactions with Survivors**

- Awareness of cultural norms and expectations
  - eye contact, handshakes, touching, physical space
  - addressing survivors/perception of authority figures
  - pre-conceived notions about lawyers
- Any special considerations by virtue of the survivor's torture experience (sexual assault, physical impairments, etc)
- Possible issues related to environment (security guards, lavish offices, formality)

# How might this impact your ability to do your work successfully?

- Trauma survivors may struggle to accurately recount elements of their trauma narrative as a result of factors including:
  - high emotional arousal
  - impaired memory
  - <u>culturally inappropriate</u> to share details
  - development of coping mechanisms that use denial and the avoidance of memories or citations associated with the traumatic event

(Campbell, 2007)

#### **Communicating with Survivors**

- Reticence is common; don't interpret as disinterest
- Asking questions
  - Open-ended v. yes/no and one word
  - Give time to process, may be extended silence
  - Written v. face-to-face information gathering
  - Navigating sensitive subjects/re-traumatizing triggers
  - Use basic terms/ language, check in for understanding
  - Signals of "enough"
- Consistent communication is important
  - Even if only to reassure that attorney remains "on the case"
  - Anxiety over uncertainty and delays is understandable and common
- Boundary Setting
  - Make expectations clear
  - Repeat & reinforce



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The	window of tolerance
HYPER-AROUSAL	Hyper-arousal Fight or flight response Survivors experience extreme awareness and vigilance against perceived fear or threat. Overwheining feelings, high levels of anxiety and emotional outbursts of anger and rage. Rush of adrenaline is exhausting, addictive and unsustainable long term.
COMFORT ZONE	Optimal state Feeling calm and in control Comfort zone, ability to regulate emotions. Triggers such as fear or threat cause survivors to leave this balanced mental state. Over time, they find it more difficult to regulate emotions and may overshoot repeatedly when trying to do so,
IYPO-AROUSAL	Hypo-arousal Freeze response Survivors 'shut down' against perceived fear or threat. They feel disconnected, unaware and numb. Long term they may lose the ability to 'feel' or lose touch with reality.

# **Grounding Techniques**

- Take breaks, pace the work
- Offer water, tissue, stress ball (something tangible, not your hand)
- Orient to time and place
- Movement (stretch, stand up, leave room, walk, etc.)
- Take deep breaths together
- Move on to less intense matter
- Discuss plans following meeting



# Trust

- Create a trusting relationship by being trustworthy
- Connect as a human being (how you show up)
- Consistency
- Clear Expectations
- Prepare
- Repeat
- Put in the effort and it will save you time and stress in the long run

# **Responding to Actions and Behaviors**

- Issues in perception of time
- Responsiveness to deadlines
- No-shows and late arrivals
- Requests for assistance with non-legal needs: set boundaries
  - Lawyer, not social worker or therapist
- How to handle emergencies (e.g., fear for safety of survivor or others; survivor in immediate personal crisis)
- Take breaks

# Working with an Interdisciplinary Team

- Shared Mission & Unified Approach
- Boundary Setting
  - Make expectations clear & ask for others to do the same
  - Repeat & reinforce
- Successful Communication
  - Identify what does and does not need to be shared
  - Play your role



# Vicarious Trauma

- A natural response to hearing difficult stories of trauma, violence, abuse, injustice, etc.
- Can occur due to a combination of:
  - The story itself
  - Feeling like you can't "do enough" to help
  - Cumulative exposure
  - Lack of support
  - Helper's personal history/triggers



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# Vicarious Trauma: Signs

- Anger, Irritability, Tearfulness
- No time or energy for oneself, numbness
- Loss of pleasure in work, Loss of hope
- Nightmares, Negative coping mechanisms
- Overwhelming sense of responsibility for someone else's wellbeing
- Trauma junkie (increasing need to hear more)
  - \*These may be different in every culture, what does it look or feel like for you?

#### Vicarious Trauma: What To Do

- Pay attention to yourself
- Use positive coping mechanisms
  - take breaks daily, weekly, annually
  - practice relaxation techniques to regularly release stress
  - · maintain your health (eat & sleep well, exercise
- Seek support (institutional & personal)
  - Structure organization in ways that integrate support
    - Provide staff with flexibility when needed
    - Routinely allot time for sharing & peer suppor
    - Seek support for impact, not issue itself (limit details to avoid overloading colleague
  - Engage with family, friends, community
  - Spiritual or religious practice
  - Routine/Ritual to separate work time from personal time (balance)



# **Guiding Questions**



- What am I doing that works?
- What can I implement for myself that I'm not doing?
- What support do I need from others? How do I ask?
- What support/accommodations do I need from my colleagues, supervisor?
- What structural shifts could my organization make to better support my work?

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#### Scenario 1

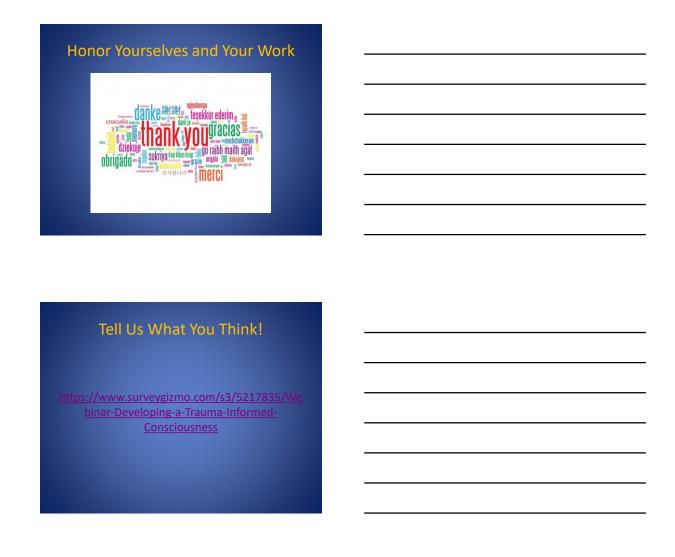
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