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Trauma 101 – Presented at Coffee and Cases, Advocates for Human Rights, Minneapolis 11/2/18

OUTLINE:
- Intro scenarios
- Understanding trauma: what is it, brain science, recognizing signs / symptoms – emotional, bodily, cognitive, behavioral, existential
- Impact of trauma on attorney-client process
- Interventions - for dissociation, flashbacks (grounding techniques), as well as resources for mental health crises

SCENARIOS:

1. You are having a hard time connecting with someone you are working with. They seem distracted, anxious and agitated, or indifferent and shut down

2. Your client doesn't share important information that is relevant to their case. Give a clipped narrative, won't go into it further, says they don't remember.

3. Your client is frustrated and angry. You feel like they are demanding and they blame you for not doing enough to help them. You notice that its hard to gather the energy to support them.

4. Obtaining the client's trauma history is necessary for you to provide legal representation. You try to inquire, but the person gets upset, withdraws or walks out

TRAUMA-INFORMED LENS FOR LEGAL PRACTICE

- Barriers to gathering facts and information from a client who has experienced trauma
    - client-side barriers (see below)
    - attorney-side barriers: avoidance of attorney's own distress, fear of what we may have to fear, fear of not knowing how to respond, our own moral judgments

- Ask not, "what is wrong with you," but instead, "What has happened to you?"

- "Connects a person's behavior to their trauma response rather than isolating their actions to the current circumstances and assuming a character flaw." – Sandra Bloom, MD Psychiatrist

- Relational approach- It's not a formula but a way of thinking grounded in empathy & compassion

- Relevant to practice of law – builds upon "client-centered lawyering", enhances capacity to build an effective attorney-client relationship

DEFINITIONS: TRAUMA, VICARIOUS TRAUMA

- 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." [6]

- Renders individual's internal and external resources inadequate, making effective coping impossible

- Can be one-time, multiple, or long-lasting repetitive events (complex trauma)

- Three common elements: it was unexpected, person was unprepared, there was nothing the person could do to stop it from happening.

- Traumatic events are beyond a person's control.

- Its not the event that determines whether something is traumatic to someone, but the individual's experience of the event, how they related to it, meaning made of it (partly modified by when in life the trauma occurs)

- We will focus today on trauma however traumatic stress-related mental health issues are not just due to trauma / war. Also can be related to:

1. worsening of pre-existing mental health conditions
2. impact of violence and displacement
3. stressors related to adjustment to new country
4. Loss and grief a very common theme: loss of loved ones, relationship, meaning, material objects, ongoing exposure to news about the war, constant fear about the safety or fate or family members

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TRAUMA AND THE BRAIN AND BODY:

-Helpful to have a basic understanding of the impact of trauma on the central nervous system, brain and body – to increase sensitivity, and so attorney can be alert to obvious and subtle signs

- Bessel Van der Kolk calls it, "Anatomy of Survival" – highly recommend his book, "The Body Keeps the Score." [1]

- Van der Kolk discusses the "3 part brain" from bottom up (see illustration below):

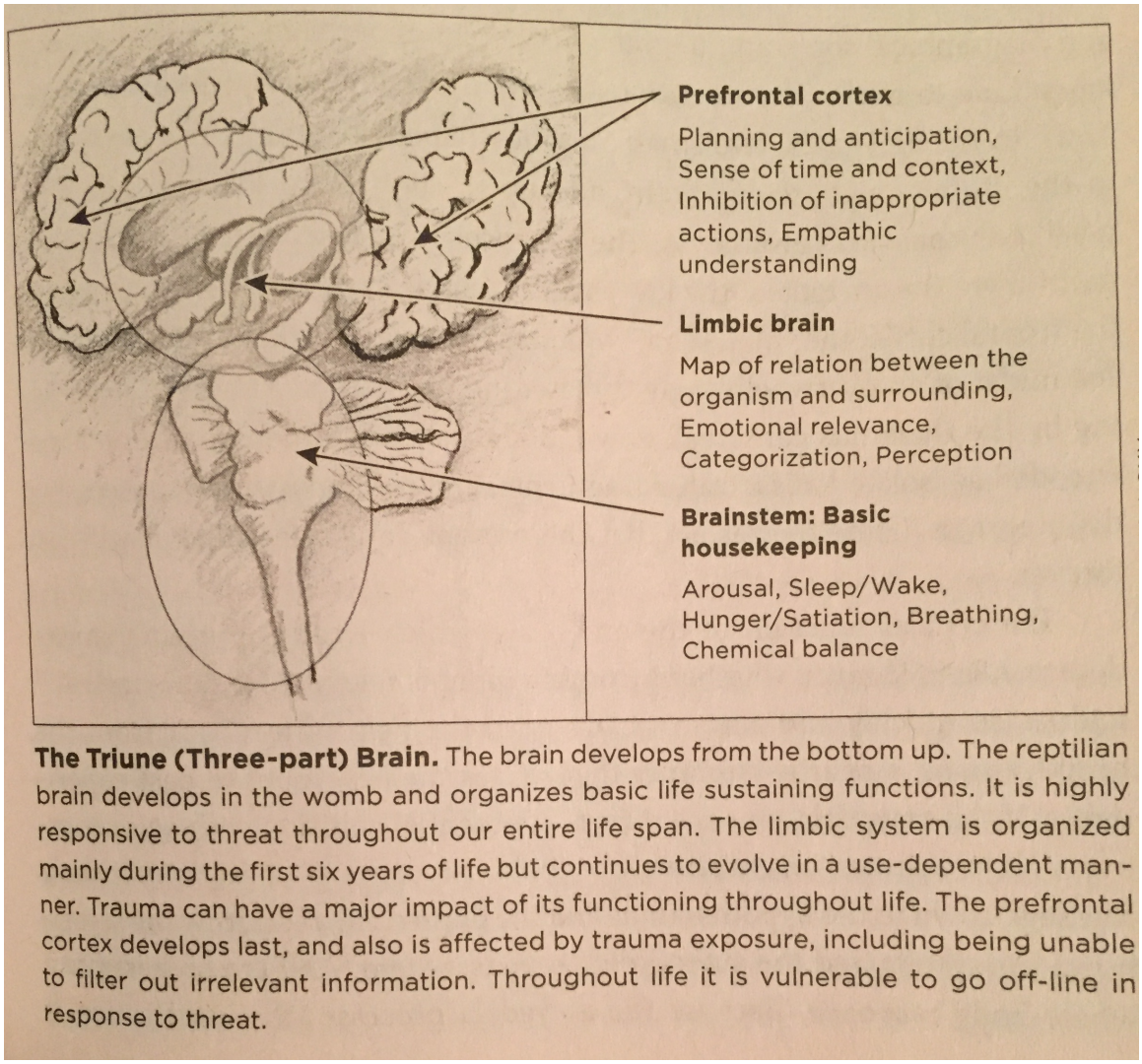
REPTILLIAN BRAIN: at base of brainstem (where spinal cord comes into the skull), responsible for basic survival functions or "housekeeping", things a newborn can do: eat / drink, sleep, wake, cry, breathe, poop, pee, feel temperature, hunger, wetness, pain [1]

LIMBIC BRAIN: above the Reptilian brain; also called, "mammalian brain." The seat of emotions; monitors threats, judges what is pleasurable or scary, coping with challenges of living with complex social networks. Contains the amygdala – "smoke detector", rapid processing of danger, gets one ready to fight or flee through release of stress hormones (cortisol and adrenaline).Develops in a "use-dependent fashion." "Neurons that fire together wire together." If person feels safe and loved, brain specializes in play, exploration and cooperation. If feel scared and unwanted, specializes in feelings of fear and abandonment. [1]

REPTILLIAN BRAIN PLUS LIMBIC BRAIN = "Emotional brain" - quick assessments & judgments to help with survival, conditioned escape plans like fight or flight response (see below) [1]

NEOCORTEX – "rational brain" – top layer, shared with other mammals but thickest in humans. Organizing, planning, sense of time, "executive functions", reflecting, inhibiting impulses (like being able to sit still), language and abstract thought, imagine. Frontal lobes = seat of empathy, understanding other's motives. Also the "observer" or "watchtower" (MPFC) – can watch danger situation and play out future scenarios; predict what will happen if make a certain choice; also key to decision-making and memory; if false alarm, can balance amygdala's response and prevent stress hormone release (cortisol, adrenaline) [1]

*** Hippocampus – important area for memory registration and retrieval; technically in limbic system, but consists of neocortex



The Triune (Three-part) Brain. The brain develops from the bottom up. The reptilian brain develops in the womb and organizes basic life sustaining functions. It is highly responsive to threat throughout our entire life span. The limbic system is organized mainly during the first six years of life but continues to evolve in a use-dependent manner. Trauma can have a major impact of its functioning throughout life. The prefrontal cortex develops last, and also is affected by trauma exposure, including being unable to filter out irrelevant information. Throughout life it is vulnerable to go off-line in response to threat.

Image from The Body Keeps the Score by Bessel Van der Kolk, MD, page 59

In PTSD and traumatic stress: "critical balance between the amygdala and frontal lobes (MPFC) shifts completely, increased activation of amygdala, making it hard to regulate emotions and impulses. [1]

After trauma, the world is experienced with a different nervous system that has an altered perception of risk and safety. [1] Impaired sense of safety. Difficulty with trust. Difficulty controlling emotions. Shame.

"The brain's prefrontal cortex—which is key to decision-making and memory—often becomes temporarily impaired. The amygdala, known to encode emotional experiences, begins to dominate, triggering the release of stress hormones and *helping to record particular fragments of sensory information*. Victims can also experience tonic immobility—a sensation of being frozen in place—or a dissociative state." [2]

MANIFESTATIONS OF TRAUMATIC STRESS

FIGHT, FLIGHT, FREEZE (also called "hyperarousal" or "acute stress response")

- all adaptive, survival-oriented responses
- rapid assessment & brainstem reflex occurs in milliseconds, amygalda activates nearby hypothalamus to releases stress hormones (e.g. cortisol, adrenaline)

FIGHT (may have power to defend)	**FLIGHT (may have power to outrun)**	**FREEZE (cannot defend or outrun; "deer in headlights", "disappearing oneself")**
Hands in fists, desire to punch, rip	Restless legs, feet /numbness in legs	Feeling cold/frozen, numb, pale skin
Flexed/tight jaw, grinding teeth, snarl	Anxiety/shallow breathing	Feeling stuck in some part of body
Fight in eyes, glaring, fight in voice	Big/darting eyes Startle response	Sense of stiffness, heaviness
Desire to stomp, kick, smash with legs, feet	Leg/foot movement	Holding breath/restricted breathing
Become enraged by small frustrations	Reported or observed fidgety-ness, restlessness, feeling trapped, tense	Paralyzed by fear, sense of dread, heart pounding
Knotted stomach/nausea, burning stomach	Sense of running in life- one activity-next	Decreased heart rate (can sometimes increase)
Homicidal/suicidal feelings	Excessive exercise	Orientation to threat
		Dissociation – numbing out

Source: http://www.law.nyu.edu/sites/default/files/upload_documents/Katz%20-%20Halder%20Pedagogy%20of%20Trauma-Informed%20Lawyering.pdf

IMMEDIATE AND DELAYED REACTIONS TO TRAUMA IN TERMS OF EMOTIONS, BODY, COGNITION, AND BEHAVIORS:

Immediate Emotional Reactions
Numbness and detachment
Anxiety or severe fear
Guilt (including survivor guilt)
Exhilaration as a result of surviving
Anger
Sadness
Helplessness
De-realization (feeling unreal); depersonalization (feeling as if you are watching yourself)
Disorientation
Feeling out of control
Denial
Constriction of feelings
Feeling overwhelmed

Delayed Emotional Reactions
Irritability and/or hostility
Depression
Mood swings, instability
Anxiety (e.g., phobia, generalized anxiety)
Fear of trauma recurrence
Grief reactions
Shame
Feelings of fragility and/or vulnerability
Emotional detachment from anything that requires emotional reactions (e.g., significant and/or family relationships, conversations about self, discussion of traumatic events or reactions to them)

Immediate Physical Reactions
Nausea and/or gastrointestinal distress
Sweating or shivering
Faintness
Muscle tremors or uncontrollable shaking
Elevated heartbeat, respiration, and blood pressure
Extreme fatigue or exhaustion
Heightened startle responses

Delayed Physical Reactions
Sleep disturbances, nightmares
Somatization (e.g., increased focus on and worry about body aches and pains)
Appetite and digestive changes
Lowered resistance to colds and infection
Persistent fatigue
Elevated cortisol levels
Long-term health effects

Immediate Cognitive Reactions
Difficulty concentrating
Rumination or racing thoughts (e.g., replaying the traumatic event over and over again)
Distortion of time and space (e.g., traumatic event may be perceived as if it was happening in slow motion, or a few seconds can be perceived as minutes)
Memory problems (e.g., not being able to recall important aspects of the trauma)
Strong identification with victims

Delayed Cognitive Reactions
Intrusive memories or flashbacks
Reactivation of previous traumatic events
Self-blame
Preoccupation with event
Difficulty making decisions
Difficulty telling a coherent narrative
Magical thinking: belief that certain behaviors, including avoidant behavior, will protect against future trauma
Belief that feelings or memories are dangerous
Generalization of triggers (e.g., a person who experiences a home

Immediate Behavioral Reactions
Startled reaction
Restlessness
Sleep and appetite disturbances
Difficulty expressing oneself
Argumentative behavior
Increased use of alcohol, drugs, and tobacco
Withdrawal and apathy
Avoidant behaviors

Delayed Behavioral Reactions
Avoidance of event reminders
Social relationship disturbances
Decreased activity level
Engagement in high-risk behaviors
Increased use of alcohol and drugs
Withdrawal

invasion during the daytime may avoid being alone during the day) Suicidal thinking	
Immediate Existential Reactions Intense use of prayer Restoration of faith in the goodness of others (e.g., receiving help from others) Loss of self-efficacy Despair about humanity, particularly if the event was intentional Immediate disruption of life assumptions (e.g., fairness, safety, goodness, predictability of life) **Delayed Existential Reactions** Questioning (e.g., "Why me?") Increased cynicism, disillusionment Increased self-confidence (e.g., "If I can survive this, I can survive anything") Loss of purpose Renewed faith Hopelessness Reestablishing priorities Redefining meaning and importance of life Reworking life's assumptions to accommodate the trauma (e.g., taking a self-defense class to reestablish a sense of safety)	

From: Chapter 3, Understanding the Impact of Trauma. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series, No. 57. Center for Substance Abuse Treatment (US). Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014.

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HALLMARKS OF TRAUMA-INFORMED LENS IN LEGAL PRACTICE:

Adapted from:
http://www.law.nyu.edu/sites/default/files/upload_documents/Katz%20-%20Halder%20Pedagogy%20of%20Trauma-Informed%20Lawyering.pdf

1- Identifying the trauma
2- Adjusting the lawyer-client relationship
3- Adapting litigation strategy (not covering)
4- Preventing vicarious trauma (important, not covering today)

1. Identifying the trauma:

- Is the content of the legal matter is directly related to the traumatic experience?

- Is the client being triggered by the process of fact gathering?

- Is there a backdrop of trauma which may be affecting how client relates or demeanor?
    - pay attention to body, behaviors, cognition and emotions for (sometimes subtle) signs

2. Adjusting the lawyer-client relationship

- Ensure representation does not do additional harm

- Trauma may affect ability to get the whole story or consistent story due to:
    - avoidance
    - traumatic memories stored in disconnected / fragmented ways in the brain
    - client's experience of shame, hopelessness, flashbacks, or distrust being asked about the events

WHAT A TRAUMA-INFORMED STANCE MEANS:

1- Transparency
- Be fully transparent about legal case
- Antidote to powerlessness client feels & distinguishes between past relationships w/o power

2- Predictability
- Repeatedly previous what is to come
- Explain the need to talk about the trauma

- Case milestones, routines, meeting same day or place- helps with safety

3- Client control

- Give control of decisions that affect clients, allow exercise of his/her agency, sense of mastery
- Requires extra time in the relationship – may need to schedule more in-person meetings than typical
- Take breaks

4- Reliability

- always follow through, keep appointments, don't make promise can't keep
- clear role definition, establishing boundaries
-

5- Proactive support

- At start of meeting, know where client coming from
- During meeting- check in, name distress when you see it, retreat when its too much, take breaks.
- Affirm how hard it is to share the information; explain they are having a "normal response to abnormal situation", validate frustrations without getting defensive
- At end of meeting- debrief, how did conversation go, what should you do different next time?

6- Patience & Consistency

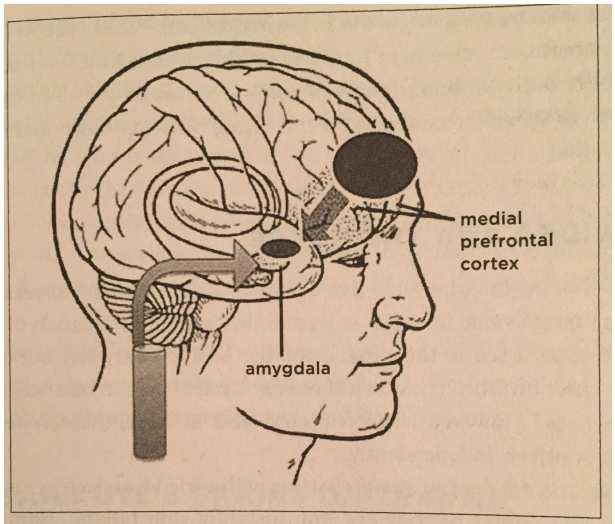
- Help client recognize how trauma experience impacts their interactions - "normal response to an abnormal situation"

Types of emotional responses while one relates traumatic experience, and how to respond:

Type of emotional response	Strategy / Intervention
Client withdrawn or flat emotion	Affirm how difficult it is to share the information
Client flooded and overwhelmed with emotion and information	Be upfront and transparent about the goals and focus of the interview
Client angry or suspicious	Validate the client's frustrations without taking personally or getting defensive

COMMON TRIGGERS THAT MAY ACTIVATE TRAUMATIC MEMORIES:
- unpredictability, transition, loss of control, feelings of vulnerability, loneliness, rejection, sensory overload, confrontation, shame or embarrassment

INTERVENTIONS FOR ACUTE TRAUMA SYMPTONS- THINK "BOTTOM UP," RATHER THAN TOP DOWN:



Top down or bottom up. Structures in the emotional brain decide what we perceive as dangerous or safe. There are two ways of changing the threat detection system: from the top down, via modulating messages from the medial prefrontal cortex (not just prefrontal cortex), or from the bottom up, via the reptilian brain, through breathing, movement, and touch.

Image from The Body Keeps the Score by Bessel Van der Kolk, MD, page 63

For dissociation: [3]
• Get attention, make eye contact (call out, wave hand)
• Make direct observation about state of dissociation ("seems like you spaced out, where did you go?"
• Help client orient to current surroundings ("tell me where you are; what are you doing right now")
• Ask client to do something grounding ("name 5 things you see, hear, and feel", "count how many blue items you can see"; "name animals beginning with the first 5 letters of the alphabet"
• Give something grounding to do: calming smell (e.g., lavender on cotton balls), eat a piece of candy or an Altoid and describe, put cold water compress, ice cubes, push feet into the ground, get up and move around, tap the body

For flashbacks: [4]

- Name that it is a flashback
- Remind client worst is over- feelings / sensations being experienced are memories of the past. They have survived.
- Grounding- stamp feet on ground to remind self it is possible to escape
- Encourage deep breathes
- Orient to five senses – see colors in the room, hear sounds of traffic or birds, feel body and clothing
- Consider intervention to help provide boundaries for the body – may lose sense of where body leaves off and and where world begins; use a heavy blanket or hold a pillow – to feel protected

MENTAL HEALTH CRISIS RESOURCES:

**CRISIS -- the MN universal crisis number if there is a crisis that rises to the level of danger to self/others, or impaired judgment or ability to care for self.

This is the same service as Hennepin county COPE (612-596-1223). Our staff at CUHCC have not heard anything negative about COPE or hospitals involving themselves in immigration issues or turning people in to authorities.

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2. Katz, S and Halder, D. Pedgogy of Trauma-Informed Lawyering. Clinical Law Review, 2016. http://www.law.nyu.edu/sites/default/files/upload_documents/Katz%20-%20Halder%20Pedagogy%20of%20Trauma-Informed%20Lawyering.pdf

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8. TILA Project – Trauma-Informed Legal Advocacy Project
http://www.nationalcenterdvtraumamh.org/trainingta/trauma-informed-legal-advocacy-tila-project/

** TILA project has many webinars and resources