Trauma-Informed Interviewing:

How to Create Safe Space & Build Trust While Developing a Client's Legal Case

Presented by the

Human Trafficking Prevention Project

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Our Speakers Today

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Maryland Volunteer Lawyers Service

What is Trauma?

- A serious injury or shock to the body, as from violence or an accident.
- An emotional wound or shock that creates substantial, lasting damage to psychological development.
- An event or situation that causes great distress and disruption.

What Causes Trauma?

- **The most obvious examples:**
  - Exposure to violence - including physical abuse or sexual assault - accidents, natural disasters, etc.
- **What else can cause trauma?**
  - Discrimination based on internal characteristics, living in or in proximity to poverty, systemic neglect/betrayal.
  - This includes exposure to the attorneys, law enforcement, social workers, and other social service staff!

Common Reactions to Trauma

- Shock, anger, nervousness, fear, guilt, anxiety, and inability to concentrate.
- These symptoms typically reduce over time.
- If symptoms do not reduce one month after the traumatic event, this may indicate the development of Post-Traumatic Stress Disorder (PTSD).

What Can Trauma "Look Like" When Working with a Client?

Hypoarousal	Anxiety & Panic	Irritable/ Argumentative	Difficulty Concentrating
Depression/ Sadness	**Hypervigilance**	Intrusive Thoughts and/or Flashbacks	Compromised Memory and/or Decision-Making
Dissociation	Emotional Numbness/Mood Swings	**Self-Medication through Alcohol & Drug Use**	**Somatization**

An Essential Question to Consider, However…

What if There is Nothing "Post" About a Client's Post-Traumatic Stress Disorder?

Complex Trauma

- Trauma occurs along a continuum from singular to chronic.
- Complex trauma commonly results from extended exposure to trauma.
- Complex trauma is associated with an increase in symptoms both in number and severity, as well as in type.

Symptoms of Complex Trauma:

- Inability to regulate emotions/self-destructive impulses.
- Amnesia and dissociation.
- Chronic guilt/intense shame.
- Trauma bonding.
- Intense difficulties with trust and intimacy.
- Attempts at self-medication.

Trauma and Memory

- Trauma can damage the hippocampus, which is the area of the brain responsible for memory storage and retrieval.
- Traumatized brains may not process or store memories in the same way as non-traumatized brains.
- Accurate, consistent, linear memory recall is often a hallmark of believability in the legal system!

Trauma and Memory – Best Practice Tips

- Remember that survivors of trauma may not tell their stories in a linear way
- Remember that despite some memories being "misfiled," the actual recall of the memories is accurate!
- Use orienting dates and events to help organize memories!
- If conflicting info is presented, highlight the need to sort through it as a part of helping organize the narrative, so they do not feel as if you think they are lying

Common Client Reactions to Trauma

- Return of/increase in active mental health symptoms
- Flat or labile affect
- Highly emotional, hostile, or angry
- Avoidance of appointments, court dates, etc.
- Forgetful of important details or dates
- Negative behaviors directed toward attorneys or social service providers
- Significant distrust of law enforcement, attorneys, or other social service providers
- Normalization of trauma and exploitation

Common Reactions To People Who Have Experienced Trauma

- Labeled "treatment-resistant" or "difficult."
- Assumption of untruthfulness and/or potentially re-offending
- Harsher punishments/sentences
- Seen only as a collection of symptoms rather than a person who is struggling

Strategies for Trauma-Informed Interviewing

What Does Being Trauma-Informed Mean?

<u>Being Trauma-Informed Means</u>:

- Asking "What *happened* to her/him/them?" vs. "What's *wrong* with her/him/them?"
- **Being Trauma-Informed *ALSO* means** understanding self-destructive behaviors (self-injury, substance use, aggression, chronic inaction, etc.) as attempts to cope with past trauma rather than as character flaws.

Excuse vs. Explanation…?

Preparing For a Client Meeting or Interview

Ensure the client has the information they need to get to your office or the space where you are meeting

- Ensure they are capable of traveling to the space- money, mobility, child care, safety, etc.
- Getting to your office - directions, parking options, public transit route
- What to expect when they enter the building
- How to contact you if needed

- **Prepare the space**:
  - Room set up
  - Documents – including extra copies
  - Supplies for the client – notepad, pens, sticky notes, fidget bowl
- **Check in regarding basic needs** – restroom, water, etc.
- **Small talk!**

Trauma-Informed Interviewing: Triggers

What is a Trigger?

What types of things might be triggers?

- Sounds
- Smells
- People
- Expressions
- Words/Phrases
- Feelings
- ….pretty much anything

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Trauma-Informed Interviewing: Anticipating Triggers

- Offer options in the physical space
- Be sensitive to the number and gender identity/presentation of the people in the room
- Offer comforting things in the room
- Explain things in advance – consider a roadmap!
- Clarify support system availability/plan for what to do if support is needed
- Offer breaks
- Use open body language
- Be considerate with notetaking

Trauma-Informed Interviewing: Responding to Triggers

Notice/Validate the Survivor's Feelings:

- Active Listening
  - Mirroring Client Statements: "So, after your landlord evicted you, you felt scared thinking about your family's future."
  - Labeling Feelings: "It sounds like that experience was really scary/painful/stressful for you."
- Passive Listening
  - Body language, eye contact, verbal cues, etc.
- Basic Psychoeducation on Trauma Responses
  - "You are having a perfectly normal response to an abnormal situation."

Trauma-Informed Interviewing: Responding to Triggers

Be Purposeful in How You Ask Questions:

- Open-Ended Questions
  - Who, What, When, Where, How…~~Why?~~
- Provide Context!
  - Some of the questions you may need to ask trauma survivors can feel accusatory, especially if they concern topics that are typically used to blame people for what has happened to them, like sexual behavior or drug use
  - Providing some introductory information before asking can help the survivor to understand the *purpose* behind your question

Trauma-Informed Interviewing: Responding to Triggers

Ask What Would Help:

- "Would you like a moment to yourself/take a bathroom break/visit with your sister in the waiting room?"

Help Them Get Grounded in the Present:

- "I like your shoes. Are they comfortable?"
- "We can just sit here as long as we need to. We are OK right now, here in this space."
- "Is it hard for you to focus on these questions? Some people say that just taking a minute to notice yourself breathing in and out is helpful."

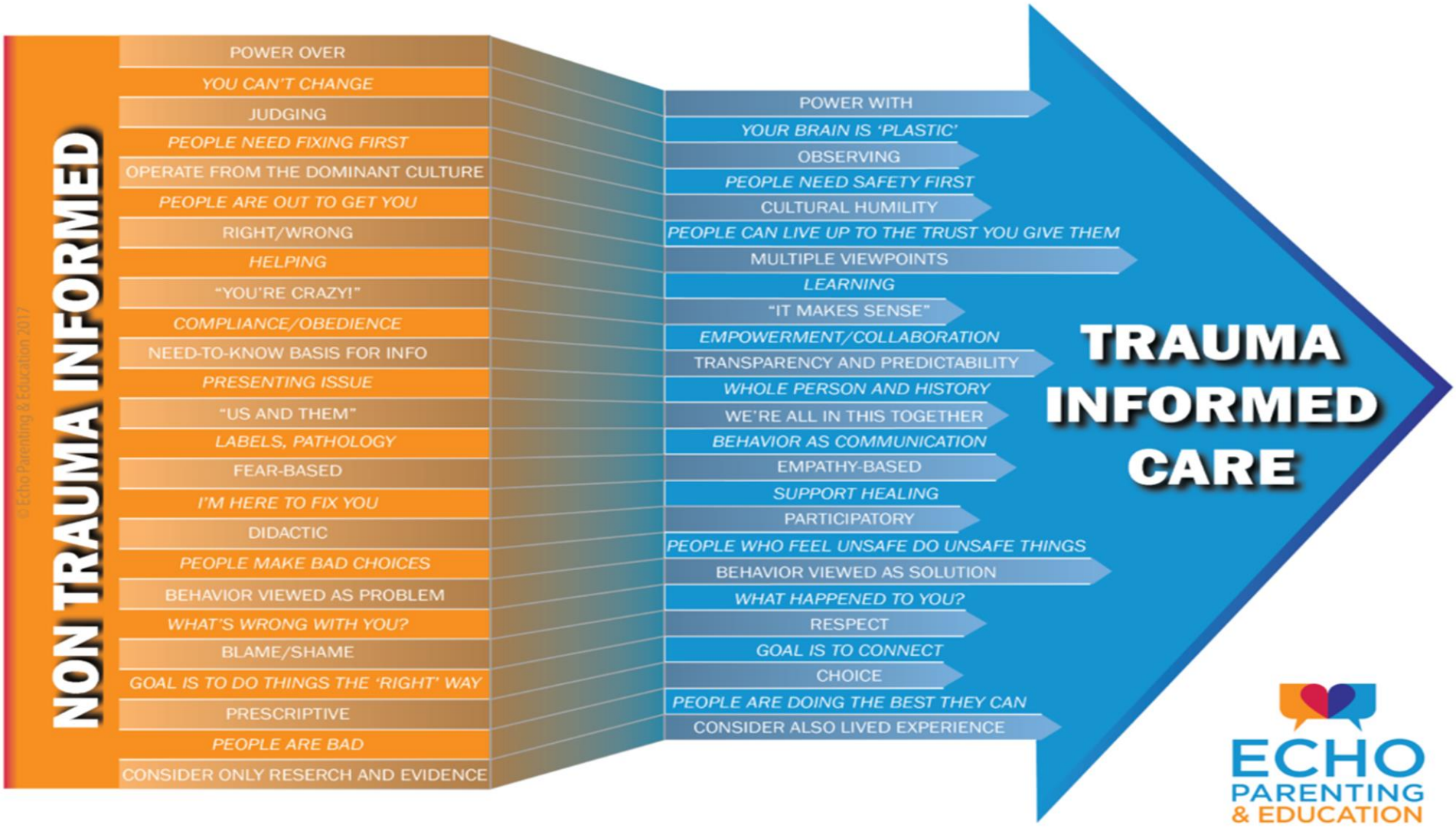
Do's & Don'ts when Working with Survivors

DO:

- Understand that trauma manifests itself in many ways, and that there is no "right" way to be a victim
- Understand that structural forms of oppression (poverty, racism, transphobia, etc.) can be as deeply traumatizing as a traumatic event
- Remember that the traumatic experience you are focused on may not be the most painful thing they have experienced
- Pay close attention to the phrasing of your questions
- Maintain healthy boundaries

DON'T:

- Have overly visible reactions to the information your client shares
- Ask any questions that you don't have a legal basis for
- Label the survivor or pathologize their experiences
- Assume that the survivor views their perpetrator negatively or that the survivor's traumatic experience was entirely negative
- Behave or use language in a way that reinforces the survivor's shame
- Chastise survivors who have difficulties maintaining contact or keeping appointments


NON TRAUMA INFORMED
POWER OVER
YOU CAN'T CHANGE
JUDGING
PEOPLE NEED FIXING FIRST
OPERATE FROM THE DOMINANT CULTURE
PEOPLE ARE OUT TO GET YOU
RIGHT/WRONG
HELPING
"YOU'RE CRAZY!"
COMPLIANCE/OBEDIENCE
NEED-TO-KNOW BASIS FOR INFO
PRESENTING ISSUE
"US AND THEM"
LABELS, PATHOLOGY
FEAR-BASED
I'M HERE TO FIX YOU
DIDACTIC
PEOPLE MAKE BAD CHOICES
BEHAVIOR VIEWED AS PROBLEM
WHAT'S WRONG WITH YOU?
BLAME/SHAME
GOAL IS TO DO THINGS THE 'RIGHT' WAY
PRESCRIPTIVE
PEOPLE ARE BAD
CONSIDER ONLY RESERCH AND EVIDENCE
POWER WITH
YOUR BRAIN IS 'PLASTIC'
OBSERVING
PEOPLE NEED SAFETY FIRST
CULTURAL HUMILITY
PEOPLE CAN LIVE UP TO THE TRUST YOU GIVE THEM
MULTIPLE VIEWPOINTS
LEARNING
"IT MAKES SENSE"
EMPOWERMENT/COLLABORATION
TRANSPARENCY AND PREDICTABILITY
WHOLE PERSON AND HISTORY
WE'RE ALL IN THIS TOGETHER
BEHAVIOR AS COMMUNICATION
EMPATHY-BASED
SUPPORT HEALING
PARTICIPATORY
PEOPLE WHO FEEL UNSAFE DO UNSAFE THINGS
BEHAVIOR VIEWED AS SOLUTION
WHAT HAPPENED TO YOU?
RESPECT
GOAL IS TO CONNECT
CHOICE
PEOPLE ARE DOING THE BEST THEY CAN
CONSIDER ALSO LIVED EXPERIENCE
TRAUMA INFORMED CARE
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Vicarious Trauma

Stems from exposure to the pain, fear, and trauma of others. It is different from burnout!

Symptoms may mirror those of traumatized clients:

- Behaviors including exhaustion, anger, and irritability.
- Interpersonal relationships may be impacted.
- Job performance may suffer through tardiness, decreased work quality, and avoidance of work with traumatized clients.
- Personal values and beliefs may be impacted by the development of feelings of apathy, detachment or hopelessness.
- Worldview and sense of purpose may be compromised

"Traumatic experiences shake the foundations of our beliefs about safety, and shatter our assumptions of trust.

Because they are so far outside what we would expect, these events provoke reactions that feel strange and 'crazy' .... [E]ven though these reactions are unusual and disturbing, they are typical and expectable.

By and large, these are **normal responses to abnormal events**."

-David Baldwin

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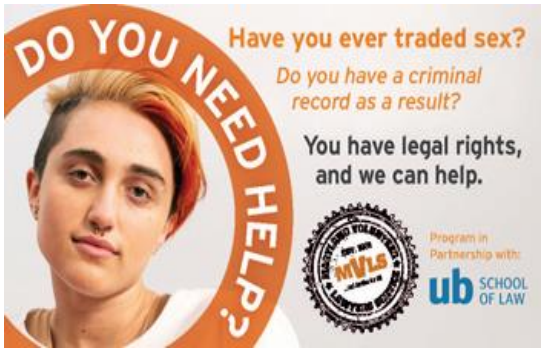

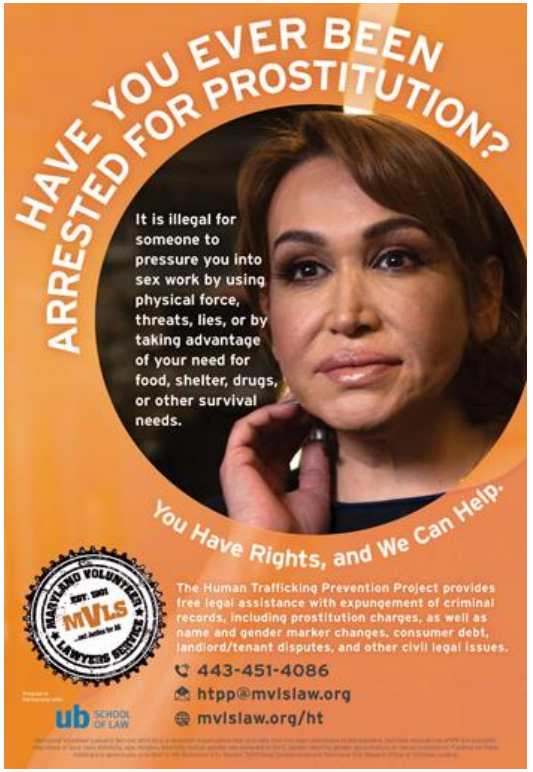

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Thank you!

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