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COMMENTARY

In plain language, what is "trauma-informed care"?

Susan Radcliffe and Daniel Pollack | April 18, 2022

Attorneys are used to words having multiple meanings. "Trauma" is one of them; so is "trauma-informed" care. Many facilities, institutions, health care centers, schools, and even states have declared themselves to be "trauma-informed" and mandate trauma-informed care and practices. But what does the term really mean?

What Is Trauma?

The National Center on Law and Elder Rights addresses the issue of trauma-informed care. In an article, "Trauma Informed Lawyering," the

author notes: “The central goals of trauma-informed lawyering are to reduce re-traumatization and to improve legal advocacy by recognizing the role trauma plays in the lawyer-client relationship.”

The American Psychological Association defines trauma as “… an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer-term reactions include unpredictable emotions, flashbacks, strained relationships, and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives.”

The Substance Abuse and Mental Health Services Administration (SAMHSA) states that trauma is common and has “no boundaries with regard to age, gender, socioeconomic status, race, ethnicity or sexual orientation.”

The National Child Traumatic Stress Network notes numerous examples of childhood trauma types including bullying, community violence, complex trauma, disasters, early childhood trauma, physical abuse, sexual abuse, intimate partner violence, medical trauma, refugee trauma, sex trafficking, terrorism and violence, and traumatic grief.

Dr. Anda and Dr. Filetti’s landmark Adverse Childhood Experiences Study (ACE’s) in 1998 helped to catapult to the forefront how traumatic events in our childhood can be correlated with negative health outcomes as an adult. This study was able to provide a “top-10 list” of ACEs (physical, sexual and verbal abuse, physical and emotional neglect, being witness to domestic violence, having a family member who is mentally ill, incarcerated, or addicted to drugs and alcohol, losing a parent due to

death, divorce or separation) and put the spotlight on the need to prevent them in children as well as offer resources to help expunge their impact.

What Does Trauma-Informed Care Mean?

So, how does all of this manifest into trauma-informed care? The answers all have similar undertones, but it will depend on "who is talking." Different agencies offer different definitions of what trauma-informed care looks like.

The Buffalo Center for Social Research at University of Buffalo posts on their website that "trauma-informed care" understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize.

The Substance Abuse and Mental Health Services Administration (SAMSHA) focuses on the four basic components of trauma informed care. They include:

- Realization about trauma and how it can impact individuals.
- Recognizing the signs of trauma in an individual.
- Having a system which can respond to trauma.
- Resisting re-traumatization of an individual.

The Centers for Disease Control and Prevention (CDC) describes six principles to a trauma informed approach:

1. Safety.
2. Trustworthiness and transparency.
3. Peer support.
4. Collaboration and mutuality.
5. Empowerment voice and choice.

6. Cultural, historical and gender issues.

What Does Trauma-Informed Care Look Like in My Practice?

With so many guidelines, principles, components, and recommendations it can be confusing. Not sure where to start? Here are a few guidelines:

1. Start with education on ACEs. Become familiar with the TED talk of Nadine Burke Harris. Become familiar with the concept of "What happened to you?" instead of "What is wrong with you?". Even a single incident of trauma can lead to a lifetime of complications for a person's physical and mental health.
2. Understand the neuroscience. Trauma can impact our brains, leading to emotional dysregulation, lack of memory, impulsivity, hypervigilance and impairment with sensory perceptions. Trauma-informed care isn't just a catch phrase. It is science. That science can demonstrate the impact of trauma on a person's life physically and emotionally.
3. What does your professional discipline say about trauma informed care? Trauma informed guidelines provide slightly different approaches for each profession. It's critical to explore the research for the legal profession.
4. For those who need it, treat your clients with a large dose of tender loving care. Focus on the basics. Is the person comfortable? Is the temperature in the room OK? Are the lights too bright? Is the person hungry? Thirsty? Is the room cluttered and chaotic or is it calm and comfortable? Are you relaxed and approachable? What is your tone of voice and body language portraying? These are all small steps in helping to calm an individual's nervous system. The more relaxed the individual, the better the outcome.
5. Be aware of your appearance. For some people, seeing you wearing formal clothing presents as stuffy and unapproachable. This can create a barrier to engagement. Informal dress can sometimes make a huge difference in the atmosphere of the room.
6. Take time to establish a rapport. Talk about things like a sporting event, the weather, upcoming holiday plans. Ask about the history of any tattoos, jewelry, clothing. General conversation can be calming.
7. Acknowledge that your questions may be difficult and that you appreciate their time. The exposure and understanding of the struggle to talk about a traumatic event can help ease an individual. It lets the other person know

that you "get it." Acknowledge their painful event. A simple statement such as, "I recognize how hard this must have been for you" can be impactful.

8. Explain the entire process. Exercise the "frontal lobe" of the brain. This is the "executive functioning" part of the brain. Among other things, it's responsible for planning, predicting, and foresight. During trauma this part of the brain is damaged, making it difficult for the individual to know what to expect. Simple instructions on what you will be talking about, asking, the reason for the questions and how long the interview will take can help calm the individual.
9. Offer choices. When you are traumatized and victimized, often your choice is taken away. If you are allowed to make choices it can help change your brain. Allowing the individual to decide when and where they would like to meet, where they prefer to sit, etc., are small steps to empowerment.

Mayra Gomez with The Trauma-Informed Legal Advocacy (TILA) Project, in association with the National Center of Domestic Violence, Trauma and Mental Health (NCDVTMH), has created a bibliography for attorneys to better understand the impact trauma has on individuals. Gomez writes, "In order for lawyers and legal advocates to take a trauma-informed approach to their work with trauma survivors, they must have a basic understanding of how trauma can affect the ways that survivors think, feel, and interact with other people and the world."

Science has shown that trauma-informed care "works." It reduces revictimization and also improves the quality of the interview. When a person is stressed, cortisol is secreted into the brain and decreases the functioning of the hippocampus, the part of the brain responsible for memory and memory retrieval. The more relaxed and calmer an individual is, the better the functioning is this part of the brain. Hence, the better the quality of the interaction.

It is up to each attorney to help those you work with to feel comfortable. When this is achieved, memory recall is easier and it is less stressful and traumatic for the individual.

Attorneys mindful of trauma-informed care would do well to keep in mind the old saying: "Be kind. Everyone you meet is fighting some battle you know nothing about."

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