

TEACHING TRAUMA-INFORMED LAWYERING THROUGH FAMILY LAW CLINICS

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ABSTRACT

“Trauma-informed practice” is an increasingly prevalent approach in the delivery of therapeutic services, social and human services, and now legal practice. Put simply, the hallmarks of trauma-informed practice are when the practitioner, puts the realities of the clients’ trauma experiences at the forefront in engaging with clients, and adjusts the practice approach informed by the individual client’s trauma experience. Trauma-informed practice also encompasses the practitioner employing modes of self-care to counterbalance the effect the client’s trauma experience may have on the practitioner.

The practice of family law, by necessity, often results in clients sharing some of the most intimate and/or painful details of their lives. Clients frequently seek legal assistance at a time when they are highly vulnerable and emotional. As Clinical professors who each supervise a family law clinic, we of course teach our students how to connect with their clients, while drawing the appropriate boundaries of the attorney-client relationship. Equally challenging and important is helping our students cultivate insight into identifying and addressing trauma and its effects. Many of our Clinics’ clients are survivors of intimate partner violence, or have experienced other significant traumatic events that are relevant to their family court matters. Law students should learn to recognize the effects these traumatic experiences may have on their clients’ actions and behaviors. Further, law students should learn to recognize the effect that their clients’ stories and hardships are having on their own advocacy and lives as a whole. It is particularly crucial that we educate our law students about the effects of vicarious trauma and help them develop tools to

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manage its' effects as they move through their clinical work, and ultimately into legal practice.

This article argues that there are four key characteristics of trauma-informed lawyering: identifying trauma, adjusting the attorney-client relationship, adapting litigation strategy, and preventing vicarious trauma. Specifically, the article discusses how to teach trauma-informed lawyering through direct examples of pedagogical approaches.

INTRODUCTION

When Victoria² came into the Clinic for an intake appointment with a law student, the only information the law student had been provided was that this was a child and spousal support case. After explaining the goals and purpose of an intake interview, the law student asked a simple question: what legal problem brings you here today? Victoria broke down crying and began explaining that about 2 years prior, she learned that her husband of 21 years had been sexually abusing their now 16 year old daughter and 22 year old son since they were small children. Victoria disclosed that her husband had sometimes physically abused her, but she knew nothing of the sexual abuse. After the disclosure, she had filed for and been granted a protection order in Tennessee on behalf of herself and her daughter. She then moved with her children from the marital home in Tennessee, to Philadelphia to be with family. The Tennessee protection order had since expired, and because of threatening phone messages she had received from her husband, she had sought a protection order again in Philadelphia. A local domestic violence legal services agency had referred her to the Clinic for help with a child and spousal support case.

Victoria became increasingly upset, and continued to share details of the abuse she and her children had suffered. Victoria seemed intent on convincing the law student that she really did not know about the abuse of her children while it was happening. The law student offered tissues, and told Victoria repeatedly that he believed her, and that it must have been so awful to make this realization. When the law student tried to move the focus of the conversation to the pending support case, it turned out that Victoria had not brought any of the paperwork she had been asked to bring by the Clinic's Office Manager. The law student got as much information as

² This case description is based on the experience of a client represented by Professor Katz's clinic. Names and identifying information have been changed.

Victoria could provide, and then explained that in order to see if the Clinic could help her with the case, he would need to see the paperwork. The law student and Victoria scheduled another appointment, and the law student provided Victoria a written list of the needed documents. The law student met with his supervisor, and later shared in class case rounds, to discuss how challenging the interview had been. Victoria did bring the needed documents to the second appointment, and the Clinic ultimately accepted the case.

Prior to going to court, Victoria called the law student asking if she could just not attend the court date, because she was terrified of seeing her husband. The law student calmly explained that Victoria needed to be present if she wanted to pursue the support claim. They scheduled a time to meet the day before court, and the law student spent a lot of time reviewing with Victoria exactly what occurs in a support hearing, including where she and others would sit, what types of questions would be asked, what the law student himself would be doing. The law student also arranged to meet Victoria prior to the hearing time at a location near the courthouse, so they could walk into court together. Because the litigation became very contentious and there were multiple court hearings, the law student repeated this approach each time there was a scheduled court listing. He also encouraged Victoria to speak with her therapist about her anxiety over dealing with her husband. Ultimately the support case was resolved favorably for Victoria.

While many reading the description of the law student's handling of the case above as simply 'good lawyering', it is also an example of "trauma-informed practice." "Trauma-informed practice" is an increasingly prevalent approach in the delivery of therapeutic services, social and human services, and now legal practice. Put simply, the hallmarks of trauma-informed practice are when the practitioner, here a law student, puts the realities of the clients' trauma experiences at the forefront in engaging with clients, and adjusts the practice approach informed by the individual client's trauma experience. Trauma-informed practice also encompasses the practitioner employing modes of self-care to counterbalance the effect the client's trauma experience may have on the practitioner.

Although there is a body of clinical legal education literature devoted to the value of teaching and developing law students' empathy toward their clients, less attention has been devoted to the importance of teaching trauma-informed practice, and the pedagogy of teaching law students to recognize and understand trauma, and/or the effect of vicarious

trauma on law students (and attorneys) who work with clients who have experienced serious trauma. The practice of family law, by necessity, often results in clients sharing some of the most intimate and/or painful details of their lives. Clients frequently seek legal assistance at a time when they are highly vulnerable and emotional. As Clinical professors who each supervise a family law clinic, we of course teach our students how to connect with their clients, while drawing the appropriate boundaries of the attorney-client relationship. Equally challenging and important is helping our students cultivate insight into identifying and addressing trauma and its effects. Many of our Clinics' clients are domestic violence survivors or have experienced other significant traumatic events that are relevant to their family court matters. Law students must learn to recognize the effects these traumatic experiences may have on their clients' actions and behaviors. Further, law students must learn to recognize the effect that their clients' stories and hardships are having on their own advocacy and lives as a whole. It is particularly crucial that we educate our law students about the effects of vicarious trauma and help them develop tools to manage its' effects as they move through their clinical work, and ultimately into legal practice.

This article proceeds in four sections. The first section will further define trauma-informed practice, and what is meant by the terms trauma, vicarious trauma, organizational trauma. It will also explore what trauma-informed practice means in the therapeutic and social services context. The second section will develop what is meant by trauma-informed legal practice. The third section will argue why teaching trauma-informed lawyering in the clinical legal education setting makes sense. The fourth section will discuss how to teach trauma-informed lawyering through direct examples of pedagogical approaches.

I. DEFINING TRAUMA-INFORMED PRACTICE

Trauma-informed practice has gained traction in the therapeutic world for at least the last decade. As one practitioner has explained, “[t]rauma-informed practice incorporates assessment of trauma and trauma symptoms into all routine practice; it also ensures that clients have access to trauma-focused interventions, that is, interventions that treat the consequences of traumatic stress. A trauma-informed perspective asks clients not ‘What is wrong with you?’ but instead, ‘What happened to

you?””³ A trauma-informed system also focuses on how services are delivered, and how service-systems are organized.⁴ These approaches in the therapeutic context have begun to profoundly inform the delivery of other types of human and social services, such as child welfare,⁵ law enforcement, and the courts.⁶ But in order to understand what is meant by trauma-informed practice, an understanding of trauma, vicarious trauma, and organizational trauma is necessary; this section will define and explain these terms, and then return to a discussion of how trauma-informed practice is implemented.

A. Defining Trauma

When an individual’s internal and external resources are inadequate in the face of external threats, coping with the threat is not possible and thus trauma occurs.⁷ A traumatic experience occurs when an individual subjectively experiences a threat to life, bodily integrity or sanity.⁸ The American Psychological Association further 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

³ Nancy Smyth, Ph.D., *Trauma-Informed Social Work Practice: What Is It and Why Should We Care?*, Social Work/Social Care & Media, Mar. 20, 2012, found at <http://swscmedia.wordpress.com/2012/03/20/trauma-informed-social-work-practice-what-is-it-and-why-should-we-care-opinion-piece-by-dr-nancy-smyth/>.

⁴ Sandra L. Bloom, *The Sanctuary Model of Trauma-Informed Organizational Change*, SANCTUARY WEB, found at http://www.sanctuaryweb.com/PDFs_new/Bloom%20The%20Sanctuary%20Model%20The%20Source%20Articles%20Sanctuary.pdf

⁵ Eva J. Klain, Amanda R. White, *Implementing Trauma-Informed Practices in Child Welfare*, (ABA Center for Children & the Law Nov. 2013), found at <http://childwelfaresparc.org/wp-content/uploads/2013/11/Implementing-Trauma-Informed-Practices.pdf>.

⁶ Substance Abuse & Mental Health Services Administration, *Essential Components of Trauma-Informed Judicial Practice*, Draft for Review and Comment, (Apr. 2011) found at http://www.nasmhpd.org/docs/NCTIC/JudgesEssential_5%201%202013finaldraft.pdf.

⁷ Richard R. Kluff et al., *Treating the Traumatized Patient and Victims of Violence*, SANCTUARY WEB, http://www.sanctuaryweb.com/PDFs_new/Kluff%20Bloom%20Kinzie%20Treating%20the%20Victims%20of%20Trauma.pdf (last visited March. 10, 2014), citing: B. A. Van der Kolk, *The Compulsion to Repeat the Trauma: Re-enactment, Re-victimization, and Masochism*, 12 PSYCHIATRIC CLINICS OF N. AM. 2 (1989).

⁸ Laurie A. Pearlman & Karen Saakvitne, TRAUMA AND THE THERAPIST: COUNTERTRANSFERENCE AND VICARIOUS TRAUMATIZATION IN PSYCHOTHERAPY WITH INCEST SURVIVORS at 60 (1995).

symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives.⁹

External threats that result in trauma can include, “[E]xperiencing, witnessing, anticipating, or being confronted with an event or events that involve actual or threatened death or serious injury, or threats to the physical integrity of one’s self or others.”¹⁰

Trauma can take many different forms. The United States Department of Justice estimates that 83 percent of Americans will be victims of violent crime at some point in their lives.¹¹ A 1997 study found that about one third of the population will experience severe trauma at some point.¹² The most common sources of trauma, experienced by 15 to 35 percent of the people surveyed included witnessing someone being hurt, killed, or being involved in a fire, flood, or other such life-threatening accidents.¹³ Other common experiences included robbery and sudden deaths of loved ones.¹⁴

Intimate partner violence and child maltreatment are other examples of trauma, and are far more prevalent than is often acknowledged. On average, 24 people per minute are victims of rape, physical violence, or stalking by an intimate partner in the United States--more than 12 million women and men over the course of a year.¹⁵ Nearly 3 in 10 women and 1 in 10 men in the US have experienced rape, physical violence, and/or stalking by a partner and report a related impact on their functioning.¹⁶ 1.71% of children are maltreated in the United States.¹⁷

The rates of abuse are higher among the population of litigants in family court. In our family law clinics, anecdotally, many of our clients have experienced serious incidents of physical or sexual abuse by an

⁹ *Trauma Definition*, AMERICAN PSYCHOLOGICAL ASSOCIATION (2014), <http://www.apa.org/topics/trauma/>.

¹⁰ *Id.*, citing *Diagnostic and Statistical Manual of Mental Disorders - IV*, AMERICAN PSYCHIATRIC PRESS, (1994).

¹¹ A. Walinsky, *The Crisis of Public Order*, THE ATLANTIC MONTHLY, July 1995, at 39-54.

¹² S.D. Solomon & J.R.T. Davidson, *Trauma: Prevalence, Impairment, Service Use, and Cost*, J. CLINICAL PSYCHIATRY (1997), 58 (suppl 9): 5-11.

¹³ *Id.*

¹⁴ *Id.*

¹⁵ Centers for Disease Control, *Intimate Partner Violence Fact Sheet*, found at http://www.cdc.gov/violenceprevention/pub/ipv_factsheet.html

¹⁶ *Id.*

¹⁷ Andrea Sedlak et al., *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress*, at 3-3 (U.S. Dept. of Health and Human Services 2010).

intimate partner, and/or in the past as a child. They may also have witnessed their own child(ren) being physically or sexually abused. These anecdotal observations are supported by empirical study. For example, one study indicated that 80% of parents who were separating or divorcing were able to agree on custody and/or parenting time with their children. But among the 20% of parents who needed the court to intervene to decide custody, domestic violence was remarkably prevalent: domestic violence was a major factor in 50-75% of the cases.¹⁸ In fact, experts have noted that “The majority of parents in ‘high-conflict’ divorces’ involving child custody disputes report a history of domestic violence.”¹⁹ The National Center for State Courts has found documented evidence in court records of domestic violence in 20-55% of contested custody cases.²⁰

Trauma has a distinct physiological effect on the brain, which in turn affects behavior. Colloquially, this evolutionary response is often referred to as a “flight, fight, freeze.” As one writer has explained:

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.²¹

In short, trauma can have significant effects on the brain and memory, as the hippocampus does not work well when the “threat system” is active, and memories can get stored in the wrong place. These physiological effects of trauma can manifest far after the traumatic incident occurs, as the amygdala does not discriminate between real dangers and memory from a past dangerous situation. For many individuals who have experienced trauma, specific conditioned stimuli may be linked to the traumatic event (unconditioned stimuli) such that re-exposure to a similar environment produces recurrence of the same levels of anxiety and fear as experienced

¹⁸ Janet Johnson et al., *Allegations and Substantiations of Abuse in Custody-Disputing Families*, 43 Fam. Ct. Rev. 284 (2005).

¹⁹ Peter Jaffe et al., ACCESS DENIED: THE BARRIERS OF VIOLENCE AND POVERTY FOR ABUSED WOMEN AND THEIR CHILDREN AFTER SEPARATION, at 1 (Atkinson Foundation 2002).

²⁰ Susan Keilitz et al., *Domestic Violence and Child Custody Disputes: A Resource Handbook for Judges and Court Managers*, at 5 (Nat’l Center for State Courts

²¹ Rebecca Ruiz, *Why Don’t Cops Believe Rape Victims?*, found at http://www.slate.com/articles/news_and_politics/jurisprudence/2013/06/why_cops_don_t_believe_rape_victims_and_how_brain_science_can_solve_the.html (last viewed March 13, 2015).

during the traumatic event.²²

In response to traumatic experiences, an individual may feel intense fear, helplessness, or horror.²³ People process these reactions differently, resulting in different indicators of trauma.²⁴ There are four main behaviors seen as a result: anxiety and depression, intense anger towards self or others, the formation of unhealthy relationships, and denial.²⁵ Although there are common behaviors that can result from trauma, the reactions to traumatic events can look different among individuals because although trauma is a common human experience, it affects a wide range of “personality styles, ego strengths, diatheses for mental and physical illnesses, social supports, intercurrent stressors, and cultural backgrounds.”²⁶ Thus, the reactions to trauma are psychobiologic and are influenced by complex individual and social contexts, all of which determine the ways in which each individual processes trauma.²⁷ As a result there are no universal indicators of, or responses to traumatic events.²⁸ The responses to trauma can be short term or long term.²⁹

Common indicators of trauma can include: a lack communication skills, reluctance to talk about personal events, memory issues involving traumatic moments, an inability to separate between who can be trusted and who cannot, unreasonable aggressive behavior, an inability to properly manage distressing emotions, contradictory beliefs and actions, a lack of a proper sense of personal boundaries, and being either overly obedient to or unwilling to comply with any authority.³⁰ People manifesting these behaviors may have been traumatized and may also exhibit short-term

²² Dennis Charney, *Psychobiological Mechanisms of Resilience and Vulnerability: Implications for Successful Adaptation to Extreme Stress*, 2 *Am. J. Psychiatry* 161 (Feb. 2004).

²³ Kluft et al., *supra*. n. 7.

²⁴ Sandra L. Bloom, *The Sanctuary Model: A Trauma-Informed Operating System for Organizations*, SANCTUARY WEB, <http://www.nonviolenceandsocialjustice.org/SiteData/docs/CNVSJ%20Sanctuary%20Handout/473c7d999d91a963edee0491d248c0d9/CNVSJ%20Sanctuary%20Handout.pdf> (last visited March 10, 2014).

²⁵ Sandra L. Bloom, *The Grief That Dare Not Speak Its Name Part I: Dealing With the Ravages of Childhood Abuse*, SANCTUARY WEB, http://www.sanctuaryweb.com/PDFs_new/Bloom%20The%20grief%20that%20dare%20not%20speak%20its%20name.pdf (last visited March 29, 2014).

²⁶ Kluft et al., *supra*. n. 7.

²⁷ *Id.*

²⁸ *Id.*

²⁹ *Id.*

³⁰ *Id.*

and/or long-term consequences of trauma. Short-term consequences of trauma include, but are not limited to the following: re-experiencing the traumatic event in several ways. This can mean having recurrent or intrusive distressing recollections of the event or acting or feeling as if the event is recurring; avoidance of stimuli associated with the trauma. This may include efforts to avoid thoughts, feelings, or conversations associated with the trauma, efforts to avoid activities, places, or people that arouse recollections of the trauma, amnesia for aspects of the trauma, and/or detachment or estrangement from others; defensive mumbling; dissociative symptoms. This may consist of a diminished awareness or realization of ones surroundings and/or problems with concentration and attention; increased arousal. This may include experiencing difficulty falling or staying asleep, hyper vigilance, and/or an exaggerated startle response.³¹ Long-term consequences of trauma include persistence of the short term signs, chronic guilt and shame, a sense of helplessness and ineffectiveness, a sense of being permanently damaged, difficulty trusting others or maintaining relationships, vulnerability to re-victimization, and becoming a perpetrator of trauma.³² These responses may wax and wane and there may be periods where the symptoms disappear.³³ The responses may also be triggered and/or exacerbated by anniversaries of traumatic events or stressors that in any way suggestive of the past trauma.³⁴

B. Defining Vicarious Trauma

Vicarious trauma, also sometimes called compassion fatigue or secondary trauma, is a term for the effect that working with survivors of trauma may have on counselors, therapists, doctors, attorneys and others who directly help them.³⁵ Vicarious traumatization refers to harmful changes that occur in professionals' views of themselves, others, and the world, as a result of exposure to the graphic and/or traumatic experiences of their clients.³⁶ "Secondary, or indirect, traumatic exposure is not limited to mental health providers. Anyone who repeatedly and empathically engages

³¹ *Id.*

³² *Id.*

³³ *Id.*

³⁴ *Id.*

³⁵ American Counseling Association, Vicarious Trauma Fact Sheet #9, found at <http://www.counseling.org/docs/trauma-disaster/fact-sheet-9---vicarious-trauma.pdf?sfvrsn=2>.

³⁶ Katie Baird & Amanda C. Kracen, *Vicarious Traumatization and Secondary Traumatic Stress: A Research Synthesis*, 19 COUNSELLING PSYCHOL. Q. 181 (2006).

with traumatized individuals can be at risk for distress and impairment due to indirect exposure to others' traumatic material."³⁷

Vicarious trauma is distinct from "burnout," which refers to the toll that work may take over time.³⁸ Burnout can usually be remedied by taking time off, or moving on to a new job. Vicarious trauma is a state of tension or preoccupation with client's stories of trauma.³⁹ It may be marked by either an avoidance of client's trauma histories (almost a numbness to the trauma), or a state of persistent hyperarousal.⁴⁰

Professionals experiencing vicarious trauma may experience painful images and emotions associated with their clients' traumatic memories and may, over time, incorporate these memories into their own memory systems.⁴¹ As a result, there are disruptions to schema in five areas.⁴² These are safety, trust, esteem, intimacy, and control, each representing a psychological need.⁴³ Each need/schema is experienced in relation to self and other. The harmful effects of vicarious trauma occur through the disruptions to these schemas.⁴⁴ Vicarious trauma "has been described as a common, long-term response to working with traumatized populations, and as part of a continuum of helper reactions ranging from vicarious growth and resilience to vicarious traumatization and impairment."⁴⁵

As a normal response to the ongoing challenges to their beliefs and values, individuals experiencing vicarious trauma may exhibit varying symptoms.⁴⁶ Some of these symptoms include: denial of client's trauma, over-identification with client, no time and energy for oneself, feelings of great vulnerability, experiencing insignificant daily events as threatening, feelings of alienation, social withdrawal, disconnection from loved ones,

³⁷ Mark R. Evces, *What is Vicarious Trauma?*, in Gertie Quintandon & Mark R. Evces, eds., *VICARIOUS TRAUMA AND DISASTER MENTAL HEALTH: UNDERSTANDING RISKS AND PROMOTING RESILIENCE*, AT 9 (2015).

³⁸ Lisa McCann & Larie A. Pearlman, *Vicarious Traumatization: A Framework for Understanding the Psychological Effects of Working with Victims*, 3 J. Traumatic Stress 131,133 (1990).

³⁹ American Counseling Association, *supra*, n. 34.

⁴⁰ *Id.*

⁴¹ Lisa McCann & Lauri Anne Pearlman, *Vicarious Traumatization: A Framework for Understanding the Psychological Effects of Working with Victims*, 3 J. TRAUMA. STRESS 131, 144 (1990).

⁴² Baird & Kracen, *supra* n. 33.

⁴³ *Id.*

⁴⁴ *Id.*

⁴⁵ Evces, *supra*, n. 36, at 11.

⁴⁶ *Id.*

loss of confidence that good is still possible in the world, generalized despair and hopelessness, loss of feeling secure, increased sensitivity to violence, cynicism, feeling disillusioned by humanity, disrupted frame of reference, changes in identity, world view, spirituality, diminished self-capacities, impaired ego resources, and alterations in sensory experiences.⁴⁷

C. Defining Organizational Trauma

One way to prevent vicarious trauma and these symptoms from occurring is to become trauma informed. Whereas vicarious trauma impacts individuals exposed to trauma victims, organizational trauma occurs when two or more systems (individuals, groups, organizations) that have significant relationships with one another and develop similar feelings and behaviors, do so in an unhealthy and uninformed way.⁴⁸ As a result, instead of treating victims of trauma and counteracting the effects of being exposed to trauma themselves, individual helpers and helping systems exacerbate the situation.⁴⁹ Sandra Bloom has explained it this way:

...pressures to do more and more, with increasing speed, and fewer resources have significantly magnified stress. Since the typical human reaction to stress is fear and since fear elicits measures to exert control, the reaction of human systems to stress is to become even more authoritarian, more controlling, more punitive, and more reactive.⁵⁰

These unhealthy reactions to stress are the opposite of what the system needs in order to be effective- more critical thinking, more diverse points of view, more efficient responses to complex issues.⁵¹ Thus, therapists are incapable of effectively dealing with the stress of their job and develop unhealthy behaviors resulting in their inability to effectively counsel their patients.⁵²

⁴⁷ Christian Pross, *Burnout, vicarious traumatization and its prevention*, 16 TORTURE 1 (2006).

⁴⁸ Sandra L. Bloom, *Sanctuary as a Living Philosophy*, SANCTUARY WEB, <http://www.sanctuaryweb.com/living-philosophy.php> (last visited March 10, 2014).

⁴⁹ *Id.*

⁵⁰ Sandra L. Bloom, *Sanctuary as a Living Philosophy*, SANCTUARY WEB, <http://www.sanctuaryweb.com/living-philosophy.php> (last visited March 10, 2014).

⁵¹ *Id.*

⁵² *Id.*

D. Defining Trauma-Informed Practice

The increase in studies done on trauma and vicarious trauma, and the various measures taken to mitigate the effects of the two has resulted in a systemic approach to how human services can be delivered that addresses the concerns of trauma and vicarious trauma simultaneously. “A trauma-informed approach to services or intervention acknowledges the prevalence and impact of trauma and attempts to create a sense of safety for all participants, whether or not they have a trauma-related diagnosis.”⁵³ A trauma informed system addresses concerns within all levels of the organization.⁵⁴ While the staff needs to become trauma informed about their patients past trauma, “[It] is the shared responsibility of staff and administrators to become “trauma sensitive” to the ways in which past and present overwhelming experiences impact individual performance, leadership styles, and group performance.”⁵⁵

To be trauma-informed, means to be educated about the phenomena discussed above, and to engage in practices to prevent further trauma, vicarious trauma and organization trauma from occurring. To be trauma-informed is to have the ability to respond to the needs of traumatized clients while being sensitive to the reality that traumatic experiences exist in the lives of most people.⁵⁶ It is to recognize the ways in which trauma impacts systems and individuals.⁵⁷ Several goals of trauma-informed care include building safety skills and a commitment to higher goals, teaching emotional management skills, creating civic skills of self-control, self-discipline, and administration of healthy authority, and overcoming barriers to healthy communication.⁵⁸

⁵³ SAMHSA, *Essential Components of Trauma-Informed Judicial Practice*, Fact Sheet HHSS2832007000201 (2013).

⁵⁴ Sandra L. Bloom, *Organizational Stress as a Barrier to Trauma-Sensitive Change and System Transformation*, SANCTUARY WEB, http://www.sanctuaryweb.com/PDFs_new/Bloom%20Organizational%20Stress%20NASMHPD.pdf (last visited March 29, 2014).

⁵⁵ *Id.*

⁵⁶ Sandra L. Bloom, *Trauma-Informed Systems Transformation: Recovery as a Public Health Concern*, SANCTUARY WEB, http://www.sanctuaryweb.com/PDFs_new/Bloom%20Trauma-Informed%20Systems%20Transformation%20in%20Philadelphia.pdf (last visited March 10, 2014).

⁵⁷ *Id.*

⁵⁸ Sandra L. Bloom, *Mental Health Aspects of IPV/DV: Survivors, Professionals, and Systems*, SANCTUARY WEB,

In many settings, to become trauma-informed, means to undergo a transformation in the way individuals and systems interact.⁵⁹ Every part of the organization, management, and delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual.⁶⁰ This process includes psychoeducation, which creates a shared and coherent organizing framework that does not stigmatize the injured person but instead allows a deeper and more caring relationship between client and caregiver.⁶¹ Doing this would create an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate.⁶² For example, becoming trauma informed would result in the, “recognition that behavioral symptoms, cognitive distortions, emotional dyscontrol, and failures of conscience are all manifestations of injury, rather than indicators of sickness or badness – the two current explanations for deviant behavior.”⁶³ As a result, these services and programs would be more supportive (rather than controlling and punitive) and avoid vicarious traumatization and organizational trauma.⁶⁴

One model used to accomplish these goals is the Sanctuary Model, a trauma-informed method for changing organizational culture, created by psychiatrist Sandra Bloom.⁶⁵ “Over the years, [the Sanctuary Model] has evolved into an evidence-supported template for system change based on the active creation and maintenance of a nonviolent, democratic, therapeutic community in which staff and clients are empowered as key decision-makers to build a socially responsive, emotionally intelligent community that fosters growth and change.”⁶⁶ The goal of the Sanctuary Model is to create a capable treatment environment while also counteracting the impact

http://www.sanctuaryweb.com/PDFs_new/Bloom%20Mental%20Health%20Aspects%20of%20IPV.pdf (last visited March 10, 2014).

⁵⁹ *Id.*

⁶⁰ *Id.*

⁶¹ Sandra L. Bloom et al., *S.E.L.F. A Trauma-Informed Psychoeducational Group Curriculum*, SANCTUARY WEB,

http://www.sanctuaryweb.com/PDFs_new/COMPLETE%20INTRODUCTORY%20MATERIAL.pdf (last visited March 10, 2014).

⁶² Bloom, *Mental Health Aspects of IPV/DV*, *supra*, n. 57.

⁶³ Bloom, *Sanctuary as a Living Philosophy*, *supra*, n. 47.

⁶⁴ *Id.*

⁶⁵ Sandra L. Bloom, *The Sanctuary Model of Trauma-Informed Organizational Change*, SANCTUARY WEB

http://www.sanctuaryweb.com/PDFs_new/Bloom%20The%20Sanctuary%20Model%20The%20Source%20Articles%20Sanctuary.pdf (last visited Mar. 30, 2014).

⁶⁶ *Id.*

of chronic stress on employees.⁶⁷ Thus, to be systemically trauma-informed, an organization needs to be sensitive to the reality of traumatic experiences on everyone involved, including patients, therapists and anyone else involved in the healing process.⁶⁸ The organization also needs to be mindful of how historic trauma has affected individuals, families, and entire groups i.e. Native Americans, African-Americans, lesbian/gay/bisexual/transgendered individuals.⁶⁹

The Sanctuary Model proposes seven characteristics that would result in an organization being trauma informed: a culture of nonviolence, which means committing to safety skills and higher goals; a culture of emotional intelligence, which means to teach and model emotional management skills; a culture of social learning, which involves creating an environment that promotes conflict resolution and transformation; a culture of shared governance, which involves encouraging self-control, self-discipline, and healthy authority figures; a culture of open communication; a culture of social responsibility, which involves building healthy relationships and connections; and a culture of growth and change, which requires restoring hope, meaning and purpose by actively working through loss/trauma.⁷⁰ Furthermore, these methods to become trauma informed are not limited to organizations providing psychiatric care:

Although our specialty is psychiatric care, the issues that we discuss and the strategies that we recommend are not exclusive to mental health. They have much wider applications in healthcare and in other social systems where people congregate to work toward common goals. We have taken our ideas to schools, residential communities, and correctional organizations and have been met with interest and excitement.⁷¹

In particular, trauma-informed practice has had particularly significant impact in the fields of health care, child welfare, law enforcement and the courts. As discussed in the next section, trauma-informed practice has also informed the practice of law.

⁶⁷ *Id.*

⁶⁸ *Id.*

⁶⁹ *Id.*

⁷⁰ *Id.*

⁷¹ Tim Murphy & Maggie Bennington-Davis, RESTRAINT AND SECLUSION: THE MODEL FOR ELIMINATING THEIR USE IN HEALTH CARE (HcPro 2005), at xi (forward by Sandra Bloom).

II. DEFINING TRAUMA-INFORMED LAWYERING

The concepts of trauma-informed practice have begun to have a profound effect on attorneys who routinely work with trauma survivors. Particularly for attorneys in practice areas such as domestic violence, immigration, child welfare, the principles of trauma-informed practice have altered the way legal services are delivered. Traditionally attorneys are trained to separate emotions from the law in order to competently analyze legal problems.⁷² By borrowing techniques developed in the therapeutic context, attorneys can provide more effective representation by becoming trauma-informed.⁷³ Attorneys can learn how to identify trauma, and adjust their methods of representation to incorporate an understanding of their clients' trauma history. Attorneys can also employ methods of self-care to prevent vicarious traumatization. When attorneys do this in systemic manner, their entire legal practice can become trauma-informed. Domestic violence legal centers, immigration legal centers, and other public interest legal services offices have become particularly adept at incorporating these practices into their daily legal work.

The experience of the client described at the beginning of this article, Victoria, is a good example of trauma-informed lawyering at work. First, the student attorney handling the case was trained to recognize trauma, i.e. recognize that the physical abuse that Victoria had experienced, as well as the knowledge that her children had been sexually abuse, were traumatic experiences which would profoundly affect the attorney-client relationship and the nature of the representation, even though the abuse allegations were not directly pertinent to the case for which the client was seeking representation. Had the student attorney not been trained in trauma-informed practice, she might have been more dismissive of the client's insistence on telling her trauma story. Instead, the student attorney exhibited patience and affirmation for the client, that ultimately enabled the client to develop a trusting relationship with the student attorney. Similarly, the student attorney adjusted her approach to counseling the client and preparing the client for court, based upon the student attorney's acknowledgement and understanding of the client's trauma experience.

⁷² Lynette M. Parker, *Increasing Law Students' Effectiveness When Representing Traumatized Clients: A Case Study of the Katherine & George Alexander Community Law Center*, 21 GEO. IMMIGR. L.J. 163 (2007).

⁷³ *Id.*

Instead of simply preparing the client for the kinds of testimony and evidence that would be requested, the student attorney's approach took into account how terrifying it was for the client to go to court against her abusive ex. Finally, although not addressed in the scenario presented, the student attorney also had opportunities for self-reflection and sharing through supervision to allow her to process the impact of working with a client who had experienced severe trauma.

Thus there are at least four key hallmarks of trauma-informed lawyering:

Identifying Trauma. Simply learning to identify trauma can go a long way in making an attorney more effective. Arguably, an attorney's ability to communicate with clients and develop a relationship of trust with clients is critical to attorney competence.⁷⁴ An attorney need not be a mental health expert to recognize that what the client is describing, or behavior the client is exhibiting, is indicative of trauma. A client who has experienced trauma needs to be able to feel safe in the attorney-client relationship, and an attorney who can be both affirming and empathetic to the client will help create that feeling of safety.

Adjusting Attorney-Client Relationship. Once an attorney has recognized that a client has experience with trauma, the attorney can adjust the attorney-client relationship accordingly. Trauma may affect the attorney's ability to get the whole story. Because trauma manifests differently in different people, the attorney should be versed in a variety of strategies to work with the client. For example, the client may be very withdrawn, and the attorney will need to help the client gain a sense of trust and safety in order to get necessary information to prepare the case.⁷⁵ Another client might be highly emotional, flooding the attorney with a lot of information; the attorney will need to employ strategies to focus the client on key facts pertinent to the representation.⁷⁶ Another client may be angry or suspicious, and the attorney will need to put continued focus on transparency and trust.⁷⁷ Cultivating these strategies will make the attorney more effective in developing a relationship with clients and handling their cases.

⁷⁴ Barbara Glesner Fines & Cathy Madsen, *Caring Too Little, Caring Too Much: Competence and the Family Law Attorney*, 75 UMKC L. Rev. 965, 980 (2007).

⁷⁵ Judy I. Eidelson, *Representing Traumatized Clients*, Phila. Bar Assoc. Family Law Section, Nov. 4, 2013.

⁷⁶ Id.

⁷⁷ Id.

Adapting Litigation Strategy. The client's trauma experience, may also change the attorney's litigation strategy in a variety of ways. Court can be overwhelming and/or frightening to many clients, but a client with a trauma history may have a particularly difficult time coping. To the extent the client needs to testify about the traumatic events, the client may have difficulty telling the story consistently and/or credibly. The attorney can help the client by making the situation as predictable as possible, and desensitizing the client by rehearsing.⁷⁸ The attorney may make certain adaptations for the client, like making a plan to take a break if the testimony becomes too trying, or enlisting the support of a mental health provider or other support person in preparing for or attending court.⁷⁹ Finally, the attorney may need to give extra thought to how the client will be able to testify about the traumatic experiences in court.⁸⁰ By employing these strategies, the attorney may make court more palpable for the client, and simultaneously more successfully advocate for the client's position.

Preventing Vicarious Trauma. Attorneys working with clients who have experienced severe trauma can also take preventive measures to avoid vicarious trauma. The risks of vicarious trauma for attorneys working with survivors of trauma may be even higher than those in other helping professions, because those in the legal profession tend to have higher caseloads,⁸¹ and to not to be trained in the dynamics of trauma.⁸² Particularly in a high volume practice, with limited resources, attorneys are at a high risk of developing clinically significant symptoms of vicarious trauma.⁸³ One of the most important preventive measures for attorneys is to diversify and manage case load, so that the attorney has the opportunity to work with trauma survivors as well as clients who have not experienced severe trauma, and so the attorney does not become overwhelmed with too many cases.⁸⁴ Further, attorneys can create an organizational workplace culture that acknowledges the potential for vicarious trauma. This can

⁷⁸ Eidelson, *supra.*, n. 74.

⁷⁹ *Id.*

⁸⁰ *Id.*

⁸¹ Andrew P. Levin & Scott Greisberg, *Vicarious Trauma in Attorneys*, 24 Pace L. Rev. 245, 252 (2003).

⁸² Fines & Madsen, *supra.*, n. 73, at 992.

⁸³ Andrew P. Levin et al., *Secondary Traumatic Stress in Attorneys and their Administrative Support Staff Working With Trauma- Exposed Clients*, 199 J. of Nervous & Mental Disease 946, 953 (2011).

⁸⁴ Fines & Madsen, *supra.*, n. 73, at 993.

include creating spaces for supervision and peer support, and encouraging open communication about the effect of the work.⁸⁵

III. TEACHING TRAUMA-INFORMED LAWYERING MAKES SENSE

A. *Teaching trauma-informed lawyering fits in with the values of clinical pedagogy and into already existing clinical theoretical areas*

Teaching trauma-informed lawyering in family law clinics furthers the already-existing values of clinical legal education. The values of clinical legal education differ greatly from the values of traditional doctrinal law school classes, which employ the case method, focus on appellate skills, and embody the presumption that the law provides concrete solutions to the problems of litigants.⁸⁶ In contrast, the values of clinical legal education fall into three main categories: teaching social justice to students; client-centered lawyering; and acquisition of practical lawyering skills (which really encompasses two related values: gaining experience in practice and participation in a lawyer/client relationship).⁸⁷ Teaching trauma-informed lawyering reinforces all of these values of clinical legal education. It is also supported by the already-existing clinical literature in therapeutic jurisprudence, teaching empathy, and teaching emotional intelligence, and vicarious trauma. Additionally, clinics are particularly well-suited for teaching trauma-informed lawyering because of their focus on reflective practices, and because of their capacity to teach law students important practice skills to take forward into their legal careers.

1. Social Justice

Clinical legal education has always had a social justice focus, both in its mission to provide much-needed legal services for the indigent, and also in its goal of exposing law students to the lack of legal services for the poor, and to see the limits and realities of the legal system. The first clinics were established and developed in the 1920s and 1930s as a way to supplement traditional, doctrinal classes taught in the Langdellian case

⁸⁵ *Id.*, at 994.

⁸⁶ Lauren Carasik, *Justice in the Balance: An Evaluation of One Clinic's Ability to Harmonize Teaching Practical Skills, Ethics, and Professionalism with a Social Justice Mission*, 16 S. Cal. L. Rev. L. & Soc. Just. 23, 28-29, 40-41 (2006).

⁸⁷ Add citation.

method. However, clinical legal education did not really take hold in law schools until the 1960s and 1970s. A crucial event in the development of clinical pedagogy was the establishment of the Council on Legal Education and Professional Responsibility (CLEPR), by William Pincus, vice President of the Ford Foundation. The mission of the CLEPR was to provide legal services to the poor, and in order to do so, CLEPR funded several law school clinics, which had the effect significantly affecting legal education by infusing clinical legal education with a social justice purpose.⁸⁸

Although the initial mission of law school clinics may have been social justice in the sense that students were able to provide legal services for people who would otherwise not have had access to the legal system, as clinical pedagogy developed, clinics developed the added function of exposing students to the realities of the legal system, and in particular its limitations for meeting the goals of indigent individuals.⁸⁹ Teaching trauma-informed lawyering in family law clinics will reinforce the social justice value of clinical education because it will cause students to be exposed to the realities and limits of the legal system.⁹⁰ Teaching trauma will enable students to see, through the experiences of their trauma-affected client, how for that particular individual, legal doctrines or theories, as well as the functioning of the legal system in litigation, may or may not work to achieve the client's stated goals.⁹¹ Recognition that the legal system may not always be a very effective mechanism of pursuing stated goals for the client is particularly relevant when the client has experienced trauma. This is particularly true in light of the fact that, for a traumatized client, court proceedings may run the risk of causing the client to relive or confront the trauma, and may themselves cause further trauma to the client.

Additionally, teaching students trauma-informed lawyering, and specifically focusing on the ways in which the current legal system may not be able to meet a client's goals, encourages students to think critically about the legal system as it affects family law litigants who have been subject to

⁸⁸ Stephen Wizner, *Beyond Skills Training*, 7 *Clinical L. Rev.* 327, 338 (2001) ("From the beginning of the clinical legal education movement, experiential learning and skills-training were seen as the means for achieving the justice goal articulated by William Pincus, not as ends in themselves.")

⁸⁹ Insert citation here.

⁹⁰ See e.g., Stephen Wizner, *Is Social Justice Still Relevant?*, 32 *B.C. L.J. & Soc. Just.* 345 (2012) (exploring the social justice mission of law school clinics).

⁹¹ *Id.*, at 351.

trauma in their lives.⁹² By learning about trauma-informed lawyering and thinking critically about the family law system, students will begin to think not only about procedural justice, defined as access to the courts, or representation in court, but also about true substantive justice for family law litigants, a term which “could be perceived to require disassembling the existing power structure in order to precipitate a redistribution of resources.”⁹³ Thinking critically about the legal system, developing strong professional values, and developing an appreciation for the important role that attorneys play in society are all sub-parts of the larger clinical goal of teaching social justice to law students through their clinical work.⁹⁴

The importance of teaching trauma-informed lawyering to clinic students to further the social justice goal of clinics is supported by the literature on therapeutic jurisprudence, which focuses on the extent to which the law enhances or inhibits the wellbeing of those who are affected by it.⁹⁵ Therapeutic jurisprudence is a lens through which family law litigation can be viewed, and is part of the comprehensive law movement, a larger movement which furthers broader social justice goals.⁹⁶ Therapeutic jurisprudence analysis concerns itself with the therapeutic and anti-therapeutic goals that flow from legal rules, procedures, and the behavior of individuals involved in the legal system.⁹⁷ One of the crucial principals in the theory of therapeutic jurisprudence is the emphasis on voice and validation for clients. Pursuant to the therapeutic jurisprudence perspective, achieving voice and validation has special significance and importance for victims of violence.⁹⁸ Victims need to be accorded a sense of “voice,” the ability to tell their side of the story, and “validation,” the sense that what they have to say is taken seriously. Therapeutic jurisprudence scholars

⁹² Goodmark at 314, quoting Sue Bryant & Maria Arias, Case Study: A Battered Women’s Rights Clinic: Designing a Clinical Program which Encourages a Problem Solving Vision of Lawyering, 42 Wash. U. J. Urb. & Contemp. L. 207, 212-215 (1992).

⁹³ Carasik at 45, citing John O. Calmore, “Chasing the Wind”: Pursuing Social Justice, Overcoming Legal Mis-Education, and Engaging in Professional Re-Socialization, 37 Loy. L.A. L. Rev. 1167, 1175 (2004).

⁹⁴ Wizner, at 351.

⁹⁵ See e.g., Susan L. Brooks, *Using Therapeutic Jurisprudence to Build Effective Relationships with Students, Clients, and Communities*, 13 CLINICAL L. REV. 213 (2006).

⁹⁶ Add cite, and other elements of the movement.

⁹⁷ Id.

⁹⁸ Carolyn S. Salisbury, From Violence and Victimization to Voice and Validation: Incorporating Therapeutic Jurisprudence in A Children's Law Clinic, 17 St. Thomas L. Rev. 623, 654-55 (2005)

emphasize that these victims should be treated with dignity and respect, which will diminish the extent to which they feel coerced and gives them a sense of voluntary choice.⁹⁹ The practice of trauma-informed lawyering is a natural extension of the teachings of therapeutic jurisprudence.¹⁰⁰ Teaching trauma-informed lawyering to family law clinic students will further these therapeutic jurisprudence goals and cause students to think more about the broader clinical goal of social justice.¹⁰¹

2. Client – centered lawyering

Teaching trauma-informed lawyering in family law clinics will also reinforce one of clinical legal education's central tenets, the importance of client-centered lawyering, and its value on understanding the client's perspectives, emotions, and values, by acknowledging the possible effects of prior trauma on a client's decisions and actions.¹⁰² Client-centered lawyering is perhaps the central value in many current law school clinics, particularly in clinics which clients are individuals involved in litigation. The goals of client-centered lawyering focus on maintaining respect for a client's decision-making authority within the lawyer-client relationship. In the client-centered lawyering paradigm, the lawyer should remain neutral.¹⁰³ Unlike traditional doctrinal law school classes which focus on appellate court decisions, a clinic with a client-centered philosophy helps the client solve their identified problems, through either legal or non-legal means. The four central tenets of client-centered lawyering can be summarized as follows: 1) it draws attention to the critical importance of non-legal aspects of a client's situation; 2) it cabins the lawyer's role in the representation within limitations set by sharply circumscribed view of the lawyer's professional expertise; 3) it insists on the primacy of client decision-making; and 4) it places a high value on lawyer's understanding

⁹⁹ Bruce J. Winick, *Applying the Law Therapeutically in Domestic Violence Cases*, 69 UMKC L. Rev. 33, 63 (2000).

¹⁰⁰ Add citation.

¹⁰¹ Closely related to therapeutic jurisprudence is the literature on restorative justice, which focuses on having all of the individuals who have been affected by a particular act come together and agree on how to repair the harm. According to restorative justice principals, the focus of the process is on healing, rather than finding a way to hurt the offender in a way that would be proportional to the victim's hurt. See John Braithwaite, *A Future Where Punishment is Marginalized: Realistic or Utopian?* 46 UCLA L. Rev. 1727, 1743 (1999).

¹⁰² Katherine Kruse, *Fortress in the Sand: The Plural Values of Client-Centered Representation*, 12 Clinical L. Rev. 369, 377 (2006) (describing the cornerstones of client-centered lawyering).

¹⁰³ *Id.*, at 376.

their clients' perspectives, emotions, and values.¹⁰⁴ A lawyer's principal role in a client-centered lawyering model is to help the client solve a problem, not simply to identify and apply legal rules.¹⁰⁵ Teaching trauma-informed lawyering to clinic students in family law clinics reinforces all of the main tenets of client-centered lawyering.

Teaching trauma-informed lawyering in family law clinics encourages students to consider the non-legal aspects of a client's situation, and also places a high value on the student attorney's understanding of a client's perspectives, emotions, and values. Teaching about the possible effects of trauma on clients encourages students to look at the client outside of the narrow context of litigation, and to the other effects that her life experiences may have had on her. Additionally, trauma-informed lawyering, with its emphasis on the effects of prior trauma, persuades students to look at what the client may be seeking from the representation, and to consider whether the litigation process will achieve that goal, or whether that goal is best achieved by non-legal methods. The student-advocate must take into account the effect of the trauma on the client and the effect on the client's current decision-making, even though that decision process may be different from the process that the student is using to make a decision as a legal advocate.

The theory behind client-centered law practice is based on the influence of other social sciences on law, particularly psychology, in which empathy is considered a useful skill for supporting clients.¹⁰⁶ Law students will be better able to incorporate empathy into their interactions with clients if they are trained in trauma. The literature on emotional intelligence and the literature on the clinical pedagogy of teaching empathy focus on the legitimacy of emotions and their relevance to our actions and decisions, and also on the need and manner in which the clinical supervisor facilitates a process through which law students interpret their emotional experiences as advocates, a process which will positively affect the representation.¹⁰⁷ Trauma informed clinic students will better be able to incorporate empathy in their client interactions. Empathy can facilitate appreciation of what a given legal situation means to affected individuals. Empathy encompasses

¹⁰⁴ Id., at 377.

¹⁰⁵ Id., at 376-77 (quoting Binder's textbook).

¹⁰⁶ Emily Gould, *The Empathy Debate: The Role of Empathy in Law, Mediation, and the New Professionalism*, 36-Fall VT. B.J. 23, 24 (2010).

¹⁰⁷ See e.g., Laurel E. Fletcher & Harvey M. Weinstein, *When Students Lose Perspective: Clinical Supervision and the Management of Empathy*, 9 CLINICAL L. REV. 135 (2002); Emily Gould, *The Empathy Debate: The Role of Empathy in Law, Mediation, and the New Professionalism*, 36-FALL VT. B.J. 23 (2010).

several different phenomena: feeling the emotions of another; understanding another's situation or experience; and taking actions based on another's situation.¹⁰⁸ Empathy can be a key part of the information-gathering function of a client interview.¹⁰⁹ Similarly, the literature regarding teaching empathy to law students in a clinical context explores the concept of "identification." Identification can be defined as taking on the attitudes, behaviors, and perspectives of others.¹¹⁰ Identification and empathy allow an attorney to "enter" into the emotional state of the client,¹¹¹ which provides the attorney with a far more complex understanding of the client and the client's legal needs than would be possible by only analyzing verbal communication with the client. Teaching law students to identify trauma and its effects on clients will aid in the identification process with a client, and thus enable the student to achieve a greater empathy for and understanding of the client's perspectives and needs. Trauma-informed lawyering allows students to go a step further than the literature on teaching empathy contemplates: trauma-informed clinic students will not only achieve greater empathy with a client, but will use that empathy to adjust the attorney-client relationship or to adjust the litigation strategy.

Teaching trauma-informed lawyering in family law clinics will also encourage students to circumscribe their own view of their expertise and their role as student attorneys in the representation and will encourage students to focus on the primacy of client decision-making.¹¹² It is important to note, however, that trauma-informed clinic students will still be primarily engaged in the task of representing a client in a court proceeding. Thus, students will learn about the possible effects of trauma on clients, and about the ways in which the attorney-client relationship can be adjusted for the client's trauma experience, and how litigation strategy can be adjusted.¹¹³ All throughout the process, however, the students trained in trauma-informed lawyering will practice client-centered lawyering by focusing on the primacy of client decision-making rather than their own, even while understanding that the client's decision-making may be affected by the prior trauma experiences. In the client-centered lawyering model, the lawyer and the client work together as problem-

¹⁰⁸ John E. Montgomery, *Incorporating Emotional Intelligence Concepts into Legal Education: Strengthening the Professionalism of Law Students*, 39 U. Tol. L. Rev. 323, 336-37 (2008).

¹⁰⁹ Fletcher & Weinstein, *supra*, n. 107.

¹¹⁰ *Id.*

¹¹¹ *Id.* at 142.

¹¹² Add citation re: client-centered lawyering.

¹¹³ See prior section of this article.

solvers, and the client is able to choose what he or she wants from the lawyer and the legal system.¹¹⁴ A lawyer working in a client-centered model should listen to all of the client's concerns, not just the facts which are deemed legally relevant.¹¹⁵ By acknowledging the existence and the effects of a client's trauma, a student attorney is able to listen to a wider array of the client's concerns, and thus is practicing a trauma-informed, client-centered model of lawyering.

B. ACQUISITION OF PRACTICAL LAWYERING SKILLS: TEACHING TRAUMA-INFORMED LAWYERING MAKES STUDENTS BETTER ADVOCATES

Another central value in clinical pedagogy is that students should, though their clinical coursework, acquire practical lawyering skills, by gaining experience in practice and participating in the lawyer/client relationship.¹¹⁶ Students are generally more motivated to learn because they are given a tremendous amount of responsibility over the case of a real-life individual, and this responsibility leads to greater identification with the client and other individuals who are similarly situated.¹¹⁷ Clinics are particularly well-suited for teaching trauma-informed lawyering because students are readily able to put into practice with their clients the trauma-informed lawyering goals of identifying trauma, adjusting the attorney-client relationship, adjusting the litigation strategy, and preventing vicarious trauma.

Teaching trauma-informed lawyering, through its focus on the four goals of identifying trauma, adjusting the attorney-client relationship, adjusting litigation strategy, and preventing vicarious trauma, will cause students to become better, more effective advocates. Through learning about trauma-informed lawyering, law students will become better advocates because they will gain better interviewing skills; more effectively build trust with their clients; and more effectively tackle problems that clients face. Students will also be better prepared for hearings.¹¹⁸ After

¹¹⁴ Jane Stoeber, *Transforming Domestic Violence Representation*, 101 Ky L.J. 483, 496 (2012-2013).

¹¹⁵ *Id.* at 498.

¹¹⁶ See e.g., David Binder & Paul Bergman, *Taking Lawyering Skills Training Seriously*, 10 CLINICAL L. REV. 191, 194-95, 198 (2003).

¹¹⁷ See Carolyn Grose, *Beyond Skills Training, Revisited: The Clinical Education Spiral*, 19 CLINICAL L. REV. 489, 511 (2013). Grose refers to a student's participation in the lawyer-client relationship as "the heart of clinical pedagogy."

¹¹⁸ Parker, *supra*, n. 72.

being informed about trauma-informed lawyering, students who interview clients may be better able to identify signs of such trauma such as: clients experiencing difficulty telling their story in a linear manner; clients describing violent or upsetting events in a flat, detached matter; clients seeming disassociated or emotionally absent during interviews; and clients unable to remember key details of abuse.¹¹⁹

Jane¹²⁰ came to the Clinic seeking representation for her two Family Court cases. She had filed a Protection From Abuse petition against her boyfriend, Joe, because he had become physically abusive a few months ago, and on the last night they were together, beat her and tried to run her over with his car. Jane had a daughter, Anne, and after Jane had filed her PFA petition, pursued criminal charges against Joe, and left his apartment, Anne's father, Mark, didn't give Anne back to Jane for a month after he took her for the weekend. Jane had had to involve the police to get Anne back. Mark filed a custody modification petition asking the court to change the custody order to give him primary physical custody of Anne. Jane filed a contempt of custody petition against him for keeping Anne away from her.

The law student assigned to Jane's case called her to set up an appointment. She missed the first two appointments, and arrived two hours late for her third appointment. During her meeting with the law student, which was to begin to prepare for the PFA case against Joe, Jane only wanted to talk about Anne, and whether she might lose custody. She became very emotional when talking about the custody case. Jane was very angry with Mark for keeping Anne for so long and told the law student about how she hoped that he would be punished by the Judge for what he did. Jane did not remember when the abuse by Joe began, or when he tried to run her over, or when she went to the police. She also did not remember when Mark kept Anne from a month, or the date when she was able to get Anne back.

Rather than thinking a client is difficult or uncooperative, a student who has been taught trauma-informed lawyering will be able to recognize the preceding characteristics as signs of trauma, and will develop the skills to counteract the specific trauma symptoms which arise during client

¹¹⁹ See TILA Practice Scenarios, http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2014/01/Trauma-Informed-Legal_advocacy-Practice=Scenarios-Jan2014v4.pdf

¹²⁰ This case description is based on the experience of a client represented by Professor Haldar's clinic. Names and identifying information have been changed.

interviews.¹²¹ These skills include developing mechanisms to: interview and prepare clients' cases with minimal re-traumatization; work with emotional clients more effectively by validating their feelings ; keep clients focus or re-focus clients who are avoiding talking about a traumatic experience; help clients remember significant details; anticipate and handle clients who are late to an appointment or who miss the appointment entirely; defining the role of the legal; advocate, as opposed to a therapist or social worker; and build trust with the client. In short, teaching trauma-informed lawyering will allow students to specifically tailor their interviewing and case preparation specifically to the client's individual circumstances, which include a past trauma.

During the first meeting with Jane, the law student thought back to the guest lecture by an area psychologist regarding trauma and recognized the indicators of trauma in Jane's actions. He told her that both the abuse by Joe and having Anne taken away from her much have been very difficult for her. He told her that during that first meeting, they would talk about what she most wanted to discuss, and then he and Jane together planned a timeline of appointments to get ready for both the PFA hearing and the custody hearing. The law student explained what each hearing was for, and how the Judge would make a decision in each case. The law student let Jane know what documents she needed to bring to each meeting.

Additionally, the law student was able to use the police report filed when Jane got Anna back to determine when Mark had taken her and returned her. He also looked at Joe's date of arrest and Jane's PFA petition to get a rough timeframe of when the abuse happened, and Jane was able to add information based on that.

During a later meeting with the law student to prepare for the custody hearing with Mark, Jane revealed that as part of the abuse, Joe had forced her join him in his drug use. This was particularly emotionally difficult for Jane to discuss, because she and Anne's father Mark had both had had severe addiction issues when they were together, and they both stopped using when Jane became pregnant with Anne. Because the law student had this important bit of information, he was able to let Jane know that it was very common for custody Judges to ask litigants to take drug tests, particularly if there is a history of drug abuse. He also discussed with her the importance of continuing to attend her substance abuse meetings, which served as a support for her in staying drug-free.

¹²¹ Parker, *supra*, n. 72, at 182.

The law student went over Jane's direct examination with her several times before each hearing. He stressed the importance of being on time for the hearing, told her exactly who would be in the courtroom, and what each party might say. He emphasized that although she felt very emotional about the events, it was important to remember to answer only the questions asked of her in court. The law student reminded her the day before each time she had to be in court, and would meet her just inside the entrance to the courthouse. The custody Judge decided not to modify the order in Jane's custody case with Mark, and the Protection From Abuse Judge granted Jane a final protection order.

The enhanced interview skills that students learn when taught trauma-informed lawyering can help to nurture a trusting relationship between the client and the student lawyer. The student attorney and the client can then analyze risks, review and develop safety plans, and devise legal strategies together. Building this kind of a trusting relationship may help avoid a situation where a client does not reveal crucial information until the court hearing is underway, where otherwise a client who had experienced trauma may shut down when being asked questions for may try to take the focus away from that area, leading to a student attorney being uninformed about crucial information. In addition to hearings, building a trusting relationship between a client and a student attorney recognizes the fact that advocating effectively for a client may not always involve an adversarial, court-centered litigation strategy. In fact, any form of litigation may not be the best way for the client to achieve her goals. Encouraging a client to speak as freely as possible about the past trauma, as well as her current experiences, can lead both parties to exchange important information so that they can most productively discuss the next steps to take in a client's case. Students will also be able to more effectively prepare for hearings if they are trained in trauma-informed lawyering. Once students understand which types of events can trigger the trauma of a client, they can work to lessen that potential.¹²²

Additionally, teaching trauma-informed lawyering will also cause students to more effectively tackle clients' trauma-related problems. The two most significant problems with the domestic violence client population are mental health issues, often caused or exacerbated by the trauma and more recent trauma-related triggers, and substance abuse, which may also

¹²² See Parker, *supra*, n. 72, at p. 177-178 (discussing the importance of credible testimony in political asylum cases, where a traumatized client may have difficult expressing emotion).

be cause or heightened by a traumatic situation, particularly in domestic violence cases.¹²³

An additional important aspect of clinical pedagogy is the importance of teaching students how to integrate being lawyers with the rest of their lives as they move forward as practicing attorneys. Recent research indicates that attorneys exhibit a higher level of vicarious traumatization compared to mental health professionals, at least in part because they felt that they had not received systemic education regarding the effects of trauma in their clients and themselves.¹²⁴ If explicitly taught trauma-informed lawyering, family law clinic students will be more effectively prepared to handle their own feelings upon hearing their clients' traumatic stories, and will as a result suffer less from vicarious trauma and burnout.¹²⁵ Teaching trauma-informed lawyering in family law clinics creates foundations for students for positive self-care as they pursue and develop their legal careers.

¹²³ It should be noted that it is likely that other types of law school clinics could benefit from incorporation of trauma-informed lawyering, including immigration law, criminal law, juvenile law, and veterans' rights law. *See* Parker, *supra*, n. 72, (discussing students in immigration clinic begin confronted with traumatized client seeking asylum); Ingrid Loreen, *Therapeutic Jurisprudence & The Law School Asylum Clinic*, 17 St. Thomas L. Rev. 835, 845 (2005) (arguing that students need training in therapeutic jurisprudence topics, including trauma training in order to adequately serve traumatized clients seeking asylum); *See* Sarah Mourer, *Study, Support, and Save: Teaching Sensitivity in the Law School Death Penalty Clinic*, 7 U. Miami L. Rev. 357 (2013) (discussing students exposed to clients with trauma histories in the Miami Law Death Penalty Clinic). The criminal law context is unique in that the attorney is exposed to trauma that has been inflicted by the client, in addition to on their client. A significant body of literature exists regarding working with traumatized children involved in the legal system, including in the law school clinical context. *See* Carolyn Salisbury, *From Violence and Victimization to Voice and Validation: Incorporating Therapeutic Jurisprudence in a Children's Law Clinic*, 17 St. Thomas L. Rev. 623 (2005). *See also* Renee DeBoard-Lucas et al., *16 Trauma-Informed, Evidence-Based Recommendations for Advocates Working with Children Exposed to Intimate Partner Violence*, 32 No. 9 Child L. Prac. 136 (2013); Capt. Evan R. Seamone, *The Veterans' Lawyer as Counselor: Using Therapeutic Jurisprudence to Enhance Client Counseling for Combat Veterans with Posttraumatic Stress Disorder*, 202 Mil. L. Rev. 185 (2009).

¹²⁴ *See e.g.*, Levin, Andrew, et al., *supra*, n. 82.

¹²⁵ *Id.*, at 251-252.

III. THE PEDAGOGY OF TRAUMA-INFORMED LAWYERING: HOW TO TEACH TRAUMA-INFORMED LAWYERING IN FAMILY LAW CLINICS

While acknowledging that teaching trauma-informed practice is an important goal, clinical law professors may struggle with how to integrate it into their clinics. This next section will give concrete examples of how to achieve the teaching goals of (1) identifying trauma; (2) adjusting the attorney-client relationship; (3) adapting litigation strategy; and (4) preventing vicarious trauma.

Consider the example of the client Victoria at the beginning of this article, from the perspective of the clinical professor. The law student who worked with Victoria had been introduced to the precepts of trauma-informed practice in clinical seminar. The clinical professor had informed the students at orientation that learning to identify trauma, understand the effect of trauma on clients' behavior, and alter the attorney-client relationship and litigation strategy accordingly, were part of the teaching goals for the clinic. The clinical professor brought in an outside speaker to speak to the class about the dynamics of intimate partner violence, and also brought in a psychologist to discuss the impact of trauma on the brain, and how it may manifest. The clinical professor reinforced these lessons through reflection exercises such as case rounds, journaling, supervision and evaluation. And finally, the clinical professor introduced the concept of vicarious trauma, and educated the law students on how to prevent it, by focusing on creating space to talk about the effect the work and clients had on the students, as well as underscoring the importance of good self care. By incorporating these teaching methods into the Clinic, the clinical law professor created an environment where a client like Victoria can feel supported and empowered through the experience of representation by the Clinic, and the law student is prepared to be an excellent advocate on her behalf.

A. Identifying Trauma

To teach law students to identify trauma, the students must be made aware of the definition of trauma and why it is relevant to the practice area in the Clinic. Law students may incorrectly assume that in teaching them about trauma, we are asking them to step outside the bounds of their role as attorney; in contrast the purpose is to enhance their capacity to build an

effective attorney-client relationship.¹²⁶ In the context of family law clinics, whether the clinic has a specific domestic violence focus or not, this can be introduced by contextualizing what we know about the population that relies on family courts to resolve disputes, i.e. that there is a high prevalence of family violence.¹²⁷ In other clinical settings, there may be other common types of trauma with which clients present; for example in an immigration clinic, there may be high rates of clients who witnessed family members or other individuals be murdered or die in tragic ways. In a child or family advocacy clinic, there may be many clients who have experienced severe child abuse or neglect.

It is important to help the students shape what is meant when we refer to trauma. The word “trauma” is tossed around a lot (“*My favorite tv show is on summer hiatus and I am SO traumatized!*”; “*My child was lost in the department store for 10 minutes and I was so traumatized!*”). Although trauma is subjective to a specific individual’s ability to cope, not every bad experience is a traumatic one. By focusing on the particular commonalities and needs of the population served by the Clinic, the professor can guide students toward being alert to relevant information in the client’s history and/or experience which may have an effect on the nature of the representation.

To teach students to identify trauma, the professor may elect to bring in a psychiatrist or psychologist to class, who can speak about how trauma presents and how it affects the brain. With some research and preparation, the clinical professor may also elect to teach this information on her own. The outside speaker or the professor can also focus on some of the common ways trauma presents in the population served by the Clinic, and suggest or model strategies for working with these types of clients. While for some clients the content of the representation will be specific to the trauma experience (i.e. representation in a protection order matter regarding abuse perpetrated by the opposing party, or representation in custody matter about child abuse perpetrated by the opposing party), there

¹²⁶ Parker, *supra*, n. 72, at 169.

¹²⁷ Janet Johnson et al., *supra*, n. 18. The link between child custody decisions and domestic violence is one that has been acknowledged by state legislatures and courts. See, Naomi R. Cahn, *Civil Images of Battered Women: The Impact of Domestic Violence on Child Custody Decisions*, 44 Van. L. Rev. 1041, 1062 (1991).

are also times where the student may have to deduce that a backdrop of trauma is affecting the client's demeanor or ability to relate to the student (e.g. representation in a child welfare case concerning allegations of mother's mental health issues). With a basic understanding of how trauma may present, the student can develop a different level of sensitivity toward the client.

Frequently, students have preconceived notions about how a survivor will present; the student expects the client to be forthcoming and compliant in relaying their story. An effective way to teach law students to identify trauma, is to incorporate this learning goal into exercises focused on learning interviewing skills. For example toward the beginning of the semester, Professor Haldar utilizes Laurie Shanks' *storytelling exercise* to teach students about how difficult it sometimes is for clients to share intimate details of their lives.¹²⁸ In this exercise, students are paired in class and then asked to tell a story to each other about something that changed their life; the other student is then charged with telling his/her partner's story to the rest of the class, and a discussion ensues about the challenges and obstacles of telling someone else's narrative.¹²⁹ Although not specifically a trauma-related exercise, this can create a forum to underscore some of the barriers to effective fact gathering with clients who have experienced trauma. As Psychologist Judith Eidelson has hypothesized, some of these internal barriers for the interviewer may include fear of what we might have to hear, fear of not knowing how to respond, fear of losing composure, our own moral judgments, and idealization of the trauma survivor followed by disillusionment.¹³⁰

It is critical that the student attorney aim to ensure that their representation does not exacerbate harm done to the client or create additional harm.¹³¹ A key way that clients' trauma history may affect

¹²⁸ Laurie Shanks, *Whose Story is it, Anyway? – Guiding Students to Client-Centered Interviewing Through Storytelling*, 14 *Clinical L. Rev.* 509, 516-517 (2008).

¹²⁹ *Id.*, at 518-526.

¹³⁰ Judith Eidelson, *Representing Traumatized Clients*, Presentation at the Phila. Bar Assoc. Family Law Section Monthly Meeting, Nov. 4, 2013.

¹³¹ Mary Malefyt Seighman, Erika Sussman & Olga Trujillo, REPRESENTING DOMESTIC VIOLENCE SURVIVORS WHO ARE EXPERIENCING TRAUMA AND OTHER MENTAL HEALTH CHALLENGES: A HANDBOOK FOR ATTORNEYS (Nat'l Center on Domestic Violence, Trauma & Mental Health 2011), at 5.

representation is that it can make it difficult to get the whole story (because of avoidance) and to get a consistent story (traumatic memories get stored in the brain in disconnected ways).¹³² In addition to disruptions to the client's memory of the relevant events, the client may experience shame, hopelessness, traumatic flashbacks and/or distrust in being asked about the traumatic events.¹³³ Because trauma presents differently in different individuals, it is helpful to make students aware that it is quite common for a trauma survivor to present as withdrawn and with flat emotion, *or* to flood with an overload of information, *or* to be angry and/or suspicious.¹³⁴ Through hypotheticals or role plays, the professor can brainstorm with the students effective strategies for working with each type of client. For example, with the withdrawn client, it can be helpful to help the client feel more in control of the interview by affirming how difficult it is to share the information.¹³⁵ With the flooding client, it can be valuable to be upfront and transparent about the goals and focus of the interview.¹³⁶ With the angry or suspicious client, it can be beneficial to validate the client's frustration while not getting defensive.¹³⁷

All of the above teaching strategies can be reinforced throughout the students' work in the Clinic through supervision and reflection. The student may need help or feedback around why a particular client interview did not go as smoothly as planned, or assistance with strategizing how to most effectively handle a particularly challenging client interview. Not every student will immediately draw the connection between the lessons learned about trauma in class, and a client's particular behavior. In the authors' clinics, we frequently revisit how a client's trauma history may be affecting the student attorney-client relationship through supervision and case rounds.

B. Adjusting the Attorney Client Relationship

Once students learn to identify trauma in their clients, the next step is to enable the student to make adjustments to their strategy for building an attorney-client relationship. As mentioned above, an outside speaker or the

¹³² Eidelson, *supra*, n. 89.

¹³³ Id.

¹³⁴ Id.

¹³⁵ Id.

¹³⁶ Id.

¹³⁷ Id.

clinical professor can teach students about how trauma or indicators of trauma may manifest in clients. In the family law context, both Professor Katz and Professor Haldar respectively bring in outside speakers from a local domestic violence agency, who can talk about the dynamics of domestic violence. These speakers introduce the students to basic concepts like the idea that domestic violence is about power and control,¹³⁸ that there is a cycle of abuse.¹³⁹ Without this backdrop, it can be hard for students to understand why their clients behave in certain ways: *Why did she decide to drop this protection order?*¹⁴⁰ *Why didn't she show up to court, I thought this case was important to her!*¹⁴¹

Once students are informed about the effects their clients' trauma experience may have on the client's behavior, the clinical professor can help the students develop strategies for working with these clients. This can be integrated into lessons on client counseling through hypotheticals or simulations, as well as addressed through supervision and reflection. Because trauma presents differently in different clients, students need to be versed in a wide array of strategies. Students should learn that working with clients with trauma experience requires investing extra time in the attorney-client relationship, perhaps scheduling more in-person meetings than might otherwise be usual practice, and being particularly patient and consistent with the client. Student can also help the client identify and acknowledge how the trauma experience impacts their interactions with their student attorney, the opposing party or the Judge. Transparently engaging the client in developing solutions can be empowering to the client and lays a strong foundation for a meaningful attorney-client relationship.¹⁴² The student can also become versed in contemplating non-legal solutions with the client, such as trauma-informed therapy, connections to other social services or supports, or reliance on trusted family or friends.

Clinical professors should be mindful that students, just like clients, may also present with their own trauma history. Working with particular clients may present triggers for certain students. While this will be

¹³⁸ See generally, Lenore E. Walker, *THE BATTERED WOMAN* (Harper & Row 1979).

¹³⁹ *Id.*

¹⁴⁰ James C. Roberts, Loreen Wolfer & Marie Mele, *Why Victims of Intimate Partner Violence Withdraw Protection Orders*, 23 J. Fam. Viol. 369 (2008).

¹⁴¹ Avoidance is one common way trauma manifests. See, Eidelson, *supra*, n. 89.

¹⁴² Seighman, *supra*, n. 90, at 7.

addressed further in the discussion of vicarious trauma in Section (IV)(D), the clinical professor can help students be mindful that the experience of listening to someone else's trauma history is not neutral. The students can be encouraged to be reflective with regard to their own reactions and responses to clients.

C. Adapting Litigation Strategy

Preparing a client with trauma experience for court requires particularized strategies which law students can learn through a Clinic. To the extent that the client may have to testify about the traumatic events, many triers of fact might assume that if something really horrible happened that the client will be able to testify about it with great specificity.¹⁴³ In contrast, clients with trauma experience often make terrible witnesses for a variety of reasons.¹⁴⁴ First, because the brain stores memories in mismatched ways, the client may literally be unable to linearly present a narrative of what occurred.¹⁴⁵ Second, the client may not remember key elements of what occurred; while this may make a trier of fact question client's credibility, it is a quite normal trauma reaction.¹⁴⁶ Third, a client's emotions or lack thereof may unnerve or misguide the trier of fact: the client may appear with a flat affect; or the client may want to tell the full story in a rush of hysterical emotion; or the client may appear angry (thus making them seem like the aggressor) or the client may simply disassociate and not be able to articulate what happened at all.¹⁴⁷

Extra time spent on preparation can go a long way in making the litigation process palpable for clients with trauma experience. The student

¹⁴³ Joan Meier, *Symposium: Domestic Violence, Child Custody & Child Protection: Understanding Judicial Resistance And Imagining Solutions*, 11 Am. U. J. Gender Soc. Pol'y 657, 662 (2003) ("The failure of many courts to apply new understandings of domestic violence in cases concerning custody actually contrasts sharply with the demonstrable increases over the past ten years in judicial awareness and sensitivity to domestic violence in more standard "domestic violence" cases, such as civil protection orders or criminal prosecutions.").

¹⁴⁴ Parker, *supra*, n. 71, at 171.

¹⁴⁵ Eidelson, *supra*, n. 89.

¹⁴⁶ Parker, *supra*, n. 71, at 171.

¹⁴⁷ Eidelson, *supra*, n. 89. One client, after repeated questioning about the history of intimate partner violence between the parties simply blurted out "he has a hand problem!" (meaning 'he puts his hands on me').

can spend extra time preparing the client for what to expect in the courtroom, reviewing details as mundane as where everyone will sit or stand, to what types of questions will be asked. The more the experience of court can become normalized and predictable for a client, the more likely they will be able to cope. In addition, because constantly re-telling the story of the traumatic events can be re-traumatizing for the client, dividing the preparation into shorter sessions can help minimize the risk of re-traumatization.¹⁴⁸

Students can utilize extra preparation time to work on mental safety-planning with the client. For example, the student can work with the client around how they will handle being asked difficult questions, or where to focus their energy when the opposing party is talking. The student and client can set up a safety signal, whereby the student can ask for a break in the testimony should it become too overwhelming for the client. Allowing the client to be an active participant in planning for how to handle going to court can help empower the client and normalize the experience of the court hearing.

The student can spend extra time preparing the client for the worst possible case outcomes (e.g. *The worst thing that may happen is that the Judge grants his petition for shared custody*). Being able to visualize the possible results will help normalize the experience of court.

Finally, although difficult, students can seek to educate the trier of fact about dynamics of trauma through the litigation process.

D. Preventing Vicarious Trauma

Perhaps the most crucial aspect of the pedagogy of teaching trauma-informed lawyering in family law clinics, and certainly the aspect that students have the greatest need to carry forward with them in their legal practice, is the awareness of vicarious trauma and the need to take preventive measures against its effects. In the authors' clinical courses, the possibility and effects of vicarious trauma are explicitly taught. When new students begin, as mentioned previously, a psychologist speaks with the students about the effects of trauma on clients, but also discusses the issue of vicarious trauma and how to identify vicarious trauma symptoms and also to protect oneself against vicarious trauma. Students read material about the effects of trauma and the effects of vicarious trauma on

¹⁴⁸ Parker, *supra*, n. 72, at 176.

professionals who work with trauma survivors, and discuss the effects of vicarious trauma in class.

1. Teach students to identify signs of vicarious trauma
 - Outside speaker or teach on own
2. Teach strategies to prevent vicarious trauma
 - High point/low point exercise
 - Journal about VT explicitly
 - Model good self care & encouraging good self care
 - Creating space for students to talk/reflect on own trauma experience
 - Case distribution
 - Discussing limits of family court system
 - Raising awareness of trauma-informed services for clients
 - case rounds

CONCLUSION