

## The Inclusive Office: As we experience collective trauma, start practicing trauma-informed care

By: Special to The Daily Record Heather Neu April 30, 2020



We are all experiencing trauma right now. Though it may feel like getting through the day is a struggle, we will get through this (and focusing on yourself and your family should be your first priority) — but we can use our experience with trauma right now to improve our professional responses to our clients' traumas. I intend to provide a basic introduction to trauma and Trauma-Informed Care. Trauma-Informed Care shifts the paradigm from "what is wrong with them?" to "what has happened to them?" I encourage everyone to spend time learning more about and planning ways to implement this approach in your practices.

Right now, we are all experiencing collective trauma. Dr. Dana Garfin, a health psychologist, explains that the experience of staying home together through a pandemic can be considered a collective trauma. Dr. Vaile Wright, the American Psychological Association's director of clinical research and quality, describes our "grief [for] experiences that we are losing right now. There can feel like there is a lot of loss right now, a loss of freedom, a lot of things we took for granted."

Trauma manifests in innumerable ways every day for minorities. Dr. Martha Merchant, a licensed clinical psychologist, describes sociocultural trauma as the "trauma caused by implicit and explicit bias (e.g. racism, sexism, ableism)." People who have "minority" statuses (i.e. they are not considered to be the "default" or "dominant" identity — like people of color, while whiteness is default and dominant; women or transgender people, while cis-maleness is dominant; wheelchair users, while unassisted physical mobility is considered default) regularly face systemic and institutionalized barriers. The National Child Traumatic Stress Network acknowledges that the relentless nature of these unequal barriers results in "the compounding impact of structural inequity."

Other common traumas are those experienced by/as children. Child Trends' Dr. Jessica Dym Bartlett and Vanessa Sacks define adverse childhood experiences (ACEs) as a subset of childhood adversities, typically in seven categories: physical, sexual, and emotional abuse; having a parent experience domestic or intimate partner violence;

living with someone who was mentally ill; living with someone who abused alcohol or drugs; and incarceration of a member of the household. Research has conclusively demonstrated that the more ACEs experienced, the more likely that child is to experience worse physical and mental health outcomes (e.g., heart disease, substance misuse, mental illness) as adults.

As trauma is prevalent among the entire population, Trauma-Informed Care is relevant to all clients and areas of practice. In addition to understanding the prevalence of trauma, it is also important for Trauma-Informed Care to be familiar with Maslow's hierarchy of needs in order to properly appreciate how incidents of trauma can so significantly impact every aspect of a client's life. Dr. Abraham Maslow conceptualized human motivation as a pyramid with five levels; the levels represent five categories of needs, with "higher" needs being dependent on the satisfaction of "lower" needs. Ergo, if your "lower" needs are not being met, finding satisfaction of your "higher" needs is increasingly difficult. The first or lowest category of needs is physiological: biologically basic needs, such as the need for water, food, or air. The second is safety: the need to feel physically and emotionally safe from threat and harm. The third is love and belonging: the need to feel fully supported by another and to provide the same. The fourth is self-actualization: the need to become the best version of yourself. The fifth or highest need is esteem: the need to genuinely appreciate and respect oneself. According to *Psychology Today*, "most normal adults can be thought of as working, generally, on the upper parts of the pyramid. But the coronavirus situation, a worldwide pandemic, has knocked many of us, regardless of where we may have been 'on the pyramid' just a few weeks ago, to the bottom of the pyramid."

University at Buffalo's Institute on Trauma and Trauma-Informed Care defines Trauma-Informed Care ("TIC") as an approach "that assumes that an individual is more likely than not to have a history of trauma. Trauma-Informed Care recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life." TIC emphasizes respecting and appropriately responding to the effects of trauma. It is important for legal professionals to remember that the intention of TIC is not to treat your client's symptoms of abuse or trauma, but to provide services in an accessible and appropriate manner to clients who may have experienced trauma. Failing to use TIC increases the likelihood of triggering or exacerbating trauma symptoms and re-traumatizing clients.

The Five Guiding Principles of TIC are Safety, Choice, Collaboration, Trustworthiness, and Empowerment. The first step of TIC is to ensure you address your client's physical and emotional safety. Next, the client needs to know that you are trustworthy, which can be demonstrated by establishing clear and consistent boundaries as well as clear expectations of both your and your client's responsibilities throughout the course of representation. Choice means allowing the client as much control as possible over their service experience while maintaining a collaborative approach. This can be offering them choices such as: meetings in-person, over the phone, or with Zoom (since we're

all pros now); a more fulsome discussion of alternative dispute resolution options; or pleading an "old" ground for divorce while pleading no-fault in the alternative. Studies show that more control and collaboration results in increased participation by the client and increased satisfaction for services rendered. Finally, use positive reinforcement methods and identify your client's strengths and empower them to build on those strengths.

Dealing with our own trauma right now is a significant task. Focus on yourself first (like they tell us on airplanes, secure your own facemask first). But as we begin to think about how we get back to "normal," we must also recognize how we have changed and what we have learned during this time. We can all better empathize with our clients and work to incorporate Trauma-Informed Care into our practices.

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