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Enhancing Legal Advocacy: Trauma-Informed Representation to Clients who Exhibit Mental Health Challenges
Welcome & Thank You

- Disability Rights Wisconsin
  - Protection & advocacy services for people with disabilities of all ages throughout Wisconsin
- Office on Violence Against Women, U.S. Department of Justice => Wisconsin’s Violence Against Individuals with Disabilities & Deaf Project:
  - Disability Rights Wisconsin
  - End Domestic Abuse Wisconsin (formerly Wisconsin Coalition Against Domestic Violence)
  - Wisconsin Coalition Against Sexual Assault

Overview for Today

- Examine some general behaviors and symptoms related to psychiatric disabilities;
- Define trauma and recognize its connection to and impact on legal advocacy for MVLC clients; and
- Identify practical strategies to enhance legal advocacy.
Our Focus

• Who are we talking about?
  • Individuals exhibiting mental health challenges, which may include people diagnosed or labeled with:
    • serious or persistent mental illness or psychiatric disabilities,
    • traumatic brain injury,
    • intellectual disabilities, including individuals on the Autism spectrum.

• Why are we talking about them in this context?

Psychiatric Disabilities

• Encompasses numerous psychiatric disorders
• Vary in their severity
• Often disrupts a person’s thinking, feelings, mood, and ability to relate to others
• Manifests in a persistent depressed mood, unrelieved anxiety, or an inability to cope with ordinary demands of life
• Caused by many factors or sudden events
• Some people may carry a predisposition

General Information on Psychiatric Disabilities

• Some are biological:
  • a person is hereditarily predisposed to a disorder,
  • stress or being in crisis can trigger the disorder.
• Some are a manifestation of coping responses developed to survive past traumatic experiences (Post-Traumatic Stress Disorder (PTSD)).
• Psychiatric diagnoses include:
  • mood disorders (e.g., depression and bipolar disorder), and
  • thought disorders (e.g., schizophrenia and dissociative disorders).
• Negative assumptions about people with psychiatric disabilities are stigmatizing.
• Fears often are raised when someone takes psychotropic medications, even though when well used, for some people, the medication helps them to think more clearly.
Activities that people with these challenges might have trouble doing

- Screening out environmental stimuli
- Sustaining concentration
- Maintaining stamina
- Handling time pressures and multiple tasks
- Interacting with others
- Responding to negative feedback
- Responding to change

Issues that Affect Mental Health

- How we handle stress, conflicts or loss all have an effect on our mental health.
- Other factors (e.g., housing, environment, finances, work) affect our ability to deal with life.
- Some people are VERY resilient and can bounce back when faced with upsetting events, while others don't cope so well and then we say their mental health was affected by the events.
- Some current behaviors and/or symptoms might have originated as coping responses to traumatic events.

What is a traumatic event?

Any event that is painful, distressful, or shocking, which disrupts and overwhelms a person's nervous system:

- Violence
- Maltreatment or abuse
- Exploitation
- Abrupt change in health, employment, living situation
- Neglect and deprivation
- War or armed conflict
- Natural or human-caused disaster
What is trauma?

- Refers to extreme stress that overwhelms a person’s ability to cope.
- Extreme stress resulting from:
  - Threat to life
  - Threat to bodily security
  - Threat to sanity.
- A person’s subjective experience determines whether or not an event is traumatic.

Stress Response and the Brain

- If there is danger...
  - the ‘thinking brain’ shuts down, allowing the doing brain to act.
- If there is no danger...
  - the ‘thinking brain’ goes back to normal functioning.

Triggers: ‘Doing Brain’ Takes Control

A conditioned response that happens automatically when faced with a stimuli associated with a traumatic experience.

- Coping strategies: brain is more sensitive to danger
- Past and present danger become confused
- Respond as if there is current danger
- Interactions with others often serve as triggers
Potential Triggers

- Lack of control-powerlessness
- Threat or use of force
- Observing threats, assaults, others engaged in self-harm
- Isolation
- Physical restraints – handcuffs, shackles
- Interacting with authority figures
- Fear based on lack of information
- Lack of privacy
- Removal of clothing – strip searches, medical exams
- Being touched – pat downs
- Being watched
- Loud noises
- Darkness
- Intrusive or personal questions
- Being in a locked room

Pause for Attendance Code

The speaker will read part one of the attendance code for online viewers.

Trauma-Informed Interactions

- “Informed interactions”
- Each person defines her boundaries and asks for respect in ways that help her feel safe.
- Acknowledge that not everyone is able to assert herself skillfully.
- With awareness, we can try to understand what she is asserting and help her achieve her desired outcomes.
- Recognize how much control we take in everyday interactions.
“Control leads to compliance; autonomy leads to engagement.”

― Daniel H. Pink, Author

Impacts of Compliance
- Positional and personal authority
- Power imbalances
- Point of View
- Impacts relationships: attorney – client relationship
- Why does it matter?
  - Engagement, not compliance, allows for informed consent.

Trauma-Informed Approaches to Legal Advocacy
- Demonstrate validation
  - Accept the person’s experience without judgment or making discrediting statements.
- Person-first language and appropriate engagement are critical to providing effective response and ensuring clients are not further traumatized.
  - “What happened to you vs. what’s wrong with you.”
Intention and Perspective

- Intention (Volunteer Attorney)
  - To be helpful
- Person on the receiving end (Client)
  - Might not experience it as helpful

POINT OF VIEW – IT MATTERS and

It impacts Legal Advocacy => requires some self-reflection

What do you see? How does she feel?

- How she presents?
  - Inappropriate
  - Manipulative
  - Out of control
  - Disruptive
  - Unmotivated
  - Distractible
  - Delusional

- What’s underlying the behavior?
  - Confused
  - Afraid
  - Coping
  - Disappointed
  - Angry

Trauma’s Impacts

**Emotional Difficulties**
- Managing feelings
- Chronic anxiety
- Empathizing
- Low frustration tolerance
- Expressing needs, thoughts, concerns using words

**Cognitive Difficulties**
- Understanding what is being said
- Doing things in logical sequence
- Multiple ideas at one time
- Maintaining focus
- Working with time
Impacts (continued)

**Social Difficulties**
- Accurately assessing social cues
- Connecting with others
- Seeking attention in appropriate ways
- Appreciating how one's behavior impacts others

**Handling Change**
- Impulsivity
- Adaption to change
- Managing unpredictability, uncertainty

To learn more check out the Wisconsin ACEs research study online at

http://wichildrenstrustfund.org/files/WisconsinACEs.pdf

Considerations for Trauma-Informed Legal Advocacy

- Timing
- Pace
- Tracking or sequencing
- Trust
- Collaboration
- Asking versus assuming
- Physical environment
- Emotional environment
- Warm referrals

Think about:
- Police reports
- Treatment Records:
  - Psychiatrist/Psychologist/Mental Health Clinician
  - Treatment provider staff
  - Emergency room notes
  - Nursing notes
  - Restraint and/or seclusion records
- Reports versus characterizations
  - Facts
  - Context
  - Trauma responses
Resources

- Separate handouts

- National Center for Domestic Violence, Trauma and Mental Health
  www.ncdvtmh.org
  Trauma-Informed Legal Advocacy at the Center, contact:
  Rachel White-Domain, J.D.
  rwhitedomain@ncdvtmh.org

- Peer-led WARMLINE in Milwaukee: peer-run, non-crisis support line
  Phone: 414-777-4729
  Hours: 7-11pm, Monday, Wednesday, Friday, Saturday, Sunday

Final Attendance Code

The speaker will read part two of the attendance code for online viewers.