

Teaching Law Students: Lessening the Potential Effects of Vicarious Trauma

M . L Y N N E J E N K I N S *

I. INTRODUCTION

Vicarious trauma is hardly a new phenomenon, yet it is not widely known or understood outside the counselling professions. In 1990 Lisa McCann and Laurie Anne Pearlman published an article¹ in which they first coined and defined the term and condition known as vicarious trauma to describe a “new theoretical context for understanding this complex phenomenon,”² where helpers begin to display a constellation of symptoms comparable to their traumatized clients’ set of symptoms. Prior to McCann and Pearlman’s article, a handful of research and subjective observations focused on therapist reactions to traumatized clients but failed to understand gradual buildup of effect.³ In the years to follow, the literature

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¹ IL McCann & Laurie Anne Pearlman, “Vicarious Traumatization: A Framework for Understanding the Psychological Effects of Working with Victims” (1990) 3:1 J of Traumatic Stress 131.

² *Ibid* at 132.

³ Laurie Anne Pearlman & Karen W Saakvitne, *Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors* (New York: WW Norton, 1995) at 5 [Pearlman & Saakvitne, *Trauma and the Therapist*].

and research in the field expanded to include other helping professions.⁴ In *Transforming the Pain: A Workbook on Vicarious Traumatization*, Karen W Saakvitne and Laurie Anne Pearlman⁵ list criminal defence lawyers as being at risk for vicarious traumatization. Since then, lawyers working in the areas of civil law, child protection, family law, and refugee and immigration law have been identified as susceptible.⁶ There appears to be an emerging trend in the field of law which is starting to address the role of vicarious trauma.

The idea that lawyers might be affected by the stories they hear is, for the most part, news in a profession largely concerned with objectivity and professional distance. Noticing one's own thoughts, feelings, bodily sensations, actions, or behaviour as sources of concrete information in an effort to understand responses and reactivity to disturbing material is not considered necessary to the effective practice of law. In the legal profession, logic dominates over feelings, which tend to be treated with suspicion.

However, if the literature is to be credited, lawyers are not immune from the effects of vicarious trauma. Family lawyers are "challenged by the emotional aspects of representing families."⁷ For Refugee Immigration lawyers the emotional aspects may well be compounded when the law fails victims and a client faces deportation, further violence, and possible death. When we support persons who have been victimized, whatever our profession, we face the worst aspects of humanity and cannot help but be changed by exposure to distressing imagery, cruelty, and suffering.

This paper provides an overview of an evolving module taught to law students at the start of their placement. It argues for the necessity of teaching law students about the possible effects of encountering explicit and painful

⁴ See e.g. Lila Petar Vrkleviski & John Franklin, "Vicarious Trauma: The Impact on Solicitors of Exposure to Traumatic Material" (2008) 14:1 *Traumatology* 106; see also Andrew P Levin & Scott Greisberg, "Vicarious Trauma in Attorneys" (2003) 24 *Pace L Rev* 245.

⁵ Laurie Anne Pearlman & Karen W Saakvitne, *Transforming the Pain: A Workbook on Vicarious Traumatization for Helping Professionals who work with Traumatized Clients* (New York: WW Norton, 1996) at 20 [Pearlman & Saakvitne, *Transforming the Pain*]; see also Pearlman & Saakvitne, *Trauma and the Therapist*, *supra* note 3 at 31.

⁶ Lynette M Parker, "Increasing Law Students' Effectiveness When Representing Traumatized Clients: A Case Study of the Katharine & George Alexander Community Law Center" (2007) 21:2 *Geo Immig LJ* 163 [Parker]; see also Barbara Glesner Fines & Catherine A Madsen, "Caring Too Little, Caring Too Much: Competence and the Family Law Attorney" (2007) 75:4 *UMKC L Rev* 965 [Fines & Madsen].

⁷ *Ibid* at 965.

material, while giving them the tools to help mitigate these sometimes inevitable effects. Such tools help support mental and physical health so that law students may skilfully work on behalf of clients. The module content defines trauma and its symptomatology, details the impact on helpers who work with this population, and outlines strategies that help mitigate the effects of trauma. What follows proposes to expand the awareness of those who teach law students and questions whether it is sufficient that “lawyers are trained to assume that the only things relevant to their relationship with their clients are how well they know the law and how well they can read and apply it.”⁸

II. STUDENT FIELD PLACEMENT

The student placement is at the Barbra Schlifer Commemorative Clinic, a violence against women (“VAW”) agency in Toronto, Ontario, where counselling, legal representation, and interpreter services are provided to women experiencing a range of forms of violence. The work consists of supporting women sixteen years of age and older. The population served includes women fleeing their country of origin as a consequence of gendered violence and lack of state protection while other women experience intersectional violence as a result of precarious status, poverty, discrimination, and systemic oppression. All clients are traumatized. The Legal Department has two family law lawyers and one refugee immigration lawyer in addition to three court support workers. The Counselling Department offers group and individual therapy, psychosocial assessments and reports, as well as case management and advocacy. The Interpreter Service Department provides interpretation in over ninety languages as well as in American Sign Language and Deaf interpretation. All staff are women. Volunteers and students are primarily women. All direct client work is done by women. We are situated in one of the most racially and ethnically diverse cities in Canada, where economic disparity between the haves and have-nots is growing. Staff, students, and volunteers are reflective of the diverse communities the agency serves.

⁸ Professor Marjorie A Silver, Dr Sanford Portnoy & Professor Jean Koh Peters, “Stress, Burnout, Vicarious Trauma, and Other Emotional Realities in the Lawyer/Client Relationship: A Panel Discussion” (2004) 19:4 *Touro L Rev* 847 at 849 [Silver, Portnoy & Peters].

The agency is unique in many aspects. There is a consistent working relationship among all three departments where collaboration, support, and information are exchanged in an effort to serve clients while maintaining each of our distinct professional standards of privacy and confidentiality. Perhaps it is because of this unique configuration and our awareness of the impact of trauma not only on our clients but also on ourselves that we identified a number of years ago the need for specialized training to our law students.

At specific times of the year, the agency receives an influx of new law students. There is an established curriculum in which a recently developed section trains these students on trauma and vicarious trauma. We have delivered that training because trauma is ever-present in the work environment, and training law students on how to mitigate the effects of vicarious trauma is not only beneficial, it is essential.⁹

III. THE MODULE

A. Defining Trauma Effects & Vicarious Trauma

The purpose of training students about vicarious trauma is fourfold: to help students develop skills to enable them to respond competently to the emotions, reactivity, and responses of traumatized clients; to help students cope with their own emotions, reactivity, and responses to clients' collective trauma symptoms; to develop a vicarious trauma action plan; and to prepare students to be more effective lawyers when working with this population as this work has the potential to be personally and professionally destabilizing. When I meet with new students I teach them how to identify the signs and symptoms consistent with trauma in order to better understand clients, what vicarious trauma is and what factors may increase the risk of vicarious trauma, along with how to take care of oneself.¹⁰

Students know in advance and as part of their placement that they will be working with, for example, survivors of childhood sexual abuse, adult sexual assault and partner abuse, human trafficking and/or forced marriage.¹¹

⁹ I am grateful to Karen W Saakvitne and Laurie Anne Pearlman. Module content relies on Pearlman & Saakvitne, *Transforming The Pain*, *supra* note 5; Pearlman & Saakvitne, *Trauma And The Therapist*, *supra* note 3.

¹⁰ Module content is informed by Parker, *supra* note 6.

¹¹ If students are not working in a location where this population is served, I would argue it is still useful to teach students how to identify those clients who may be survivors of

Students are quite savvy in that they are able to define interpersonal trauma. What they may not know is the impact to clients and themselves.

At the start of the training, I familiarize students with the condition known as post-traumatic stress disorder that is defined in the *Diagnostic and Statistical Manual of Mental Health Disorders* (the DSM).¹² In addition, I teach students to identify the signs and symptoms of trauma consistent with complex post-traumatic stress. Judith Herman first invented the term and defined the condition in *Trauma and Recovery: The Aftermath of Violence - From Domestic Violence to Political Terror*.¹³ It is not recognized in the DSM. Complex post-traumatic stress captures the signs and symptoms that are a result of pervasive negative and chronic repetitive trauma, where loss or lack of control, captivity, and entrapment are central features whereby there is no means of escape. The survivor often displays psychological fragmentation, loss of a sense of safety, difficulty trusting others, loss of self-worth, and a disorganized attachment style. There is a tendency for the person to have experienced a pattern of significant abuse.

The majority of the agency's clients would meet the criteria for complex post-traumatic stress. Although not an exhaustive list, other signs that a client is a trauma survivor are irritability or outbursts of anger, difficulty concentrating, hypervigilance, an exaggerated startle response where routine (or what appear to be unthreatening) cues in the environment may cause her to be frightened. She may also have repetitive and frightening dreams. A frightening event may be spontaneously recalled without consciously bringing it to mind. For the client, the memory feels as if it is happening in the here and now; the memory is highly charged and causes her great emotional distress and physical suffering. Paradoxically, a client may have no, little, or fractured memory of a critical incident. The client may have chronic physical pain for which there is no medical explanation. There is a sense for the client that the future is empty and she has nothing to look forward to, as life holds

trauma. If a student observes that a client is manifesting collective trauma symptoms then the hope is that this would prompt the student to intentionally notice his or her own distressing emotions and apply strategies that would attend to his or her own well-being.

¹² American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Health Disorders*, 5th ed (Washington, DC: American Psychiatric Association, 2013). The DSM-5 is not without its detractors and students are made aware of criticisms.

¹³ Judith Herman, *Trauma and Recovery: The Aftermath of Violence - From Domestic Abuse to Political Terror* (New York: Basic Books, 1992).

little promise. The client may state that she has difficulty falling or staying asleep. She may be suicidal.

In taking students through an overview of the possible psychological states of clients, my aim is to have them think about their own role in the traumatic continuum when talking about vicarious trauma. Consequently, definitions are crucial to clear thinking and skilled engagement. I find it useful, therefore, to delineate the nuances between burnout, compassion fatigue, secondary trauma, countertransference, and vicarious trauma as there is some confusion in the literature. Compassion fatigue, vicarious trauma, and secondary trauma have been used interchangeably.¹⁴ Although some of these terms share common elements, each is subtly different. For example, burnout and countertransference happen across professions, whereas vicarious trauma is specific to those of us who work with traumatized populations. Burnout and vicarious trauma may simultaneously be present, but each is unique. Mismanaged, vicarious trauma can lead to burnout. Burnout is potentially avoidable, while vicarious trauma, according to Pearlman and Saakvitne, is inevitable.¹⁵ Countertransference responses may trigger vicarious trauma, and so on.

What is distinct about vicarious trauma is that its cumulative effects transform helpers. Working with traumatized clients changes us.¹⁶ I inform students that if counsellors work long enough with traumatized populations, at some point they will likely experience personal and/or professional crises:

¹⁴ See Charles R Figley, ed, *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized* (New York: Routledge, 1995) [Figley]; see also Sharon Rae Jenkins & Stephanie Baird, "Secondary Traumatic Stress and Vicarious Trauma: a Validational Study" (2002) 15:5 *J of Traumatic Stress* 423; Charles R Figley, ed, *Treating Compassion Fatigue* (New York: Routledge, 2002); Brian E Bride, "Prevalence of Secondary Traumatic Stress among Social Workers" (2007) 52:1 *Social Work* 63.

¹⁵ Pearlman & Saakvitne, *Trauma and the Therapist*, *supra* note 3 at 31.

¹⁶ Julaine Rose & Isabel Ulloa Ott, *Perceptions of Social Work Professionals with regards to the Prevalence of Vicarious Trauma among Social Workers in the Child Welfare Field* (Masters of Social Work Thesis, California State University, Sacramento, 2011) online: <<http://csusd-space.calstate.edu/bitstream/handle/10211.9/1203/Complete%20Project.Ott.Rose.pdf?sequence=1>> [Rose & Ott]; see also Laura J Schauben & Patricia A Frazier "Vicarious Trauma The Effects on Female Counselors Working with Sexual Violence Survivors" (1995) 19:1 *Psychology of Women Quarterly* 49. According to Schauben and Frazier, the more trauma survivors on a worker's caseload, the more likely the worker has elevated symptoms of vicarious trauma.

what John Briere refers to as an “existential confrontation,” where we recognize how easily our own health and well-being are negatively affected.¹⁷

I explain to students that once we cross this threshold, we will never be the same nor can we go back to the world view we once held or to the person we were before we took the step to work with survivors of trauma. We are transformed because we care about other people who have been hurt and we are committed to helping them. We see, hear, and sometimes experience for ourselves first-hand the worst aspects of humankind and cannot ever “unknow” what we have learned. Assumptions are forever ruptured about who we are, about our personal safety in the world and, even more so, about the decency, kindness, honesty, and integrity of humankind; however, helpers who are themselves survivors of trauma have always known these realities to be evident. According to Saakvitne and Pearlman, vicarious trauma is the transformation of inner experience as a result of feeling empathy for and with survivor clients and their suffering.¹⁸ “Simply put, when we open our hearts to hear someone’s story of devastation or betrayal, our cherished beliefs are challenged and we are changed.”¹⁹

Students often reflect at this point on their own experience of law school where they notice little room for emotion. Victims tend to be “othered”²⁰ in an effort to define as essentially different those who practice the law and those who seek redress through the law. The law is not exceptional in this regard. Dominant cultures in the Western world tend to harshly judge and pathologize intense feelings, especially fear, and protracted periods of sorrow in both genders, but especially anger in women. Such value systems also have a propensity to victim blame.²¹ As students digest the fact that exposure to a

¹⁷ John Briere, “Working with Trauma: Mindfulness and Compassion” in CK Germer & RD Siegel, eds, *Wisdom and Compassion in Psychotherapy: Deepening Mindfulness in Clinical Practice* (New York: Guilford, 2012) 265 at 265 [Briere].

¹⁸ Pearlman & Saakvitne, *Transforming the Pain*, *supra* note 5 at 25.

¹⁹ *Ibid.*

²⁰ Edward Said, *Orientalism: Western Conceptions of the Orient*, (New York: Knopf Doubleday Publishing Group, 1979). The term “othering” and concept are primarily associated with Edward Said. Said defined “othering” as a process whereby members of a social group exert cultural domination by separating themselves from, or asserting power over, another group by interpreting the latter as fundamentally dissimilar.

²¹ My thinking in this regard is shaped by Briere, *supra* note 17 at 265. “This may be especially true in Western cultures, with their tendency to pathologize extended sadness or fear, blame the victim, and encourage emotional numbing and externalization in response to painful experience.” The difference here is that I have used a gender lens.

client's trauma is traumatizing to helpers and that they may likely develop some comparable symptoms, they begin to understand that they are not distant from or fundamentally unlike clients. For some students this is reassuring, for others, unsettling.

The conversation moves on to our ability to identify with clients and their pain. Empathy, our greatest strength, paradoxically puts us at greater risk for developing vicarious trauma. How can we use what is at once a strength and a weakness to our benefit while mitigating the effects of vicarious trauma? Our ability to understand the feelings of others is an asset, not a flaw, in that we can use this skill to understand and manage our own feelings. If we have insight into others, we can also have insight into ourselves. Knowing ourselves in this way will better equip us to attend to what is occurring for us when working with a traumatized client. As a result, we will be able to take the steps necessary to ensure we maintain our own mental and physical health, enabling us to remain effective advocates. If we know we are unsettled by a client's behaviour, we will know that we need to access the supports and strategies available to us to steady us in difficult moments. We are more likely to convey equilibrium to the client. If the client senses the student's discomfort, the client might not inform the student of critical content, which might severely limit the student's ability to work effectively on behalf of the client. In order to avoid these kinds of obstacles, professional training and mentoring can be developed.

A further challenge occurs when we find certain clients, for example, repellent, frightening, maddening, or alluring, and this is where the concept of countertransference is helpful for students. Students learn that countertransference happens when their reactions to another person may have roots in their own past. If a student has a trauma history, then I recommend that student consider the benefits and/or drawbacks of informing the field placement supervisor; this ought to prompt the field placement supervisor to discuss with the student which work assignments might trigger their own trauma history. Sensitivity, non-judgment, and confidentiality are required in these circumstances when assessing a plan of action with the student. For example, it may not be prudent to assign a student who is a survivor of child sexual abuse to work solely on Criminal Injuries Compensation claims, when all of the claimants are survivors of child sexual abuse.²² It would be fitting to discuss with the student in advance in

²² I would like to thank Mary Lou Fassel, Director of Legal Services at the Barbra Schlifer

order to explore possible countertransferential reactions and/or risk of vicarious trauma, as well as resiliencies and strengths. Avoid assumptions, as each student must be individually assessed as to preparedness. Being a survivor does not necessarily preclude one from working effectively with survivor clients. Indeed, the opposite may be true.

At the same time, a countertransferential reaction to a client does not mean a law student has a trauma history. Positive or negative traits or behaviour can remind us of someone or of an event from our past that causes us to respond in ways as if that past event or person were present with us now. Countertransference may be indicated by reactions such as thoughts, emotions, and bodily sensations where tension, bracing, or physical pain is held when in the presence of or even thinking about a particular client. Further, if the student is able to identify that her client is presenting in certain ways as a result of trauma and not some personal deficit on her part, then the student may be less apt to respond in ways that are reactive and, consequently, likely less effective:

In order to avoid frustration and communication breakdown, an attorney needs to be able to understand why the traumatized client is acting the way she is. Also, an attorney needs to be able to understand her own reactions to her clients' cases in order to be an effective advocate and to avoid getting burned out prematurely.

Serving a victim of trauma is different than serving another client. [I]t takes a greater amount of understanding and compassion and energy. It is more exhausting and you have to learn to separate your life from events you are learning about.

I think that the work, the representation, and the interaction are so intimately intertwined with each other because you cannot get relevant information without becoming relatively connected to the victim, even on a professional basis. Thus, training to be able to balance all of these would be beneficial for us to be more effective advocates.²³

Two examples of common countertransferential occurrences for students and lawyers alike that often come up in discussions are missed appointments,²⁴ and recall of previously unstated details of a critical incident days before deadlines or after deadlines have passed. Law students and lawyers alike often notice their own irritation and frustration. In these situations, credibility comes into question. Students often ask about ways they could deal

Commemorative Clinic, for providing this useful information.

²³ Parker, *supra* note 6 at 179, n 59.

²⁴ Jean Koh Peters, "Habit, Story, Delight: Essential Tools for the Public Service Advocate" (2001) 7 Wash UJL & Pol'y 17 at 19. Peters addresses the need to avoid assumptions and judgments about clients when they miss appointments.

with clients who miss appointments or who show up late. It is helpful to understand why these behaviours are common amongst survivors of trauma. Knowing how to manage missed appointments and approach difficulties with memory gives law students effective tools. If their field placement supervisor is present in the training with me, she will share her own tactics for managing missed appointments and clients' struggles with traumatic memories and recall. I will be asked for input and in this exchange, students witness a consultation between lawyer and counsellor, where our respective areas of expertise are utilized to advantage.

Trauma is not only present in the dyad between law student and client, but also the law itself can be traumatizing. When attempts to help a client are met with decisions that imperil the mental and/or physical well-being and safety of the client, her representative may begin to demonstrate signs of vicarious trauma as a result of hearing and/or witnessing the impact such a decision has on the client. The helper's reaction to such events has sometimes been referred to in the literature as secondary trauma.²⁵

B. Signs and Symptoms of Vicarious Trauma

Once subtle distinctions have been made amongst various terms in the students' training, the signs and symptoms of vicarious trauma are addressed in depth. Changes to behaviour and relationships, together with physical and psychological changes, are defined so that students may be able to recognize and name vicarious trauma. They learn that vicarious trauma changes our identity, world view, spirituality, self-capacities,²⁶ ego resources, and sensory system.²⁷ We may become preoccupied with our work, question our identity, distance ourselves from others and have sadistic and/or retaliatory thoughts. Our world view may shift from hope to hopelessness. We may have difficulty trusting others. We may experience self-criticism, anxiety, depression, and loneliness, even sorrow, anger, and rage. Our capacity to self-soothe might be

²⁵ For Charles R Figley, secondary trauma or secondary victimization happens when those close to the survivor, such as family and friends, suffer comparable signs and symptoms, Figley, *supra* note 14.

²⁶ According to Pearlman & Saakvitne, *Trauma and the Therapist*, *supra* note 3 at 64, self-capacities are the ability to which we can maintain a consistent positive identity and connection to others and ourselves. If we are able to do this then we can, for example, abide strong and/or negative feelings, be alone without feeling lonely, self-soothe and calm ourselves.

²⁷ *Ibid* at 382-399.

compromised and/or we could engage in addictive behaviours. Our ability to be introspective might lessen and we may lose our ability to be empathic. Other examples of weakened ego resources²⁸ include difficulty maintaining boundaries,²⁹ cloudy cognitive processing, poor decision-making skills, difficulty taking care of self, and lack of interest in others. Trauma impels us into an emergency state; biological systems associated with survival are primed. Consequently, our nervous system is activated so that we might experience intrusive recall of a client's trauma imagery into our own awareness. We may even have nightmares in which a client's critical incident is re-enacted, and we are either a helpless bystander or the victim. These dreams can be quite distressing, often requiring immediate support. We could experience the bodily sensations that a client experiences, such as physical pain.

Over the years, I have become aware that a pall tends to descend over the students at this point, when they begin to absorb the information while contemplating the grim possibility of what might lie ahead for them. The material can be overwhelming insofar as it creates feelings of helplessness and dread akin to what clients experience. It is particularly unsettling to know that one may experience short-term memory loss or loss of energy for oneself, perhaps even withdrawal from social contact in an attempt to cope, in addition to becoming more sensitized to violence while developing a cynical perspective that is critical or suspicious of all people. Together with the knowledge that one may have increased anxiety, possibly depression, and an even greater likelihood of conflict in relationships causes students to question their competence or career choice. Students once more reflect on any assumptions or judgments they may have previously held about the "otherness" of clients and/or survivors. Just as a survivor client may

²⁸ According to Robyn L Trippany, Victoria E White Kress & S Allen Wilcoxon, "Preventing Vicarious Trauma: What Counselors Should Know When Working With Trauma Survivors" (2004) 82:1 J of Counseling & Development 31 at 33, "ego resources, allows [sic] individuals to meet their psychological needs and relate to others interpersonally... Some of these resources include (a) ability to conceive consequences (b) ability to set boundaries, and (c) ability to self-protect. Disruptions affecting these ego resources may promote symptoms such as perfectionism and overextension at work. Counselors may also experience an inability to be empathic with clients, a condition that poses a variety of practical and ethical dilemmas, particularly for trauma survivors."

²⁹ It is important to define what a boundary is, why boundaries are important, and how to put boundaries in place.

experience nightmares, difficulty concentrating, and memory loss in addition to being easily startled and having sleep difficulties, the student now knows that she might develop these symptoms, too.

Knowledge is power. The intention, of course, is not to alarm students but to give them the information they will need so they may approach their reactions to the work without harsh self-judgment and instead with understanding in order to access the supports and strategies necessary to help them navigate their way. I state that vicarious trauma is common amongst those of us who work with traumatized individuals, and according to some clinicians, it is inevitable.³⁰ It does not mean there is something inherently wrong. Human beings tend to respond in these ways to a threat in their environment in an attempt to cope, whether we directly experience or witness trauma ourselves or hear about these events after the fact. Research in the areas of neuroscience and neuropsychology are beginning to uncover ways in which the human brain and nervous system respond to and cope with the impact of trauma in the aftermath of danger in fairly common, consistent, and patterned behaviours.³¹ I reassure students that they are being given the tools to palliate these effects.

The first tool is awareness. The topic then shifts to risk factors that increase our tendency to develop vicarious trauma. I speak to differences in personality style. If someone is a perfectionist and/or an overachiever then the likelihood of developing vicarious trauma increases. I use self-disclosure in an effort to reassure. I inform students that I have a tendency to be a perfectionist. With this self-knowledge, I have certain strategies in place to ensure I manage the risk with skill. I will share these strategies with them. I discuss how the chance may increase based on our environments, such as our professional and personal roles and responsibilities. For example, if we are going through a divorce or a loved one is dying, then our resiliency will be challenged. If our caseload is all trauma survivors, then we are more at risk. And if we work in a cultural context that is intolerant of expressions of anguish then the risk increases. If our workplace does not even acknowledge

³⁰ According to Pearlman & Saakvitne, *Trauma and the Therapist*, *supra* note 3 at 31, vicarious trauma is an “occupational hazard, an inevitable effect of trauma work,” and the phenomenon is relevant to all who work with survivors of traumatic life events.

³¹ Bessel A van der Kolk, Alexander C McFarlane & Lars Weisaeth, eds, *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society* (New York: The Guilford Press, 1996).

the existence of vicarious trauma or have supports in place to ensure a reasonable workload the risk of developing vicarious trauma is amplified. The law is not a culture of acceptance when it comes to these matters. The following quote resonates for students, while appearing to transgress a cultural norm: "Lawyers need to give themselves permission to take care of themselves, to not be super people with no needs."³²

The intention is to give law students not only permission to take care of themselves but also to help them understand that caring for self is ethical. Not only will self-care support their optimum personal health, it will in turn improve and sustain their professional competency.³³ Unmanaged vicarious trauma has the potential to negatively affect our ability to do our work well. One professional consequence is diminished and/or poor job performance. Research has shown that when vicarious trauma is not managed well, this can lead to increased rates of absenteeism, high employee turnover, and helpers may hurriedly depart their place of employment and even re-evaluate their career choice.³⁴

I give concrete examples of when vicarious trauma may be present. A law student's empathy may fatigue, impairing her ability to assess a necessary course of action for a client. In this context, the student may not be able to maintain appropriate boundaries or set limits with clients. I encourage students to seek supervision if they notice that they begin to feel a client is somehow different or special, as if her needs are greater and she is the exception rather than the rule. The student might believe she is the only support person available to her client, and so she feels compelled to personally extend herself by doing more than she usually would for clients. Examples include meeting with the client for coffee where professional and personal roles are blurred; going with the client to her appointments rather than referring the client to other supports if she does require accompaniment. If our ability to self-reflect is compromised then possibly our capacity to distinguish our needs and feelings from those of clients may diminish over time, leading to emotional, mental, and even physical exhaustion. Lack of

³² Silver, Portnoy & Peters, *supra* note 8 at 871.

³³ *Ibid* at 854.

³⁴ Rose & Ott, *supra* note 16; see also CR Figley, "Police Compassion Fatigue (PCF): Theory, Research, Assessment, Treatment, and Prevention" in John M Violanti & Douglas Paton, eds, *Police Trauma: Psychological Aftermath of Civilian Combat* (Springfield: Charles C Thomas Publishing, 1999).

clearly defined emotional boundaries can result not only in job dissatisfaction but also in a general malaise that extends to one's personal life.

In addition to questions about missed appointments and problems with memory, other common and consistently asked questions emerge in the course of delivering the content:

1. How can I interview a client and prepare her case without traumatizing her?
2. How do I work with clients who are in crisis or aggressive or angry or, alternatively, clients who appear emotionless?
3. What can I do when a client is unable to give me a linear narrative?
4. What are some ways I can keep a client focused when she talks about everything but her trauma?
5. What are some techniques you recommend for building trust with clients who have suffered trauma?
6. Do I need to become more like a counsellor or social worker?³⁵

I would respond to the last question, for instance, by referring to some of the literature as well as our own experience as an agency. I might cite Barbara Glesner Fines and Catherine A Madsen who argue, "attorneys must be especially knowledgeable and skilled in dealing with human emotions. If attorneys ignore the demands of the affective and psychological aspects of family representation, both the client and the attorney may suffer."³⁶ I recommend that students develop good communication and interviewing skills. Some of these skills include empathy, attentiveness, and responsiveness to clients. I advocate a collaborative approach where a student speaks with the client about her options, discusses what the process will look like, and listens carefully. In my opinion, such actions will assist the client in making informed decisions.

³⁵ Some of the questions that students ask are uncannily similar to the training techniques Lynette M Parker recommends law students receive in Parker, *supra* note 6 at 182.

³⁶ Fines & Madsen, *supra* note 6 at 965. Further, Jane Aiken and Stephen Wizner contend that family law attorneys working with marginalized clients need social work skills: Jane Aiken & Stephen Wizner, "Law as Social Work" (2003) 11 Wash UJL & Pol'y 63. We advance cooperation between and among professions rather than blurring the lines between professions. I think we have much to offer in this regard given our experience as a multidisciplinary agency.

To ignore fear, anger, anxiety, sadness, denial, or any other psychological states of mind is to leave the client in a condition that makes rational informed decision-making difficult, if not impossible. Extreme stress interferes with the ability to receive information and to store that information in working memory. Simply put, if you are so distracted by fear ringing in your ears, you literally cannot hear much of what someone is saying to you and are unlikely to remember well that which you did hear.³⁷

Clients' emotions are valuable sources of information; overlooking these will only hamper collaborative decision-making. Marsha Kline Pruett and Tamara D Jackson found that clients appreciated when their attorney was able to instill calm and stability while using interventions that supported them in staying focused.³⁸ At the same time, the student's emotions are equally valuable sources of information. It is supportive to discuss with students case scenarios where their emotions prevented them from helping the client. I advise students that I am not teaching them how to be social workers or psychotherapists. Rather, I am giving them fundamental communication and interviewing skills, as well as the tools to notice when their feelings might obstruct helping a client and what they can do if this should happen. Further to these basic skills, I encourage students to clearly define their role with a client in the first meeting. If a client would benefit from counselling, then I propose students address this matter with the client and refer her.³⁹ While referring her to a counsellor may be necessary, the student continues to apply the skills described.

IV. VICARIOUS TRAUMA ACTION PLAN

Taking care of oneself requires intention, a plan, commitment, and implementation. The building blocks to any vicarious trauma action plan include awareness, balance, and connection known as the ABCs of VT.⁴⁰ The instruction shifts from probabilities to possibilities. As the discussion

³⁷ Fines & Madsen, *supra* note 6 at 982.

³⁸ Marsha Kline Pruett & Tamara D Jackson, "The Lawyer's Role During the Divorce Process: Perceptions of Parents, Their Young Children, and Their Attorneys" (1999) 33 Fam LQ 283 at 294-95.

³⁹ I find clients do, at times, have unrealistic beliefs and expectations of their lawyer as well as their therapist. It is helpful to define my role as a therapist and her lawyer's role, as clients often make assumptions about each that can cause them unnecessary distress.

⁴⁰ Pearlman & Saakvitne, *Transforming the Pain*, *supra* note 5 at 75-77. This section relies on their recommendations for managing and transforming vicarious trauma.

progresses, students begin to express relief and renewed hope. Cultivating awareness requires intention and the time to pause and reflect. I urge students to think about regularly making time for reflection by asking themselves what signs or symptoms of vicarious trauma they experienced in the last while, if any.

Balance means equalizing work, rest, and play while prioritizing your personal life. I might direct students back to the discussion on risk factors in relation to particular personality styles. Do they feel compelled to work hard and long hours? Do they neglect family and friends? I make a distinction between enjoying your work and the compulsive need to do your work to the exclusion of all else. The question again opens a conversation about the nature of working in the law, where situations often arise that require hours outside the usual work schedule. The reality is that many work environments require hours beyond a forty-hour workweek. Such a considerable commitment often necessitates the need for financial resources for nannies and live-in caregivers when extended family is unavailable. Flextime for family commitments may or may not be offered. Although students do not encounter this situation at their current placement, thinking about the future gives them important information to reflect on, in advance.

I ask that students pay attention to the balance between work and play by addressing leisure activities. Having fun and forgetting about work may seem simple, even trite, but the reality is that fun is not necessarily effortless for helpers who work consistently with traumatized individuals. Ensuring we experience joy and playfulness renews a sense of pleasure and wonder that is easily extinguished when faced with repetitive accounts of violence and suffering, in addition to the natural and inevitable cost of working with highly dissociative clients.

I follow with a discussion about connection and explain that connection is critical whether it is to ourselves, others, or something bigger than us. I inform students that being connected to themselves gives them important information about who they are and what they need. Maintaining connection to others, as well as to ourselves, is a bulwark against the pernicious effects of vicarious trauma. I give an example about a past presentation in which I spoke with family law lawyers about vicarious trauma. The lawyers identified isolation as a central feature of their work that left them grappling with what I observed were signs of vicarious trauma. They recognized that working alone endangered their well-being. At the end of the workshop the group decided to explore the possibility of meeting together regularly so they might support one

another. They knew that they could offer one another validation and hope in the midst of despair, in addition to opportunities to debrief and share coping strategies. If the law does not support a culture of acceptance, then I suggest to law students they take active steps to support themselves and each other, now and in the future, whether that looks like peer support and/or individual supervision. Connection, however, does not end here. It extends to something larger than us. When I ask students to reflect on what gives their life meaning, I observe a kind of stillness descends on the group while they consider the import of this question for themselves.

Other aspects of a vicarious trauma action plan include working protectively and developing the capacity to transform vicarious trauma. Working protectively means setting limits with clients, developing healthy work habits, whether that is eating nutritional meals, exercising at lunch, and/or having lunch with colleagues or friends, as well as checking in with yourself periodically during the day. It is critical to put in place practices that are nurturing, rejuvenating, and replenishing. Attending to what nourishes us is helpful. Often we do not know what sustains us as we tend to function day-to-day in a mode of automaticity rather than attentive awareness.

Taking care of yourself at work might also encompass having access to consistent supervision and consultation, in addition to scheduling client load and client distribution in an effort to avoid overwhelm. If a student knows that she will be seeing a client who drains her emotional resources, leaving her depleted afterward, then is it wise to schedule a similar client next? If it is possible to distribute her client load so there is a balance amongst appointments, it makes sense to do so. Also balancing a variety of tasks rather than repeatedly doing one task that is depleting will help to lessen the risk of developing vicarious trauma. Other strategies include having an appropriate workspace, an environment where there is collegial respect and access to mental health benefits as well as vacation time, sick days, and dependent days. Another way of working protectively includes planning your schedule in advance as much as possible, so that you are not left scrambling just before deadlines.

All of the above might seem obvious, but I have discovered that in the field of trauma, we tend to forego breaks, lunches, and connection to others, seeking out supervision and making time for leisure, and planning well when caught up in crises. Although we may intellectually know what we need to do, unless we make a concerted effort to change how we work, we will remain vulnerable to vicarious trauma. Changing how we do our work is critical.

I end the training by addressing the ways in which we might transform vicarious trauma. To do this we must discover and then nurture meaning and hope, despite all we have come to know. Recognizing what gives our life and our work meaning, what instills and renews hope, even when the work is severely demanding, will create compassion, steadiness and equilibrium. When we are vicariously traumatized, our thoughts have a tendency to cascade into despair, fear, self-criticism, even self-loathing and helpless rage. Despite the fact that we may have had many agreeable encounters with people and/or nature throughout our day, we tend to focus our energies on the distressing encounters, particularly at the end of the day or later, when our mind is not distracted. I invite students to intentionally notice those times when they experience peace: humans are often kind and altruistic; nature is beautiful, if we slow down enough to take notice. It is good to be alive, even in the midst of suffering. The very fact that we are acting for the good of others who are scared and hurt speaks to the best in humanity and ourselves. Becoming aware of those encounters we often take for granted will balance us in those times when we hear the worst or feel completely deskilled because of fear or frustration. We will eventually and increasingly be able to stay present without judgment in the face of strong feelings, whether in others or in ourselves.

I advise students that I am not advocating a Pollyanna approach where optimism rules the day so that we are always finding something to be cheerful about. Neither am I suggesting they simply think positive thoughts. Such a recommendation would be meaningless. Rather, the approach is rooted in attention, reflection, and self-awareness. The ability to develop these capacities takes practice—a lifetime commitment—and requires that we be curious and non-judgmental with others and ourselves, even when we experience judgment. Working with traumatized individuals obliges us to know ourselves more deeply and with greater understanding. Self-reflectiveness increases legal competence. Knowing ourselves in this way is a powerful antidote to vicarious trauma, along with the strategies and tools previously discussed.

V. CONCLUDING THOUGHTS

At the end of the training, students should be able to define vicarious trauma, recognize its signs, and learn ways to minimize its impact. They should also take away some concrete strategies to take better care of

themselves. They should have a new-found, if not already present, sense of the merit in exploring their own reactions to hearing about traumatic events. And if they have a trauma history, then they should understand the need to explore their personal, unresolved traumatic experiences that might make them more vulnerable to vicarious trauma. It is necessary to instill hope without being glib or without minimizing the impact of vicarious trauma.

In my experience students often identify a difficulty beyond a lack of personal and systemic support systems.⁴¹ A quote from a case study of the Katharine & George Alexander Community Law Center is familiar to law students: “Law students are trained to separate logic from emotions in order to competently and thoroughly analyze legal issues from a position of detachment.”⁴²

The law requires intellectual rigour, but at what cost? I concur with Susan Bandes that the law does not tend to acknowledge the emotional aspects or toll of the work. Neither are there any real opportunities to address the kinds of struggles encountered, the suffering caused to clients and lawyers alike, and the pain experienced by both.⁴³ In my opinion, this leaves law students and lawyers practicing in areas of law where trauma is ever-present at risk for vicarious trauma. I invite students to develop another kind of rigorous intelligence, one that does not bifurcate logic and emotion. I recognize that this might conflict with law students’ schooling, and may even, in the words of Bandes, be “downright un-lawyerlike”.⁴⁴

I find students often bring high ideals, energy, and a fresh perspective that seasoned and sometimes world-weary practitioners have lost. They may challenge beliefs of practised lawyers and may even experience a deep satisfaction that comes through learning and working within an area of law that provides access to justice for people who may otherwise have none.⁴⁵ The students that come to our agency are not naïve; they articulate in the midst of admiration for the law knowledge of its limitations, particularly for those who

⁴¹ Susan Bandes, “Repression and Denial in Criminal Lawyering” (2006) 9 *Buff Crim L Rev* 339 at 342 [Bandes].

⁴² Parker, *supra* note 6 at 164.

⁴³ Bandes, *supra* note 41.

⁴⁴ *Ibid.*

⁴⁵ Pearlman and Saakvitne are clinical psychologists. Although they are not lawyers, I believe their reflections on what “the therapist new to trauma work brings” hold true for law students, given my experience training law students. Pearlman & Saakvitne, *Trauma and the Therapist*, *supra* note 3 at 349.

are marginalized. Despite these limitations, they are committed to using the law to represent those most disadvantaged in society. Such drive speaks to their determination and their resiliency. It is their strength I acknowledge when training them on what can present as fairly overwhelming subject matter.

Briere describes the client/counsellor relationship as the “dance of trauma.”⁴⁶ There is a reciprocal back-and-forth that has a kinaesthetic quality in which we experience a full sensory reaction and response. Trauma affects our nervous system. Surely, this is also true of the client/lawyer relationship. Equipping law students with the tools, supports, and coping strategies to mitigate, manage, and transform vicarious trauma will help to maintain their physical and mental health, in addition to maintaining and improving their competency when delivering service to clients, and ultimately enhance their longevity in the profession.

⁴⁶ This quote comes from notes stemming from a two-day workshop entitled *Mindfulness, Compassion, and Modern Psychology in Trauma Therapy* (31 May-1 June 2012, Toronto, ON) Briere was referring here in particular to the survivor therapist counselling the survivor client.