



TRAUMA-INFORMED ADVOCACY: REPRESENTING CLIENTS WITH TRAUMATIC BRAIN INJURIES

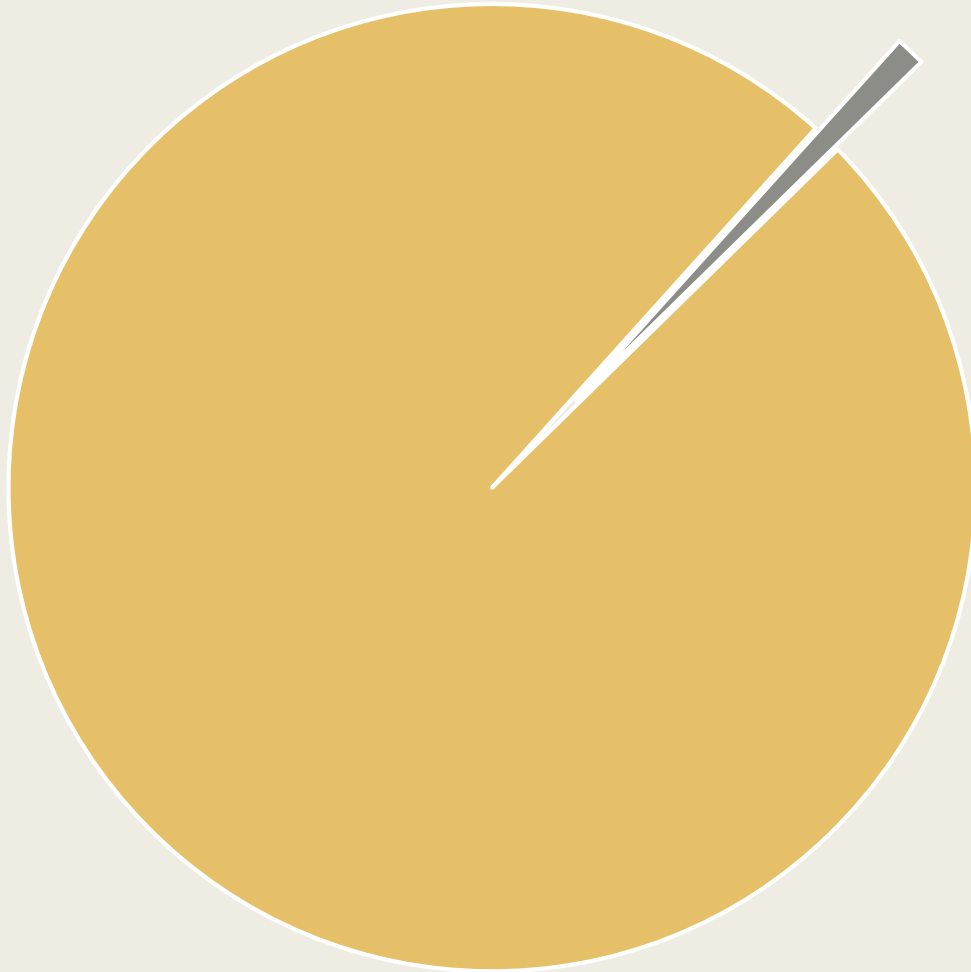
Liz Valentin, Clinical Fellow at Suffolk University Law School's Health Law Clinic

WHY DO LEGAL AID ATTORNEYS NEED TO KNOW ABOUT TBIs?

- From time to time we represent clients with TBIs
- TBIs can present challenges for the attorney-client relationship
- Our legal system presents challenges for court users with TBIs

CAVEATS

CAVEATS



- WHAT WE KNOW ABOUT THE BRAIN
- WHAT WE DON'T KNOW ABOUT THE BRAIN

DISCUSSION QUESTIONS:

- What do you think of when you hear “traumatic brain injury”?
- How many of our clients do you think have experienced a traumatic brain injury?
- Do you think it is part of our job, as legal aid attorneys, to think about disabilities that our clients do not disclose to us?

WHAT IS A TBI?

- **TRAUMATIC BRAIN INJURY (TBI):**

WHAT IS A TBI?

■ TRAUMATIC BRAIN INJURY (TBI):

- *Any injury caused by an external force that disrupts the normal functioning of the brain.*
- *Concussions are a type of TBI.*

WHAT IS A TBI?

■ TRAUMATIC BRAIN INJURY (TBI):

– *Any injury caused by an external force that disrupts the normal functioning of the brain.*

- Bump = hit head on a shelf
- Blow = head hit by a strike
- Jolt = head experiences rapid acceleration and deceleration
- Shockwave = head exposed to a nearby blast
- Penetration = head is pierced by another object

WHAT IS A TBI?

■ TRAUMATIC BRAIN INJURY (TBI):

- *Any injury caused by an external force that disrupts the normal functioning of the brain.*
 - Any period of lost or decreased consciousness
 - Any loss of memory for events immediately before or after
 - Sensory loss (e.g., disruption of vision)
 - Muscle weakness or loss of balance/coordination
 - Change in speech/language
 - Slowed thinking, confusion, disorientation, or difficulty with concentration

PUTTING IT ALL TOGETHER

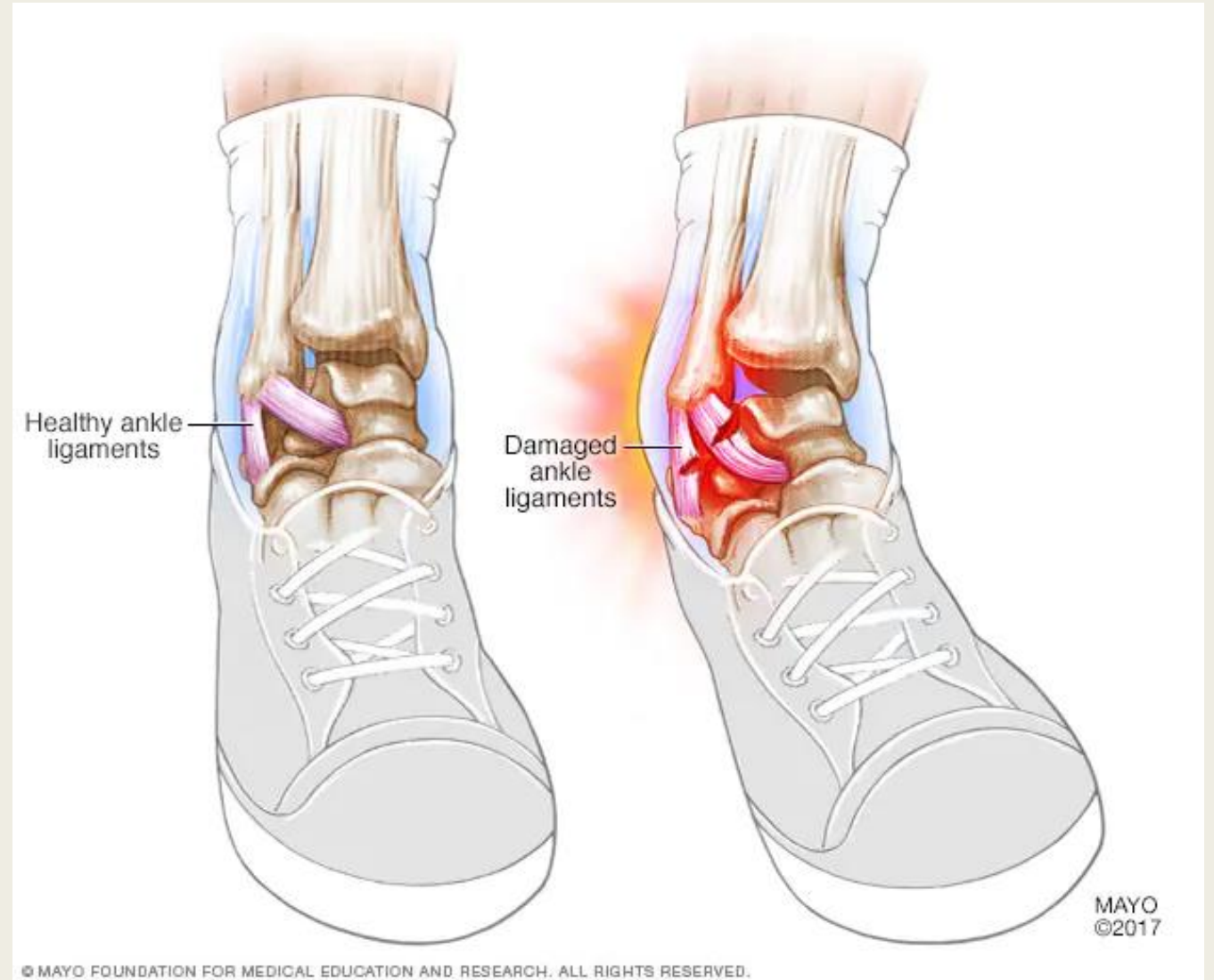


VIDEO TAKEAWAYS:

- Every brain is different!
- The impact to the brain isn't necessarily limited to the site of the injury
- Failure to rest following injury can lead to serious consequences.
- Repetitive injuries, even if mild, can lead to serious consequences.
- Consequences include changes and impairment to cognitive, physical, and emotional functioning.
- In serious cases, brain deterioration can continue even after injuries stop.

ANALOGY

- It doesn't take much to twist your ankle
- Once sprained, it's easier to re-sprain
- Failing to rest following an injury and/or experiencing repeated sprains can cause serious long-term damage



DIAGNOSING TBIs

- TBIs are diagnosed using a combination of imprecise factors
- There are often no signs of injury in CAT or MRI scans!
- Rapid blood test may be coming soon...

Table 2. Criteria used to classify TBI severity

Criteria	TBI SEVERITY		
	Mild	Moderate	Severe
Structural imaging	Normal	Normal or abnormal	Normal or abnormal
Loss of consciousness	<30 minutes	30 minutes to 24 hours	>24 hours
Post traumatic amnesia	0-1 day	>1 and <7 days	>7 days
Glasgow Coma Scale score (best available score in 24 hours)	13-15	9-12	3-8

PREVALENCE: It's hard to say...

- It's estimated that 1 in 5 of adults have experienced at least one TBI with loss of consciousness during their lifetime



PREVALENCE: It's hard to say...

- Groups more likely to be affected by TBIs:
 - *Racial and ethnic minorities*
 - *Service members and Veterans*
 - *People who experience homelessness*
 - *People with drug or alcohol addictions*
 - *People who are in correctional and detention facilities*
 - *People living in rural areas*
 - *Survivors of intimate partner violence*

DISCUSSION QUESTION:

Take a moment to think about some of the most challenging clients that you have worked with.

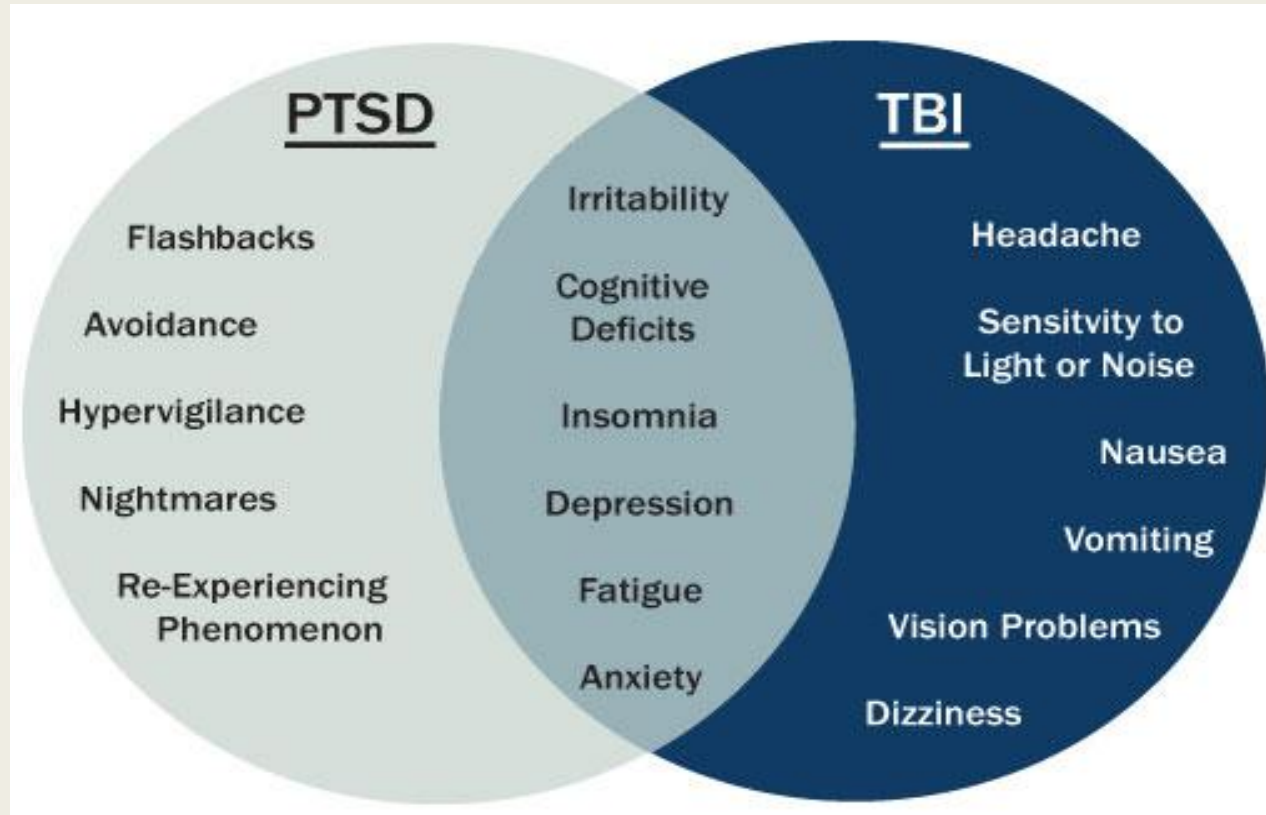
How would you describe them?

POSSIBLE SYMPTOMS OF TBIs

These may occur immediately or within days, weeks or months.

COGNITIVE	PHYSICAL	EMOTIONAL
Memory problems	Headaches/migraines	Anxiety and irritability/low tolerance for stress
Taking longer to think	Fatigue and sleep problems	Depression
Decreased concentration/distractibility	Balance problems	Impulsive behavior / short-term thinking
Impaired word finding	Dizziness	Restlessness
Impaired problem-solving	Nausea	Impaired emotional control/mood swings
Impaired judgment/insight	Sensitivity to light	Inappropriate behavior
Difficulty with initiation and follow through	Visual disturbances	Aggression towards self/others
Perseveration	Impaired motor skills	Apathy/indifference

PTSD VS. TBI



POSSIBLE EXAMPLE

- Intake excerpts from a client who has not been diagnosed with a TBI but reported having her head repeatedly slammed against a wall by her ex-husband several decades ago:
 - *"I am so stressed I can not do this,,,email are clear and consist with all info"*
 - *"Documentation may not be in exact order...sorry..."*
 - *"I am drained and it can be very hard for me to find words when I get stressed especially now..i forget stuff on the spot.."*
 - *"I COULD NOT FIT ALL DOCUMENTS ONTO AND DO NOT KNOW HOW..I HATE COMPUTERS AND IT AFFECTS MY VISION,,,"*
 - *"neighbors unexpected hammering and drilling at 945 on my bedroom wall... I called the police they came..they refused to stop..it traumatized my ear and me and I had panic attack and excruciating head pain"*
 - *"I am sorry,,im just really broken right now..you of documents i'm dealing with,,,,should have 18 pages...i'm smart, but the stress is taking me down,,,,any question, please call me.."*
 - *"I am in desperate need of an attorney that can understand this stuff for me,,,it's getting worse by the minute"*

COGNITIVE

- Intake excerpts from a client who **has not been diagnosed with a TBI** but reported having her head repeatedly slammed against a wall by her ex-husband several decades ago:
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PHYSICAL

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EMOTIONAL

- Intake excerpts from a client who **has not been diagnosed with a TBI** but reported having her head repeatedly slammed against a wall by her ex-husband several decades ago:
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TBIs + INTIMATE PARTNER VIOLENCE

EVE VALERA
PHD

Researcher
Martinos Center for Biomedical Imaging



TBIs + INTIMATE PARTNER VIOLENCE

– *Dr. Valera's study:*

- 3 out of 4 women who experienced intimate partner violence reported at least 1 partner-related TBI
- 1 out of 2 reported repetitive partner-related TBIs
- Many sustained more TBIs than they could count

TBIs + INTIMATE PARTNER VIOLENCE



**IF YOU ARE WORKING WITH A CLIENT WHO
HAS DISCLOSED THEY HAVE A TBI OR
YOU SUSPECT HAS A TBI ...**

WHAT CAN YOU DO?

TBI TOOLKIT FOR LEGAL AID:

- **SCREENING FOR TBIs**
- **REASONABLE
ACCOMODATIONS**
- **TIPS FOR WORKING WITH
CLIENTS**
- **TAKING SELF CARE
SERIOUSLY**

TBI TOOLKIT FOR LEGAL AID:

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- TIPS FOR WORKING WITH CLIENTS
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TBI SCREENING TOOLS FOR ADVOCATES



HAS YOUR HEAD BEEN HURT?

Sometimes when people are abused their head gets hurt. This can cause injuries that aren't always obvious. Please answer the questions and talk with an advocate so we can help make services work best for you. We know how difficult it is to share this information – thank you for your courage. We are here to support you.

C Has anyone ever put their hands around your neck, put something over your mouth, or done anything else that made you feel **choked**, strangled, suffocated, or like you couldn't breathe? **YES NO**

H Have you ever been **hit or hurt** in the **head**, neck or face? **YES NO**

A **After** you were hurt, did you ever feel dazed, confused, dizzy or in a fog, see stars, spots, or have trouble seeing clearly, couldn't remember what happened, or blacked out? (Doctors call this *altered consciousness*.) **YES NO**

Has any of the above happened recently? If yes, how long ago? _____ **YES NO**

Has any of the above happened more than once? **YES NO**

T Are you currently having **trouble** with anything below? Circle all that apply:

PHYSICAL	EMOTIONS	THINKING
Headaches	Worries and fears	Remembering things
Sleeping problems	Panic attacks	Understanding things
Sensitive to light or noise	Flashbacks	Paying attention or focusing
Vision problems	Sadness	Following directions
Dizziness	Depression	Getting things started
Balance problems	Hopelessness	Figuring out what to do next
Fatigue	Anger or rage	Organizing things
Seizures	Irritable	Controlling emotions or reactions

Are you having thoughts of suicide? **YES NO**

Are you struggling with alcohol or drugs? **YES NO**

Are you having any other health issues you want to share with us? **YES NO**

S Have you or anyone else (like a friend or family member) ever thought you should **see a doctor or a counselor**, go to the emergency room, or get help for anything above? **YES NO**

HAS YOUR HEAD BEEN HURT?

It can affect your life in many different ways. Rest and time help, but you might need additional care, especially if your head has been hurt more than once.

Has your partner...

- Hit you in the face, neck or head?
- Tried to choke or strangle you?
- Made you fall and you hit your head?
- Shaken you severely?
- Done something that made you had trouble breathing or black out?

Are you having physical problems?

- Headaches?
- Fatigue, feeling dazed, confused, or in a fog?
- Changes in your vision?
- Ringing in your ears?
- Dizziness or balance problems?
- Seizures?
- Pain in your head, face or neck?

Are you having trouble...

- Remembering things?
- Paying attention or focusing?
- Getting things done?
- Organizing things?
- Following conversations?
- Feeling motivated?
- Controlling your emotions?

IF YOU SAID YES, YOU MIGHT HAVE A HEAD INJURY.

Talk to a domestic violence advocate or go to www.odvn.org

AFTER A HEAD INJURY

See a doctor and tell them you have been hurt in head or choked, especially if you have ANY symptoms that worry you or someone else.

Stay with someone safe for 24 to 72 hours to watch for the red flags listed below.

Danger Signs/Red Flags
These don't happen often, but if they do it's really important to see a doctor.

- A headache that does not go away or gets worse
- One pupil (eye) is larger than the other
- No memory of what happened
- Extreme drowsiness or having a hard time waking up
- Slurred speech, vision problems, numbness, or decreased coordination
- Repeated vomiting or nausea, or shaking or twitching
- Unusual behavior, confusion, restlessness or agitation
- You peed or pooped unintentionally
- You were knocked out, passed out, or lost consciousness

If you were choked or strangled:

It can be a terrifying experience and very dangerous. Even if you don't have any marks, serious injuries can happen under the skin, get worse over the next few days, cause long term damage and even death.

SEE YOUR DOCTOR IMMEDIATELY IF:

- YOU HAVE A HARD TIME BREATHING
- IT'S PAINFUL TO BREATHE
- YOU HAVE TROUBLE SWALLOWING
- YOUR VOICE CHANGES
- YOU HAVE PROBLEMS SPEAKING

We care about your safety.

People who put their hands around their partner's neck are very dangerous and are much more likely to seriously harm or kill you. Talk to a domestic violence advocate about safety planning.

DV NUMBER: _____

This brochure was produced by the Ohio Domestic Violence Network under grant 2016-VI-01-K012, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings and conclusions or recommendations expressed in this brochure are those of contributors and do not necessarily represent the official policies of the U.S. Department of Justice.



TBI TOOLKIT FOR LEGAL AID:

- SCREENING FOR TBIs
- REASONABLE ACCOMMODATIONS
- TIPS FOR WORKING WITH CLIENTS
- TAKING SELF CARE SERIOUSLY

REASONABLE ACCOMMODATIONS

- Who is a “person with a disability”?
 - Persons with a physical or mental impairment which substantially limits one or more major life activities.
 - *Major life activities include:*
 - Caring for one's self
 - Walking
 - Breathing
 - Performing manual tasks
 - Seeing
 - Hearing
 - Speaking
 - Working
 - Learning
 - Concentrating

REASONABLE ACCOMMODATIONS

A reasonable accommodation is ...

- A modification to rules, policies, or practices;
- The removal of architectural, communication, or transportation barriers; or
- The provision of auxiliary aids and services

... so that a person with a disability has an equal opportunity to participate as a person without a disability.

REASONABLE ACCOMMODATIONS

- ADA
 - *Title I: Employment*
 - *Title II: Public Entities*
 - *Title III: Places of Public Accommodation*
 - *Title IV: Telecommunications*
 - *Title V: Miscellaneous*
- Rehabilitation Act of 1973
 - *Section 504: Any program or activity receiving federal \$*
- Analogous state laws

REASONABLE ACCOMMODATIONS: Title II

- Ensures access to and non-discrimination by public entities
- Public entities:
 - Any state or local government and any of its departments, agencies or other instrumentalities
 - Not limited to programs receiving federal financial assistance
 - Includes:
 - *Courts and Courthouses*
 - *Departments of Probation*
 - *Police departments*
 - *Most Colleges and Universities*
 - *Most PHAs*
 - *Towns/Cities*
 - *Schools*
 - *Post Offices*
 - *State Agencies*

REASONABLE ACCOMMODATIONS: Title III

- Ensures access to and non-discrimination in places of public accommodation
- Places of public accommodation:
 - Private entities open to the public
 - Includes:
 - *Doctor and lawyer offices*
 - *Hospitals*
 - *Hotels*
 - *Banks*
 - *Restaurants*
 - *Grocery stores*
 - *Mental health practitioners*
 - *Dentists' offices*
 - *Day care centers*
 - *Museums*
 - *Retail stores ...*

REASONABLE ACCOMMODATIONS

- How do you ask for a reasonable accommodation?
 - *No magic words or format*
 - Doesn't need to be written but strongly recommend putting request in writing and keeping a record of it
 - Will circulate template letter after presentation
 - *Provide medical documentation*
 - Only for purpose of demonstrating that the individual meets the definition of disability
 - *Receiving entity not required to grant request, but also cannot ignore it*
 - Expect an interactive process

REASONABLE ACCOMMODATIONS

- What accommodations should you ask for?
 - *Talk with the client and think creatively about modifications that might be helpful in their case*
 - Having a trusted support person present for a meeting
 - Increasing the time allocated to the matter
 - Frequent breaks
 - Scheduling hearings for a particular time of day
 - Substituting oral communication for written communication or vice versa
 - Meeting in a space with limited sounds or distractions

REASONABLE ACCOMMODATIONS

- What is reasonable?

- Legally:

- *Does not pose an undue hardship to the entity making the accommodation*
 - Accommodation is not unduly expensive, extensive, substantial, or disruptive

- Philosophically:

- *Reasonableness is relative and susceptible to advocacy*
 - McDonalds in 1960 v. Hospitals in 1960
 - McDonalds in 1960 v. 1990 v. 2020 v. 2040

REASONABLE ACCOMMODATIONS

- Even if the accommodation is not granted ...
 - Your client may find it empowering to hear their reality stated out-loud
 - “Your Honor, my client has sustained a traumatic brain injury, and has been diagnosed with post-concussive syndrome. One of the symptoms of this diagnosis is that my client has difficulty concentrating and regulating her moods.”
 - Issue can be raised on appeal

REASONABLE ACCOMMODATIONS: Resources

TEMPLATE LETTER TO REQUEST A REASONABLE ACCOMMODATION
FROM YOUR LOCAL POLICE DEPARTMENT

[YOUR NAME]
[YOUR ADDRESS]

[CHIEF OF POLICE]
[CITY/TOWN] Police Department
[ADDRESS]

[DATE]

To Whom It May Concern:

I am the victim of [CRIME] and would like to file a police report. I am disabled, and sometimes have a hard time communicating. So that I am able to clearly explain what has happened to me, I would like to request a reasonable accommodation from the [CITY/TOWN] Police Department that [DESCRIBE REASONABLE ACCOMMODATION REQUEST HERE]. Examples include: a friend or family member accompanies me; I provide a statement in writing; I have an ASL interpreter or other auxiliary aid present; the Police Department allot me extra time to communicate; the meeting takes place in a room with limited sounds or distractions. You can request more than one reasonable accommodation).


Under Title II of the Americans with Disabilities Act (ADA), "no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity." The Department of Justice (DOJ) guidance makes clear that police departments fit within the statutory definition of a "public entity" and that Title II "affects virtually everything that officers and deputies do." Under Title II, state and local government entities must provide reasonable modifications to policies, practices, and procedures and take appropriate steps to communicate effectively with people with disabilities. The [CITY/TOWN] Police Department therefore has an obligation under Title II of the ADA to ensure that people with disabilities like me are treated equally in the legal system and afforded equal opportunity to benefit from safe, inclusive communities.

Allowing me to have [WHATEVER ASSISTANCE YOU REQUESTED ABOVE] to facilitate communication while filing a police report is a reasonable accommodation. See *In re: McDonough* 457 Mass. 512 (2010). It would not be an undue burden to the police department because [EXPLAIN WHY IT WOULD NOT BE DIFFICULT, UNSAFE, AND/OR EXPENSIVE FOR THE POLICE DEPARTMENT TO MAKE THIS ACCOMMODATION]

If the [CITY/TOWN] Police Department denies my reasonable accommodation, I respectfully request that this denial be provided to me in writing.

Thank you,

[NAME]

 RUBY MCDONOUGH, petitioner.

457 Mass. 512

May 6, 2010 - August 11, 2010

Suffolk County

Present: MARSHALL, C.J., IRELAND, SPINA, COWIN, CORDY, BOTSFORD, & GANTS, JJ.

Supreme Judicial Court, Superintendence of inferior courts. Witness, Competency, Practice, Criminal, Standing, Interlocutory appeal. Americans with Disabilities Act. Handicapped Persons. Anti-Discrimination Law, Handicap. Constitutional Law, Witness, Standing.

This court, exercising its extraordinary power of review pursuant to G. L. c.211, § 3, concluded that the alleged victim of a crime lacked standing to seek interlocutory review of a judge's order finding her not competent to testify in a criminal case because of her impaired capacity to communicate orally. [517-520]

This court established the appellate procedure to be followed in a criminal case in which a witness (or the party proffering a witness's testimony) requests accommodation for a disability in order to testify at trial, and a judge denies the requested accommodation, thereby preventing the witness from testifying. [520-522]

This court established guidelines to be used in a trial court where a witness seeks accommodation for a disability in order to testify in a criminal case and the issue cannot be resolved without judicial intervention. [522-526]

Consideration of a criminal defendant's constitutional right to cross-examination with respect to the reasonableness of a witness's requested accommodation for a disability in order to testify in the case. [526-527]

PETITION filed in the Supreme Judicial Court for the county of Suffolk on October 20, 2009.

The case was reported by Spina, J.

Wendy J. Murphy for the petitioner.


Casey E. Silvia, Assistant District Attorney (Marian T. Ryan, Assistant District Attorney, with her) for the Commonwealth.

Richard B. Kilbaner for Kofi Agana.

Martha Coakley, Attorney General, & Adam Hollingsworth, Assistant Attorney General, for the Attorney General, amicus curiae, submitted a brief.

Susan Stefan & Robert D. Fleischer, for National Aphasia Association & others, amici curiae, submitted a brief.

U.S. Department of Justice
Civil Rights Division
Disability Rights Section



COMMONLY ASKED QUESTIONS ABOUT THE AMERICANS WITH DISABILITIES ACT AND LAW ENFORCEMENT

I. Introduction

Police officers, sheriff's deputies, and other law enforcement personnel have always interacted with persons with disabilities and, for many officers and deputies, the Americans with Disabilities Act (ADA) may mean few changes in the way they respond to the public. To respond to questions that may arise, this document offers common sense suggestions to assist law enforcement agencies in complying with the ADA. The examples presented are drawn from real-life situations as described by police officers or encountered by the Department of Justice in its enforcement of the ADA.

1. Q: What is the ADA?

A: The Americans with Disabilities Act (ADA) is a Federal civil rights law. It gives Federal civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for individuals with disabilities in State and local government services, public accommodations, employment, transportation, and telecommunications.

2. Q: How does the ADA affect my law enforcement duties?

A: Title II of the ADA prohibits discrimination against people with disabilities in State and local government services, programs, and employment. Law enforcement agencies are covered because they are programs of State or local governments, regardless of whether they receive Federal grants or other Federal funds. The ADA affects virtually everything that officers and deputies do, for example:

- receiving citizen complaints;
- interrogating witnesses;
- arresting, booking, and holding suspects;
- operating telephone (911) emergency centers;
- providing emergency medical services;
- enforcing laws;
- and other duties.

3. Q: Who does the ADA protect?

A: The ADA covers a wide range of individuals with disabilities. An individual is considered to have a "disability" if he or she has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

Major life activities include such things as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. To be substantially limited means that such activities are restricted in the manner, condition, or duration in which they are performed in comparison with most people.

- The ADA also protects people who are discriminated against because of their association with a person with a disability.

Example: Police receive a call from a woman who complains that someone has broken into her residence. The police department keeps a list of dwellings where people with AIDS are known to reside. The woman's residence is on the list because her son has AIDS. Police fail to respond to her call, because they fear catching the HIV virus. The officers have discriminated against the woman on the basis of her association with an individual who has AIDS.

4. Q: What about someone who uses illegal drugs?

A: Nothing in the ADA prevents officers and deputies from enforcing criminal laws relating to an individual's current use or possession of illegal drugs.

II. Interacting with People with Disabilities

5. Q: What are some common problems that people with disabilities have with law enforcement?

A: Unexpected actions taken by some individuals with disabilities may be misconstrued by officers or deputies as suspicious or illegal activity or uncooperative behavior.

Example: An officer approaches a vehicle and asks the driver to step out of the car. The driver, who has a mobility disability, reaches behind the seat to retrieve her assistive device for walking. This appears suspicious to the officer.

- Template of a reasonable accommodation request letter to a police department
- *In re: McDonough* 457 Mass. 512 (2010) – SJC guidance on requesting an RA from courts
- 2020 DOJ Guidance “Commonly asked questions about the ADA and law enforcement”

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TIPS FOR WORKING WITH CLIENTS

■ Rule 1.14

- *(a) When a client's capacity to make adequately considered decisions in connection with a representation is diminished, whether because of minority, mental impairment or for some other reason, the lawyer shall, as far as reasonably possible, maintain a normal client-lawyer relationship with the client.*

TIPS FOR WORKING WITH CLIENTS

- **Ask what would be helpful and note the answer in the case file**
 - *“client prefers email”*
 - *“client is groggy in the mornings due to medication”*
 - *“Thurs. AM is best b/c client has therapy Thurs. PM”*
- **Keep communications short and simple**
 - *Avoid long sentences/emails/phone calls/meetings*
 - *Think cross-examination questions: one fact at a time*
- **Strive to keep interactions uncluttered of things, people and sensory stimuli**
 - *Be mindful of bright lights, background noises, distractions*
 - *Sensory overload can lead to flooding*

TIPS FOR WORKING WITH CLIENTS

- Take breaks, check for comprehension, review information, and give meaningful opportunities for the client to ask questions
 - *Give yourself enough time!*
- Set fair boundaries and stick to them
 - *Let the client who speaks in tangents know your hard stop up front*
 - *Let the client prone to abusive language know that you will help them but will not continue conversations if they use disrespectful language*
 - *Remember to be mindful of your client's reasonable boundaries too!*
- Build trust through actions, not words
 - *Show up, keep your promises, advocate, repeat*
- Don't forget to focus on what clients CAN do!

ABCs FOR WORKING WITH CLIENTS IN CRISIS

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- **Acknowledge**
 - Convey to the client that you have heard them
 - You can affirm underlying emotions without agreeing with specific factual statements

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 - Give them a moment to express themselves
 - Now is not the time to cut them off abruptly

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- **Be patient**
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 - Now is not the time to cut them off abruptly
- **Continue to speak with them as you would any other client**
 - Help anchor the client by speaking to them as if they were already anchored

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- **Be patient**
 - Give them a moment to express themselves
 - Now is not the time to cut them off abruptly
- **Continue to speak with them as you would any other client**
 - Help anchor the client by speaking to them as if they were already anchored
- **Don't let your discomfort dictate your behavior**
 - Try not to let how you feel impact the tone, speed, or content of your response

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 - Give them a moment to express themselves
 - Now is not the time to cut them off abruptly
- **Continue to speak with them as you would any other client**
 - Help anchor the client by speaking to them as if they were already anchored
- **Don't let your discomfort dictate your behavior**
 - Try not to let how you feel impact the tone, speed, or content of your response
- **Empower through concrete options**
 - “I don't think it's a good idea for us to keep talking when you are this upset” vs. “Would you like to continue this conversation, or would you prefer I call you back tomorrow?”
 - Keep it client-centered



QUIT

TAKING

IT

PERSONALLY. TATS

QTIP: EASIER SAID THAN DONE



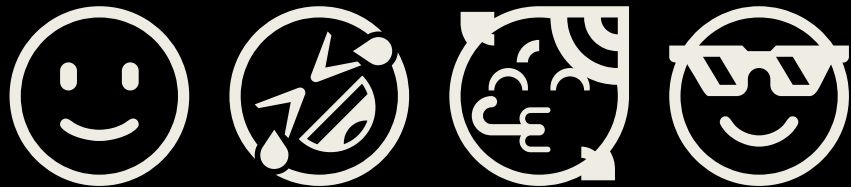
TBI TOOLKIT FOR LEGAL AID:

- SCREENING FOR TBIs
- REASONABLE ACCOMODATIONS
- TIPS FOR WORKING WITH CLIENTS
- **TAKING SELF CARE SERIOUSLY**

TAKING SELF CARE SERIOUSLY

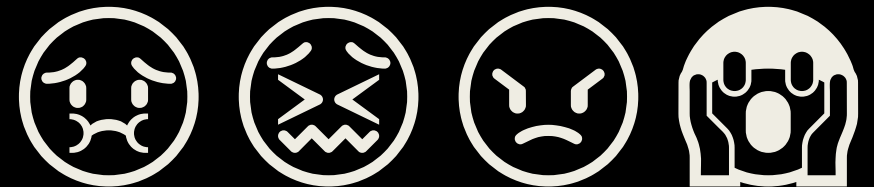
Imagine that you are...

feeling well-rested and healthy,
laughing at a joke your friend sent,
and looking forward to an upcoming
vacation...



VS.

feeling under the weather, angry with
a family member, and panicking
because you forgot you have a big
hearing next week...



TAKING SELF CARE SERIOUSLY

...when you get a call from a very angry client:

**“You didn’t call me on Saturday,
so I guess you don’t care about my case.
I hate lawyers, you think you know everything, but you don’t!
I’m not going to the court hearing tomorrow,
there is no point.”**



TAKING SELF CARE SERIOUSLY

- Q-Tip is impossible if you aren't taking care of yourself
- Signs its time to take some time off:
 - *Physical symptoms (headaches, stomachaches, teeth grinding...)*
 - *Feeling exhausted, sad, stressed, angry, unmotivated*
 - *Dreading going to work*
 - *Struggling with psychological distance: regularly taking work home (literally or figuratively), experiencing nightmares or having trouble sleeping*
 - *Running out of empathy, trust, optimism, creativity*
 - *Pulling back from zealous advocacy because it feels futile*

WHY DO LEGAL AID ATTORNEYS NEED TO KNOW ABOUT TBIs?

- From time to time we represent clients with TBIs
- TBIs can present challenges for the attorney-client relationship
- Our legal system presents challenges for court users with TBIs

WHY DO LEGAL AID ATTORNEYS NEED TO KNOW ABOUT TBIs?

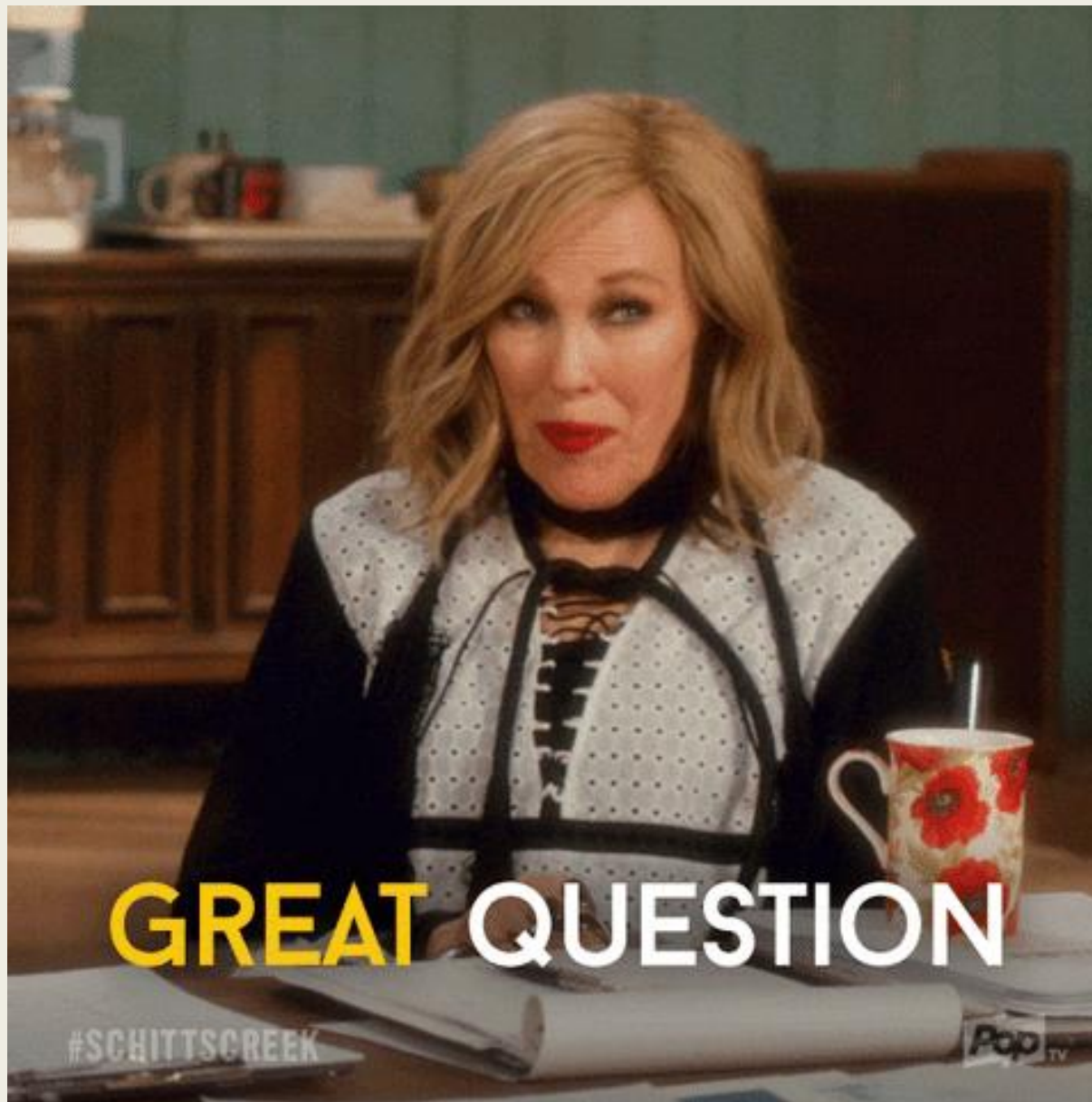
- ~~From time to time we represent clients with TBIs~~ **Individuals with TBIs are likely overrepresented among our clients**
- ~~TBIs can present challenges for the attorney-client relationship~~ **We are gatekeepers to the legal system**
- ~~Our legal system presents challenges for court users with TBIs~~ **If we don't push to make our system more accessible, who will?**

DISCUSSION QUESTIONS REVISITED:

- What do you think of when you hear “traumatic brain injury”?
- How many of our clients do you think have experienced a traumatic brain injury?
- Do you think it is part of our job, as legal aid attorneys, to think about disabilities that our clients do not disclose to us?

QUESTIONS, COMMENTS & CONCERNS





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