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# Court Is Assembled

## Conversation Curveballs

### A Trauma-Informed Communication Skills Toolkit to Enhance JAG Corps Health & Well-Being

By Elizabeth F. Pillsbury, LICSW

The U.S. Army Judge Advocate General's (JAG) Corps recently created the Wellness Program Director position as a part of the effort to expand holistic health. As the new Wellness Program Director, I learned within the first few months of taking on my role that military legal professionals, particularly those with experience in military justice, regularly handle sensitive and potentially traumatizing information. As a psychotherapist who has been in practice for nearly twenty-five years and specializes

in trauma (to include child abuse, sexual violence, combat trauma and everything in between), I began reflecting on specific characteristics of communication that relate to wellness within the Army Judge Advocate Legal Services (JALS) community.

In this article, I offer some of these reflections as a mini communication skills toolkit with the hope of increasing our trauma-informed practices within the JAG Corps. My goal is to provide real-world applications of practical tools to respond to

everyday situations you may encounter in a way that is compassionate and based on the mental health field's best practices.

#### Trauma-Informed Practice: The Foundation of the Solution

Trauma-informed care is a universal framework that *any organization* can implement to build a culture that acknowledges and anticipates that many people we serve or interact with have histories of trauma, and that the environment and interpersonal interactions within an organization can exacerbate the physical, mental, and behavioral manifestations of trauma.<sup>1</sup>

The term "trauma-informed care" or practice may not be new to you or the JAG Corps. It is a widely accepted framework in the health services, education, and legal professions. An American Bar Association article discusses the concept in the legal context: "Establishing a trauma-informed law practice is a two-fold process: (1) taking steps that help prevent re-traumatization of our clients, and (2) taking steps that protect

lawyers' health and well-being from exposure to trauma."<sup>2</sup> Regarding the second arm of this process in particular, we have room to expand our efforts and further consider ways to be sensitive to the needs of those in our ranks who may have experienced adversity impacting their health, well-being, or ability to perform at their highest level. The following communication skills offer concrete ways to do so.

***Problem 1: Sharing potentially upsetting stories without warning someone of what you are about to say.***

One of the first stories a judge advocate (JA) shared with me involved a child abuse case that several members of our military judiciary were exposed to while preparing for and conducting a court-martial. The individual shared this story to help me understand some of the challenges that JALS personnel face daily and to inform my Wellness Program development efforts. However, he recounted the story immediately after discussion of a completely unrelated topic and without warning. The conversation shifted so suddenly that I was unprepared to hear such information. After he finished the account, the conversation shifted to a different, unrelated topic just as suddenly. The story's content was not the most disturbing aspect of the interaction; rather, it was how abruptly the story was interwoven with an otherwise benign subject matter.

The second incident occurred about a week later at a training session focused on healthy ways to manage work-related stress, such as playing frisbee with a pet dog in the park. We then had a ten-minute break.

When I returned from the break, I inadvertently entered an on-going conversation about crime scene responses. The course attendees casually shared "war stories" about their cases. One individual then launched into a detailed monologue of a recent violent incident. I found myself dealing with a sudden mental shift from the discussion about playful puppies to processing objectively appalling details.

***Solution to Problem 1: Give a "warning shot" before sharing something a listener may perceive as upsetting or traumatic.***

The tricky part about this solution is being aware that what you are going to say may

be upsetting to someone else. Many legal professionals have been in this field for so long and/or have been exposed to so many difficult stories and evidence that they may be desensitized to sensitive content. They may even think these types of things are "normal" and "routine" because it is what they do daily. Despite the alarmingly high rates of adverse childhood events (ACEs) in our country and world, these experiences are not normal, and most people outside of service professions—such as law, healthcare, and education—do not typically see nor hear about these things on a routine basis.

**Sidebar: Adverse Childhood Events**

Adverse childhood events are potentially traumatic childhood events (between zero and seventeen years old).<sup>3</sup> They include abuse, violence, or neglect as well as "aspects of a child's environment that undermine their sense of safety, stability, and bonding," such as growing up with someone who has a mental health or substance abuse problem, experiencing suicide in the family, having a family member incarcerated, living in a community of violence, and experiencing poverty.<sup>4</sup> Additional ACEs include food scarcity, experiencing homelessness or unstable housing, instability related to parental and family separation, and discrimination.<sup>5</sup> Please note the examples above are not a complete list of adverse experiences. Many other traumatic experiences could impact health and well-being.

Two out of three people in the United States have experienced at least one ACE, and those who have are more likely to experience multiple ACEs.<sup>6</sup> That means that if you have not experienced one of these, chances are the person to your right and left have (statistically speaking).

Not all these experiences result in post-traumatic stress disorder, but they do put people at higher risk for a variety of health problems, and they are linked to earlier death rates. In fact,

ACEs are strongly associated, in a dose-response fashion, with some of the

most common, serious, and costly health conditions facing our society today, including nine of the ten leading causes of death in the United States, as well as earlier mortality. [They] can also negatively impact education, job opportunities, and earning potential.<sup>7</sup>

Some people are at greater risk of experiencing one or more ACEs than others. While all children are at risk of ACEs, "numerous studies have shown inequities in such experiences linked to the historical, social, and economic environments in which some families live. [Adverse childhood events] were highest among females, non-Hispanic, American Indian, or Alaska Native adults, and adults who are unemployed or unable to work."<sup>8</sup> Given the disparate exposure to ACEs based on gender and racial and cultural groups, as a JAG Corps, we need to be cognizant of how these factors disproportionately impact our clients and our colleagues from diverse backgrounds.



Ms. Beth Pillsbury. (Image courtesy of author)

Using specific communication tools, including warning someone that you are about to cross into potentially upsetting or traumatic territory, is a specific trauma-informed practice. This is a tool I have taught doctors to use for years. Despite having the best intentions, I have seen far too

many doctors “sucker punch” their patients with bad news. I have seen this happen in “practice” encounters and real-life medical appointments. Once given this tool, they can share potentially life-changing negative news in a way that is compassionate and sensitive to their patients’ needs. This skill can be taught and learned not just in medicine but in the legal profession as well.<sup>9</sup>

The “warning shot” allows the person hearing the story or news to psychologically brace for what is to come. The storyteller sends a signal for the listener to get ready. The listener’s brain responds, “Okay, time to protect myself; something bad is coming.” When we are not given the warning shot, our brains automatically shift into survival mode, which limits our ability to understand the information and process it in a useful and meaningful way.

Here are some lines to try:

“Unfortunately, . . .”

*“I need to share something that may be upsetting to hear.”*

*“I’m warning you that I’m going to tell you something that may be unpleasant/disturbing to hear.”*

***Problem 2: Sharing graphic details puts the listener at risk for a negative reaction and, at times, secondary trauma. It can also put the storyteller at risk for a strong physical or emotional reaction.***

Back to my chat on day one with my JA colleague. I have heard thousands of accounts of abuse, neglect, interpersonal violence, and all that can result from these experiences. I am trained to sit with people in pain and tolerate their emotions. Nonetheless, I struggle with the detailed content of their stories, even when I know they are coming. When the colleague started to recount the child abuse, he included vivid, graphic, sensory details to help me understand the situation. In the second story, the course attendee also used graphic details to convey the event’s impact.

Sensory material (sight, sound, taste, touch, and smell) can elicit strong, often involuntary responses in us. The danger in using this type of detail in storytelling is that once you start to describe something using sensory material, a person’s brain can start to fill in the gaps—often inaccurately because of the part of the brain that engages

with this type of information. Then, the brain can get stuck. I have heard many say, “I can’t unsee the things I’ve seen.” This is the same sentiment; the details can remain long after the conversation ends.

I do not believe most people share these types of stories to upset or traumatize the listener. Rather, they are often trying to make sense of the experience, looking for support and empathy, or determining whether they have an accurate account of what happened. However, there are ways to accomplish these tasks without potentially doing more harm.

***Solution to Problem 2: Unless it is necessary and within the correct context (time and place), consider telling stories and sharing information without using vivid sensory descriptions and try to talk more about the impact of the information instead.***

If you are describing something in detail, your listener can likely see/hear/smell/feel/taste it too. That is wonderful if you are talking about an amazing trip you took or a delicious meal someone prepared for you—not so much if you are in a social setting and begin to casually provide details about a difficult case you are working on. It does not have to be that severe; it could seem routine to you but be upsetting to your audience.

This solution may run counter to the legal field’s culture, in which you are trained to provide detailed evidence. While that is appropriate in the context of an investigation, evidence collection, deposition, or courtroom, it is not best practice for everyday conversation.

It is not a good idea to use even when sharing how challenging your work is to someone who cares about you. They can support you without knowing a case’s details, and conversely, you can unload your experiences without risking traumatizing the person listening to you. In group therapy with trauma survivors, one of our ground rules is not to provide so much graphic detail that other people in the group can picture it themselves. The same rule can be applied to legal work.

I am not encouraging people to remain silent about their experiences; rather, I am encouraging people to share them in a way that allows for support without threatening the listener’s well-being. If this feels

inadequate to you, I strongly recommend speaking with someone trained to guide you through this process in a safe setting with scientifically grounded techniques (i.e., a therapist experienced in working with trauma).

***Additional Solution to Problem 2: If you do need to share graphic details on something potentially traumatic, give a warning shot first (and consider asking permission).***

***Here are a few lines you can try:***

*“I need to talk about some of the details of the case to give you an understanding of the severity of what happened. This may be hard to hear. Are you okay with that?”*

*“Unfortunately, I need to tell you something that may be upsetting. Is now a good time to discuss this?”*

#### **Sidebar: Primitive Trauma Response**

The brain responds to real or perceived threats in a way that is designed to help you survive. This happens involuntarily and is completely outside your control. This part of the brain, the amygdala, is very primitive. It is not the part of the brain that processes information, solves problems, or makes decisions—that is the prefrontal cortex. When someone experiences trauma, the sensory details of the memory get stored in the amygdala, and time and sequencing can become distorted or inaccurate. You may see this happen with some of your witnesses or victims who have difficulty organizing the sequence of events in a case. When this distortion in the amygdala occurs, it can interfere with the person’s ability to fully process the events rationally because this primitive part of the brain does not have the capacity for rational thought. We have come a long way in science and now have effective, evidence-based ways to help someone work through the challenges of this trauma response in treatment. While therapy cannot erase these experiences, it can significantly help those memories, images, or videos that you “can’t unsee” become far less vivid and lose impact on your day-to-day life. Check out the resources in the Appendix to explore what may be a good fit for you.



**Problem 3: Someone's expression, body language, or nonverbal communication does not match their story's severity.**

As my colleague recounted his difficult story, he avoided making eye contact, and his gaze looked a million miles away. His face was flat and expressionless. His voice was nearly monotone and steady, with little to no emotion in it. He shared that he was deeply concerned about his colleagues, yet his nonverbal communication did not match.

Similarly, the course attendee told his story about responding to the crime scene from a detached perspective; his tone did not match what he was recounting. He sounded like he was talking about something as mundane as the weather rather than the scene he described.

In the therapy world, we call this an "incongruent affect," or when someone's expression does not match their words. Both are concerning to me as a therapist because they may be experiencing signs of depression or secondary- (or post-) traumatic stress, such as emotional numbness and cynicism. While these can be protective ways to manage hard, overwhelming feelings in the short term, they can be dangerous in the long term. The more detached and numb a person is, the longer it can take them to work through these experiences and the higher their risk for more symptoms of secondary- or post-traumatic stress.

**Sidebar: Comparative Suffering**

The course attendee seemed to share this story as if he was comparing his experiences to those of his colleagues. He may have felt his experiences were not as valid or may be perceived as less (or more) traumatic than theirs. This is called comparative suffering. Comparative suffering is "when we view our painful experiences in terms of what other people are going through in order to determine the level of validity our suffering warrants. Essentially, this is the mindset that we aren't allowed to complain or feel our feelings when someone else has it worse than us."<sup>10</sup> It is ranking our suffering against that of others, which is then used to either deny or give ourselves permission to feel.<sup>11</sup> It is like using your trauma exposure to diminish or, at times,

to justify your own suffering because of your perception of how it compares to someone else's.

Researcher and social scientist Brené Brown talks about this in her book *Rising Strong*:

Comparative suffering is a function of fear and scarcity. Falling down, screwing up, and facing hurt often lead to bouts of second-guessing our judgment, our self-trust, and even our worthiness. I am enough can slowly turn into Am I really enough? If there's one thing I've learned over the past decade, it's that fear and scarcity immediately trigger comparison, and even pain and hurt are not immune to being assessed and ranked. My husband died and that grief is worse than your grief over an empty nest. I'm not allowed to feel disappointed about being passed over for promotion when my friend just found out that his wife has cancer. You're feeling shame for forgetting your son's school play? Please—that's a first-world problem; there are people dying of starvation every minute. The opposite of scarcity is not abundance; the opposite of scarcity is simply enough. Empathy is not finite, and compassion is not a pizza with eight slices. When you practice empathy and compassion with someone, there is not less of these qualities to go around. There's more. Love is the last thing we need to ration in this world. The refugee in Syria doesn't benefit more if you conserve your kindness only for her and withhold it from your neighbor who's going through a divorce.... Hurt is hurt, and every time we honor our own struggle and the struggles of others by responding with empathy and compassion, the healing that results affects all of us.<sup>12</sup>

**Solution to Problem 3: If someone's body language and nonverbal communication do not match what they are saying, consider it an opportunity to offer support.**

This may be incredibly challenging in a work setting, particularly with someone with whom you are not close.

If it is a peer or near-peer with whom you do not have a close relationship, consider asking someone who knows them or works closely with them to reach out and check in with them.

Here is an example of how to bring this up:

"Sir/Ma'am, I have some concerns about how one of my peers is doing, but I don't feel it's appropriate (or I don't feel comfortable) for me to talk with them about it directly. Could you please offer some guidance and support? I've noticed that he/she hasn't been acting like his/her usual self, and I'm concerned about his/her well-being. I respectfully ask if you would reach out to him/her to check in on how he/she is doing."

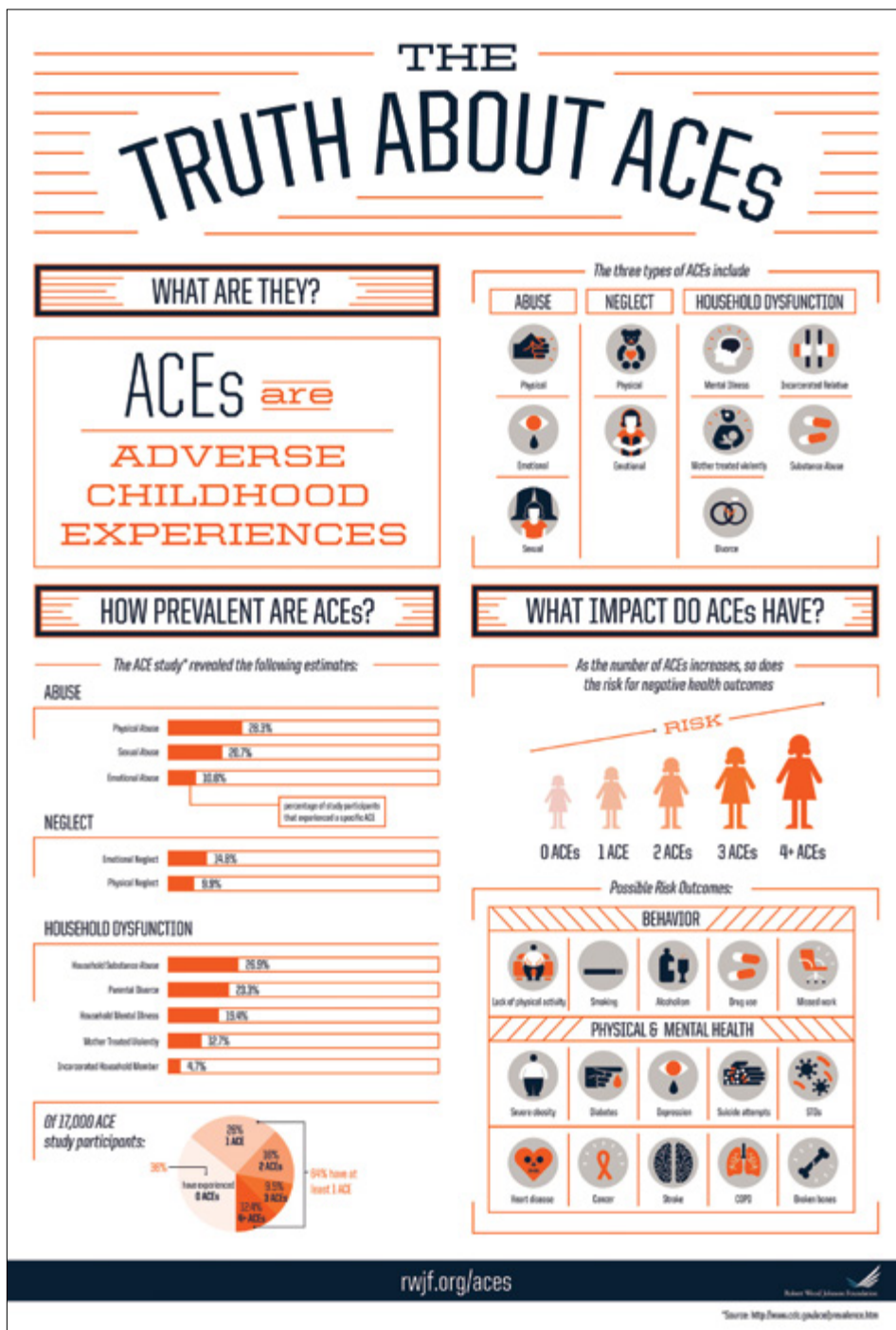
Even if the person is someone you are close with, you may feel awkward about this and not know what to say. Sometimes, it is as simple as telling someone, *"I can't imagine what you're going through. I'm here with you."*

Other times, it may be more of a discussion about ways you can support them. You can open a discussion with one of these:

"Wow, you just told me about something really powerful, but it was like you were somewhere else. . . . Are you okay?"

"Thanks for sharing that with me. As you were talking about something really upsetting, I noticed that you seemed really calm. What's going on inside?"

"Thanks for telling me about this. I can't imagine what that was like for you. I wish I had the tools to help you more with it. Would you like me to help you find someone who helps people with these kinds of experiences?"



(Credit: Robert Wood Johnson Foundation)

In the case of someone who outranks you, consider reaching out to someone who is a peer to them and respectfully express your concerns. Remember that sometimes, when someone is detached or numb, they may be in a lot of pain. They may or may not be ready to open up to you. Keep an eye on them; they may benefit from extra support, even if it is just casual conversation,

going for a walk, or playing with puppies in the park. One of the greatest gifts we can offer each other is compassion.

### **Solutions for the Listener (and the Storyteller)**

Be prepared for people to tell you all kinds of things at any time, regardless of the setting, relationship, etc. Even if you are caught off guard, told something graphic,

or communicated with in a way that seems completely off, there are some things you can do afterward to calm down.

After hearing or saying something upsetting, here are three proven strategies to help calm and relieve your body and brain. My clinical recommendation is to practice these two to three times daily when you are *not* feeling stressed. That way, it is easier for your brain and body to use these when you *are* stressed, upset, or triggered. If it is hard for you to remember to do something like this, try setting a timer on your phone or link it with something you already do two-to-three times a day, like when you brush your teeth or eat a meal.

For bonus points, consider rating how you feel before and after practicing these. For example, on a scale of zero to ten, where zero is neutral and ten is the highest level of distress you can imagine, how do you feel? (You can think of it in terms of a specific emotion like anxiety, sadness, anger, or just generally speaking.)

### **1. Practice Grounding**

This practice can help prevent upsetting thoughts, nightmares, flashbacks, and body sensations linked to adverse experiences. Use your five senses to stay in or return to the present moment. Use sight, sound, touch, taste, and smell to connect with what is happening around you right now.

- *What do you see?* I see my computer screen, clouds outside, and my favorite coffee mug.
- *What do you hear?* I hear the sound of my keys tapping on the keyboard.
- *What do you feel (tactile/touch)?* I feel the keys under my fingers.
- *What do you taste?* Yuck; I taste coffee brewed about six hours ago.
- *What do you smell?* Not a whole lot, but if I sniff my sleeve, I can smell detergent.

### **Sidebar: The Five Senses**

Smell is one of our most primitive senses, and when it is linked to adverse or traumatic experiences, the response can be especially hard to alleviate. Try smelling a marker, candle, or something strong that does not remind you of the trauma. (For example, hand wipes or

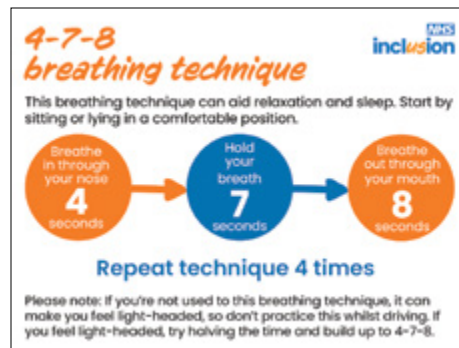
sanitizer are great unless you have had upsetting medical experiences because they can remind you of a hospital smell.) For each of your senses, if you have difficulty finding something around you to feel, taste, hear, etc., you can introduce something instead. For sight, check out your hands, look for vivid colors and patterns, or perhaps a picture of something peaceful. For sound, try some music or an audiobook. For touch, squeeze your toes, have a stone or something you carry in your pocket. And for taste, mints, candy, gum, flavored tea, or coffee do wonders!



(Credit: The Pragmatic Parent)

## 2. 4-7-8 (or Box) Breathing Technique

This technique was originally designed at Harvard University for students with test-taking anxiety. It was very effective at lowering their anxiety and has since been taught and used in all kinds of settings. To correctly practice deep breathing, when you inhale, your abdomen should expand outwards, and when you exhale, your belly should contract inwards. Breathe from your belly, not your chest; otherwise, it is shallow breathing and can lead to hyperventilation. If this is new for you, practice it sitting down for the first few times—you may not be used to getting this much oxygen and I do not want you to get lightheaded!



(Credit: Inclusion, UK National Health Service)

## 3. Peaceful Place Imagery

Now is the time for graphic, vivid, sensory details! Consider a place where you have been or want to go—real or imaginary—that feels peaceful. Paint a sensory portrait of the place: What does it look like? What sounds do you hear? What does it taste like? What do you feel there? Where are you in the scene? What time of year and day is it? What does it smell like?

Consider adding anything that increases your sense of peace and comfort. Do you want cozy slippers? A cool or warm beverage?

Lastly, how will you get there in your mind? Can you just close your eyes and imagine the place? Do you need to imagine walking down a path or count to ten and you will be there?

### Sidebar: Guests in Your Peaceful Place

You may be tempted to bring someone to your imagined peaceful place. Don't! Even if you only have warm, happy thoughts about that person, if you get into an argument or something happens later on in real life, your peaceful place will be tainted. You *can* bring an animal as long as they do not cause you any upset.

The reality is that legal work (and life, for that matter!) is inherently stressful. There is no way to completely avoid upsetting stories, content, and sometimes even trauma exposure, particularly in certain roles and specialties. Best practices and evidence-based treatments can lessen the impact of the work and even help individuals experience post-traumatic growth and compassion resilience.

Even if you do not work in military justice or a supervisory role, we all have a

responsibility to create a trauma-informed organization. As an organization, we have a responsibility to be trauma-informed in a way that meaningfully acknowledges and supports everyone. Consider ways you can empower and be compassionate towards your clients, colleagues, and yourselves. Take a “bite” of each communication skill and see what you like. Maybe you will find you like them all, or they may take some getting used to. Think about ways you may be able to incorporate these into everyday interactions, even if they feel a bit clumsy and awkward at first. With practice, you will be better equipped to help yourself and others. **TAL**

*Ms. Pillsbury is the Wellness Program Director in the Office of The Judge Advocate General at the Pentagon.*

## Notes

1. *Trauma-Informed Care*, TRAUMA POL'Y, <https://www.traumapolicy.org/topics/trauma-informed-care> (last visited Apr. 15, 2024).
2. Rebecca Howlett & Cynthia Sharp, *The Legal Burnout Solution: Strategies for a Trauma-Informed Law Practice*, AM. BAR ASS'N (Oct. 26, 2021), [https://www.americanbar.org/groups/gpsolo/publications/gpsolo\\_report/2021/october-2021/legal-burn-out-solution-strategies-trauma-informed-law-practice](https://www.americanbar.org/groups/gpsolo/publications/gpsolo_report/2021/october-2021/legal-burn-out-solution-strategies-trauma-informed-law-practice).
3. *Fast Facts: Preventing Adverse Childhood Experiences*, CTRS. FOR DISEASE CONTROL & PREVENTION [hereinafter *Fast Facts*], <https://www.cdc.gov/violenceprevention/aces/fastfact.html> (last visited Apr. 15, 2024).
4. *Id.*
5. *Id.*
6. *Id.*; VJ Felitti et al., *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACEs) Study*, 14 AM. J. PREVENTATIVE MED. 245 (1998).
7. *The Science of ACEs & Toxic Stress*, ACES AWARE, <https://www.acesaware.org/ace-fundamentals/the-science-of-aces-toxic-stress> (last visited Apr. 15, 2024).
8. *Fast Facts*, *supra* note 3.
9. See Walter F. Baile et al., *SPIKES—A Six-Step Protocol for Delivering Bad News: Application to the Patient with Cancer*, 5 ONCOLOGIST 302 (2000).
10. Lacie Parker, *What Is 'Comparative Suffering'—and Why Do HSPs So Often Get Stuck in It?*, HIGHLY SENSITIVE REFUGE (Feb. 23, 2022), <https://highlysensitiverefuge.com/comparative-suffering>.
11. BRENE BROWN, *RISE STRONG: THE RECKONING. THE RUMBLE. THE REVOLUTION*, 8 (2015).
12. *Id.* at 8-9.

## **Appendix: Resources**

### **Department of Defense Mental Health Resources for Service Members and Their Families:**

<https://www.defense.gov/News/Releases/Release/Article/2737954/department-of-defense-mental-health-resources-for-service-members-and-their-fam>

This Department of Defense website provides descriptions and links to various Department of Defense mental health resources for Service members and their Families.

### **The National Center for PTSD's Treatment Decision Aid:**

<https://www.ptsd.va.gov/apps/decisionaid>

This online resource includes a decision aid on how to select a trauma treatment that best suits you. It's best to use this resource with a skilled therapist to create a tailored treatment plan.

### **Eye Movement Desensitization and Reprocessing International Association (EMDRIA):**

<https://www.emdria.org/>

This online resource offers a database to search for a therapist that specializes in EMDR, one of three treatments that the Department of Defense and Veterans Affairs endorse for secondary and post-traumatic stress.

### **Psychology Today:**

<https://www.psychologytoday.com>

This online database allows users to search for a therapist with various filters, including accepted insurance, types of problem, gender, specialty, etc.