RESILIENCE, TRAUMA, AND WELL-BEING POLICY

The Human Rights Clinic is committed to sustainable human rights advocacy and to the well-being of students, supervisors, project partners, and the communities with whom we work. We are committed to improving strategies for managing the adverse mental health impacts of exposure to trauma, and to providing future generations of advocates with the knowledge and skills to develop strategies for resilient long-term advocacy and for mitigating re-traumatization for survivors and witnesses of human rights violations.

Human rights work can involve a risk of re-traumatization for survivors and witnesses, particularly in retelling their experience of past trauma during interviews or advocacy. For advocates, human rights work can involve direct or indirect exposure to traumatic events and circumstances, including through reading accounts of human rights violations; reviewing photos and video or forensic evidence of violations; interviewing witnesses and survivors of abuse; visiting sites of abuse; witnessing or experiencing violations; and being present in insecure locations or areas in which people experience socio-economic deprivation. Mental health research shows that individuals may respond in varying ways to such exposure or to discussing such exposure during interviews about past harms—responses ranging from little to no impact, to some or significant negative or positive impact, are all normal. Significant negative impacts can include anxiety, post-traumatic stress disorder, depression, and burnout.

We believe that it is possible to mitigate harmful impacts for survivors and advocates through improved education and by taking proactive steps to manage risks and foster resilience. Human rights work can be a great source of community, meaning, and inspiration. It can provide opportunities for individual or community healing, and participation in social justice advocacy can significantly contribute to well-being, strength, vicarious resilience, and experiences of joy, care, and love.

To promote positive mental health and mitigate adverse mental health impacts of our work, we commit to the following goals and actions:

**Goal:** Prioritize positive mental health and resilient advocacy in our clinic.
Actions:

- Clinic faculty will include a specific section on the goal of fostering positive mental health in the clinic’s “Orientation and Expectations” materials provided to students before the start of the clinic.
- Clinic students and faculty will discuss this policy, and the reasons for its development and implementation, at the start of the academic year.
- Clinic faculty will inform students that faculty are available to offer additional support or guidance or to provide additional materials or referrals through the year.
- Students will engage in pro-active self-care, and seek guidance from supervisors, peers, mentors, or other external sources as needed.
- Recognizing that peer support networks can contribute to well-being, the clinic will include activities at the start of the academic year designed to foster community, collaboration, trust, open communication, and teamwork, and ensure that confidentiality guidelines are clear.
- Clinic faculty and students will intentionally create spaces in seminars and project work during the year for positive feedback and celebrating successes and achievement.

Goal: Build knowledge to enable clinic members to recognize and discuss the mental health impacts of human rights work, to develop skills to mitigate re-traumatization of the individuals with whom we work, and to design and implement strategies to manage risks and foster resilience as advocates.

Actions:

- During the first semester of the clinic, clinic faculty will include a dedicated seminar class on the mental health impacts of human rights work, including strategies for managing risks, and facilitating student self-reflection about their own coping strategies. The class will include a written assignment about student experiences, concerns, and strategies. This class will be co-taught with an expert in psychology.
- During the first semester of the clinic, clinic faculty will include a dedicated class on recognizing and mitigating re-traumatization in individuals we may interview. This class will be co-taught with an expert in psychology, and the skills will be practiced in interview simulations.
- Each year, clinic faculty will review the readings and materials for the clinic classes on mental health impacts, and revise the materials to provide the most up-to-date mental health resources and research.
- To avoid siloing mental health issues, in classes not dedicated to mental health, students and supervisors will seek to discuss mental health issues and their connection to the subject matter as appropriate.
**Goal:** Foster positive mental health among our clinic members through project risk assessment, designing harm mitigation and resiliency strategies, and through pro-active outreach to clinic colleagues.

**Actions:**

- During project selection at the start of semester, supervisors will explain to students any projects with likely exposure to traumatic events or circumstances so that students can make informed decisions about project preferences.
- At the start of the semester, each clinic project team will conduct a “Trauma and Resilience Assessment,” and the project team supervisors and students will discuss the possible adverse or positive mental health impacts of the project. The Assessment will require the identification of risks, including pathways of exposure to trauma or re-traumatization, and the development of a resilience and mitigation plan. The Assessment will be analyzed and modified as necessary through the year.
- Where a project includes a task that involves increased or high-risk exposure to materials known to have adverse impacts (e.g. intensive reading of abuse narratives, reviewing evidence of abuse), supervisors will explicitly discuss in advance with students the potential responses or impacts and tailored harm mitigation measures. Supervisors will pro-actively check in with students around such heightened exposure. Students will pro-actively seek support or guidance from supervisors, peers, or outside experts as needed.
- Recognizing that periods of high stress may heighten vulnerabilities to adverse mental health impacts of trauma exposure, clinic project teams will foster an open dialogue regarding workloads and stress, and adjust the distribution of tasks amongst the team as necessary in light of stress associated with other obligations, such as exams. Teams will seek to manage timelines for project work to avoid or minimize work during exam periods.
- Supervisors and students will create as necessary ongoing opportunities to discuss mental health concerns resulting from project work during the semester.

**Goal:** The clinic will uphold and seek to further best practice in interviewing persons at risk of re-traumatization.

- Before any interviews, the clinic project team will conduct an assessment of the risk of re-traumatization to potential interviewees.
- Interview guidelines and protocols will be prepared for each set of interviews, taking into account the risk assessment, the clinic’s general interviewing guides, and specialized guides on interviewing persons at risk of re-traumatization.
- Interviews will be carried out in accordance with the clinic’s project-specific interviewing guidelines and protocols.
• Following interviews, project teams will examine and re-assess clinic practice, suggesting changes to future interviewing protocols as necessary.

Goal: In light of heightened mental health impacts that can be associated with clinic travel—particularly where a project involves travel to a location where students may have increased exposure to trauma—specifically tailor mental health assessments and planning to each proposed trip.

Actions:

• The project team, together with supervisors, will conduct a mental health risk assessment, and create a resilience plan for team members ahead of travel. This will include: assessing likely stressors and mental health risks, pre-planning individual and team tactics to de-stress and manage risk, and discussing sources of resilience and positive experiences. Pre-travel, these issues will be discussed openly in a dedicated team meeting, including with project partners as appropriate. Students with particular concerns will be invited to discuss these individually with supervisors.

• Pre-travel, and in accordance with clinic travel protocols, students will meet with the Director of Clinical Programs and/or the Dean of Student Services to discuss any travel related concerns.

• During clinic travel, the team will make dedicated time to check in and re-assess our resilience plan, and discuss our experiences. Supervisors will invite students to discuss with them any issues one-on-one, and will pro-actively check in with each student individually. Students will reach out to supervisors with any concerns or for specific guidance as needed.

• Each member of the team will seek to create time each day to de-stress or take a break from the work. Other members of the team will support and respect this time.

• Upon return, the team will meet to debrief, discuss experiences and lessons learned, and discuss whether additional steps should be taken to address mental health.

• Supervisors will pro-actively contact each student after trips to check in and will be available for individualized discussions. Where appropriate, additional resources will be provided to students.

Goal: Develop and make available structures and resources to provide additional support to students in building the knowledge, skills, and strategies for resilient human rights advocacy.

Actions:

• Clinic faculty will provide students information at the start of the semester on how to access counseling services at Columbia University, or additional specialized services elsewhere. This information will be provided again through the semester.

• Clinic faculty will retain a mental health advisor for the clinic, who can be available to advise on clinic-level strategies for mitigating risk and promoting resilience.
- Clinic faculty will encourage mentors participating in the clinic Mentorship Program to share their own strategies for fostering resilience with students.
- Clinic faculty will connect current students to former students, including those who have worked on the same project in the past, and who have expressed an interest in being a resource to current students on issues related to trauma and resilience.
- The clinic will keep files of additional resources for any interested students, including readings, studies, contacts for advocates who are available to discuss mental health, and records of strategies considered helpful by prior students and other advocates.

**Goal:** Engage in continuous learning, and improve our clinic resilience policy by creating opportunities for research, reflection, and assessment, and adopt necessary changes to best foster positive mental health.

**Actions:**

- Each year, the clinic will create a “Resilience Committee,” composed of student volunteers to monitor implementation of this policy, support the clinic to develop its overall approach to these issues, and to update this policy on a yearly basis.
- Clinic students will have the opportunity individually and in their project teams, to reflect on whether the clinic is meeting the goals of this policy, and to suggest steps the clinic, the project teams, and each student and supervisor can take to better meet those goals.
- Clinic faculty will engage in empirical research designed to study and promote resilience, and contribute to discussion and reform in the international human rights field.
- Clinic faculty will review and revise the clinic’s orientation, expectations, and background materials annually to ensure they best reflect the clinic’s goals, and student input.
- Clinic faculty will share this policy with advocates at other organizations, and exchange lessons learned for effective resilience approaches at the organizational level.