
Self-Care in an Interprofessional Setting Providing Services to Detained Immigrants with Serious Mental Health Conditions

Hannah C. Cartwright, Megan E. Hope, and Gregory L. Pleasants

The authors are social workers and lawyers in an interprofessional setting providing legal and social services to detained immigrants in deportation proceedings who have serious mental health conditions. Drawing on direct experience working in the setting, as well as survey responses and feedback from other involved providers, the authors (a) identify barriers to self-care for social workers and lawyers that prevent them from effectively addressing the effects of secondary trauma; (b) propose a relationship-centered framework that, as an alternative to individualized practices of self-care, serves as a way to overcome those barriers; and (c) apply that framework to a case example from their interprofessional setting. The authors advocate for a relationship-centered, recovery-based approach to self-care to manage trauma exposure responses for social workers and lawyers in their specific interprofessional setting and for those working together in similar settings.

KEY WORDS: *immigration detention; interprofessional settings; relationship-centered framework; self-care; serious mental conditions*

The following story is a work of fiction but reflects what we observed and experienced in our work with clients, lawyers, and social workers. Thomas, an immigrant who had lived in the United States for many years but never gotten his paperwork in order, ended up in his neighbor's yard one day. When the neighbor approached him, Thomas frantically told her he was being framed and that the government was after him. The neighbor asked Thomas to leave, but he did not, requesting help instead. Not knowing what to do, the neighbor called the police. When they arrived, Thomas was frightened, believing that they were the government agents who were tracking him. The neighbor asked the police to take Thomas to a hospital. Instead, the police arrested him for trespassing. When they ran his fingerprints, they learned that he had an old, pending case in immigration court.

Thomas lived in an area where the police share information with Immigration and Customs Enforcement (ICE). So when he was ordered released from jail on his own recognizance, he was immediately transferred to ICE custody at a nearby immigration detention center. After weeks of waiting, Thomas saw an immigration judge (IJ) and

gave a passionate explanation about how he had been framed by government agents. But he had trouble answering many of the IJ's basic questions about his life and his case. The IJ ordered an evaluation by a psychologist, which showed that Thomas was impaired by a serious mental health condition. The IJ appointed a nonprofit legal services agency to represent and assist Thomas in his case.

Several weeks later, a social worker named Cristina and a lawyer named Michael came to visit him. Thomas was happy to see them—he had been detained for months and had been in and out of the facility's segregation unit—but was unable to provide contact information for any family or friends. He told Cristina and Michael that he refused to take the "poison pills" that the jail doctors tried to give him and that he did not understand why he had to go to immigration court. Thomas said he hated being locked up and that his thoughts were really weighing on him.

The immigration detention system in which Thomas found himself is an extension of the mass incarceration system in the United States. ICE has the power to arrest, detain, and deport individuals it alleges do not have lawful status. A minority of these individuals ([American Civil Liberties](#)

Union [ACLU], 2014) are entitled to a hearing in the immigration court system, a national network of administrative courts run by the Executive Office for Immigration Review, which is part of the U.S. Department of Justice. In this system, an IJ hears the case and a trained ICE lawyer always prosecutes the case for the government, but immigrants have no right to a lawyer unless they can hire one. Accordingly, most detained immigrants like Thomas go through immigration court without legal help and, thus, are more likely to be deported (Berberich & Siulc, 2018).

A 2010 legal case, *Franco-Gonzalez v. Holder*, 10-CV-02211 DMG (DTBx) (C.D. Cal. 2011), marked a significant change to this system. Franco-Gonzalez successfully argued that going through immigration court without legal representation was particularly unfair for detained people with serious mental health conditions and that such people were entitled to representation as an accommodation to ensure basic fairness in immigration court. We are among the social workers and lawyers who provide legal and social services to this vulnerable population pursuant to *Franco-Gonzalez v. Holder* and related policies.

Given this adversarial, high-stakes setting and the population's vulnerability, questions of secondary trauma and self-care are urgent. The terms "secondary trauma" and "self-care" are amorphous concepts with competing definitions. Generally, *secondary trauma* refers to indirect exposure to another's direct experience of trauma, such as a client's retelling of their experience of violence (Newell & MacNeil, 2010). Following the trauma stewardship approach outlined by Van Dernoot Lipsky and Burk (2009) in *Trauma Stewardship*, this article uses an expanded conception of secondary trauma to include environmental, organizational, and societal factors that tend to mitigate or exacerbate trauma exposure responses. With this conception of secondary trauma in mind, by *self-care* we refer to the practices providers use to (a) effectively address trauma exposure responses and thereby (b) enhance the sustainability of their direct client work.

The necessity of a relationship-based framework for self-care is particularly apparent in this interprofessional setting. Detained immigrants dealing with mental illness are often impaired by chronic, severe, and untreated mental health conditions; have frequently suffered stigma and violence; and

often lack family or other support networks in the United States or their potential country of deportation. Many are detained in remote facilities operated by private incarceration companies, including CoreCivic and GEO Group, where punitive use of segregation as a response to mental illness is frequent and repeated incidents of self-harm have been widely and frequently reported (Disability Rights California, 2019; Human Rights Watch, ACLU, National Immigrant Justice Center, & Detention Watch Network, 2018; Sacchetti, 2018).

Amid these pressures, social workers and lawyers must represent clients in complex immigration legal cases. They attempt to reconnect clients to frayed social supports, advocate for quality mental health treatment within a detention system deliberately indifferent to their needs, and find community-based behavioral health services for released clients who lack insurance and have limited eligibility for public benefits. Meanwhile, lawyers and social workers face court-imposed, arbitrary time constraints, high caseloads, and limited resources, all against the backdrop of society's dehumanizing biases against immigrants, people with criminal convictions, and people with mental illness. As one provider has remarked, "Sometimes this can feel like a legal emergency room" (Anonymous, 2018).

BARRIERS TO SELF-CARE

The literature on our interprofessional setting is sparse. Collaborations between social workers and lawyers have been described in the context of legal aid (Barton & Byrne, 1975), public defenders (Buchanan & Nooe, 2017; Senna, 1975), elder law (Bassuk & Lessem, 2001), child welfare (St. Joan, 2001), and some aspects of immigration law (M. S. Silver & Burack, 2005). These articles describe different models of social work-legal partnerships and identify methods of navigating dual professional obligations (St. Joan, 2001). The challenges of working across professions have been identified in the context of isolated programs and indicate the need for more empirical evidence on the effectiveness and cost-efficiency of holistic representation by lawyers and social workers (Bassuk & Lessem, 2001; Buchanan & Nooe, 2017). Perceptions and practice of self-care in these settings, however, are not regularly addressed in the literature.

Given the scant extant relevant scholarship, this article relies on triangulation of several sources of qualitative, primary data to identify barriers to self-care in our interprofessional setting, including our experience as participant observers, participant responses to pilot secondary trauma prevention trainings conducted with lawyers and legal staff providing direct services, and notes about participant comments and questions during a video-conferenced national training with providers led by the authors. In addition, following that training, we conducted an electronic survey using a purposive sample ($N = 44$) of anonymized colleague providers in our national interprofessional network. (The questionnaire was sent to all subscribers of the networks' Listserv; even those who did not participate in the training were invited to participate.) The survey posed six open-ended questions about the quality of the training, attitudes and feelings about the importance of self-care to effective legal and social work practice, the appropriateness of the term "self-care," individual self-care behaviors, and perceptions of organizational impediments to self-care practice.

Five thematic barriers to self-care emerged from the survey and other sources of data: (1) differences in professional education, theoretical orientations, and practice approaches of social workers and lawyers; (2) workplace culture and lack of organizational support for self-care; (3) the inherent sense of urgency in relationships with vulnerable clients; (4) macro-level injustices affecting the served population; and (5) the effects of singular or compounded systems of oppression on staff seeking to engage in self-care.

Differences in Professional Education, Theoretical Orientations, and Practice Approaches

Social work education comprises multiple frameworks that are ideally suited to work with the vulnerable client population of our interprofessional setting, including systems theory, cultural competence, and the strengths perspective (Boys, Hagan, & Volland, 2011), as well as empathetic listening, crisis intervention, and other interpersonal tools about which law students typically receive little instruction (Coleman, 2001; M. A. Silver, Portnoy, & Koh Peters, 2015). Indeed, in reaction to trainings given to our national interprofessional network on the recovery model and basic clinical

skills for communicating with clients with mental health conditions, lawyers have frequently objected that they "are not therapists." Weinstein (1999) suggested that such resistance to skills from other disciplines may result from "the narrow focus and confined boundaries of linear thinking that define traditional law practice" (p. 340).

The two professions' perspectives on client relationships also diverge. Summarizing Bell and Daley, Walsh (2012) explained that "while lawyers have an instructive, representational, and deliberate relationship with their clients, social workers use their relationship with the client to resolve problems through consensus" (p. 755). The importance of human relationships as a vehicle for change is a core ethical principle of social work (National Association of Social Workers, 2017). Meanwhile, legal education focuses on analytical thought with an intensity that "divorces law students from their feelings" (Aiken & Wizner, 2003, p. 73) and devalues the awareness of emotional issues that is essential to working with others (Boys, Quiring, Harris, & Hagan, 2015).

These differences in approaches to client relationships are formative for a lawyer or social worker thinking about their role. For example, some providers have noted a tendency for lawyers to develop a "savior" complex—an outsized estimation of the lawyer's importance in the client's life. This may be a legacy of law school education, which Voyvodic and Medcalf (2004) characterized as "isolating, competitive, exclusive, and self-aggrandizing" (p. 125)—features that may carry over to law practice settings and impede self-care. Relatedly, lawyers generally define success as winning cases (Barton & Byrne, 1975). This outcomes-oriented focus may make apparent "failure" much more devastating to lawyers, again impeding self-care. Social workers, in contrast, measure process-oriented growth and development (Barton & Byrne, 1975). Even if the desired outcome in the legal case was not attained, a client's experience of a relationship of trust or being heard is itself considered a success and valuable.

Differences in professional education also influence how social workers and lawyers understand and practice self-care, beginning with whether the topic is even discussed. Within our interprofessional network, social workers often recall that their graduate education abounded with reminders of the importance of self-care for effective and

sustainable practice, and instruction about recognizing and responding to secondary trauma. Meanwhile, lawyers report learning little or nothing about these concepts in law school.

Workplace Culture and Lack of Organizational Support for Self-Care

To gauge structural barriers to the practice of self-care in our interprofessional setting, the recent survey of the national network of providers asked, “What is the biggest challenge to engaging in self-care at your organization?” Most respondents cited realities directly related to the nature of work in the immigration court and detention systems: heavy workloads, deadlines and time constraints, and too much paperwork. Also identified as obstacles to self-care were workplace norms, as well as organizational practices and attitudes that are cultural or relational. For example, one respondent said, “We also have a culture that overvalues a ‘head down and keep fighting’ mentality, as opposed to honoring how painful this work can be” (Anonymous, 2018). Another referenced the difficulty of setting workload boundaries when all staff members are overburdened: “You feel bad because, if you say ‘no,’ you know it falls on someone else that is also overworked, that you care about” (Anonymous, 2018). And others lamented that their organizations failed to provide any meaningful support for self-care: “For the most part, it is left to individual employees to pursue separate and apart from work” (Anonymous, 2018). In effect, most respondents focused on discrete notions of self-care tied to work realities, for example, the need to reduce caseloads and work hours. Only a few framed self-care around relationships—including relationships with coworkers (regarding distribution of work) and with the organizational management (regarding lack of institutional support for self-care).

Sense of Urgency in Relationships with Vulnerable Clients

Providers in our interprofessional network describe an acute awareness of the dire straits of their clients, one that can make the practice of self-care seem infeasible and even inappropriate. Most clients in this vulnerable population have experienced some combination of the racism, violence, stigma, neglect, and other deprivations that accompany being poor, having a serious and usually untreated mental illness, and experiencing repeated contact

with the criminal justice and immigration enforcement systems. Those traumas are present and felt in the client relationship. As one survey respondent explained,

I think the term self-care can be conflated with selfishness/indulgence, which feels uncomfortable to many providers who work towards upholding the rights of their clients in a completely horrific system that strips them of the ability to offer themselves self-care. (Anonymous, 2018)

Macro-Level Injustices Affecting the Served Population

Related to the stress of individual clients’ situations are the systems of oppression that define their environments. Social workers and lawyers must face the practical reality that their clients’ vulnerabilities are often without sympathy or remedy under immigration law; that immigration detention is a setting that *will* make their clients get worse; and that their clients, if deported to a country where people with mental health conditions are targeted for violence, may suffer serious harm or death. Society’s dominant view of this vulnerable population exacerbates trauma exposure responses. Society dehumanizes racial minorities and immigrants, people with criminal convictions, and people with mental health conditions, and some clients—like Thomas—have all three traits. Those doing this work are confronted with the prejudice that their clients deserve exile and are less than fully human. The toll of these social forces undermines self-care, even as providers reach for it. As a colleague put it, “Doing yoga is not going to fix how we feel about the injustices we face every day. The problem is the injustices, not that we aren’t taking care of ourselves well enough. But sometimes, it is both” (Anonymous, 2018).

Effects of Singular or Compounded Systems of Oppression on Staff

The question of how the practice of self-care may be affected by a provider’s race, gender, and other identities is important. The self-care practice we propose is based on assuming an empathic and authentic stance in relationships with clients. Because this stance exists in challenge to the dominant view—that self-care is an individual matter, and that relationships with clients should

be marked by professional distance and reliance on narrow expertise—practitioners of our approach may attract scrutiny and criticism from the dominant view. Further research is warranted on the challenges that providers with marginalized identities may experience while trying to engage in relationship-based self-care. Such research is best led, for example, by practitioners of color; female and nonbinary, lesbian, gay, bisexual, transgender, queer, and trauma-surviving practitioners; and others who may face additional barriers to relationship-based self-care imposed by living in a society marked by white and male supremacy.

Dominant Notion of Self-Care and the Need for a Relationship-Centered Framework

Too often the popular conception of self-care is not framed around the client relationship, but instead around discrete, individual practices separate from that relationship. For example, our survey of providers also asked, “What is the most effective step you take towards self-care?” Only two of 42 people who responded to the question made any mention of the client relationship, such as realizing that a client’s behavior is not in their control or choosing to feel hopeful for a client’s future despite the risks the person faces (Anonymous, 2018). Remaining responses focused on discrete actions to be taken by the individual social worker or lawyer separate from the client relationship, for example, getting more exercise and sleep, taking time off, engaging in hobbies, spending time with loved ones, going for walks, and doing breathing exercises at lunch (Anonymous, 2018).

Ultimately, this individualized notion of self-care is inadequate. And perceptions that self-care benefits only the provider—and, perhaps more important, that the absence of self-care harms only the provider—are dangerous. Self-care in the broader sense of trauma stewardship can be an integral, powerful part of a professional’s practice, whether the professional is an attorney or a social worker. This type of self-care can (a) enable healthy relationships with clients and (b) improve the long-term sustainability and effectiveness of the work.

The relationship-centered framework we propose here is rooted in the person-centered ap-

proach embedded in social work practice and directly based on the work of recovery model theorist and practitioner Mark Ragins. Dr. Ragins has highlighted the links between client-provider relationships, provider self-care, and client outcomes for clients who have serious mental health conditions (Ragins, 2004, 2011). He has advocated that the principles of the recovery model also be applied to organizational self-care (Ragins, 2014). The core principle that informs this framework is that a client relationship based on empathy, authenticity, and unconditional positive regard will process trauma more effectively, increase trust and collaboration, and thereby simultaneously reduce the need for self-care and strengthen self-care practices. This framework assumes the reality that neither lawyers nor social workers can control outcomes, the systemic injustices of the immigration system, or what ultimately happens to a client when the client leaves the immigration system, but that they can control the quality of the relationship they create in the time they share with the client.

APPLYING THE RELATIONSHIP-CENTERED FRAMEWORK

One of the most common questions that arise for providers in our interprofessional network is, “I’m constantly exposed to trauma from my clients. How do I deal with my feelings?” Attorneys and social workers may ask this question from distinct professional conceptual structures and have different skills and tools to respond to it. However, we argue that regardless of profession, this question should be answered through a relationship-based framework.

To explore this, we return to our client, Thomas; his social worker, Cristina; and his lawyer, Michael. Although hypothetical, the step-by-step framework below is a distillation of our years of experience working with this client population and colleagues in our interprofessional network. The framework has been created, refined, and tested in practice through conversations, both among peers and between agencies and program administrators (including one of this article’s authors, who is the national director of the interprofessional network); during phone, video, and in-person trainings over approximately four years; across more than 20 different agencies; and on a nationwide scale. The following scenario is indicative of questions, dynamics, and responses observed many

times. The authors also recognize that a more rigorous empirical study of this framework is a priority and call for the same.

Michael and Cristina split up the work of representing Thomas. They took turns visiting Thomas at the detention center; Michael was focused on his legal case, and Cristina was trying to advocate for mental health care in the detention center and plan postrelease placement services. Unfortunately, things were not going well, and Thomas had now been detained for eight months. Michael had conducted legal research and concluded that Thomas would be lucky if he could get voluntary departure (VD), a form of relief that would allow him to avoid an order of deportation and perhaps return to the United States in the future. But Thomas did not want VD, fearing that it was a setup by government agents who were tracking him. Michael had also received a packet of what looked like interesting legal research from Thomas, who read voraciously, but Michael had not had time to review it. After Michael had talked to Thomas about VD three times, Thomas expressed frustration and was now refusing to see Michael.

Cristina was also hitting a wall. The medical team at Thomas's jail would not answer her calls, and the ICE agent in charge of Thomas's case was unwilling to help, saying it was not his job. Cristina could tell that Thomas was steadily decompensating and that it was affecting his willingness to talk with her and Michael. Thomas had also told Cristina that he was seeing people in the jail who he knew had already died. Cristina had no luck locating family or friends who could help pay a bond, much less find anywhere Thomas could live if released on bond.

In their weekly check-in with their agency's legal director, Michael expressed irritation with Thomas for refusing to see to him. He also complained about how tired he was and said he needed to have some less-demanding cases. Cristina shared that she also was feeling overwhelmed. She was juggling three clients like Thomas who were isolated, and she was their only contact with the outside world. She felt that it was her responsibility to find housing for Thomas so that he could get a bond, because Michael was dealing with so many legal complications. Cristina recognized that she was starting to feel hopeless. She resolved to go for a run and take some "me time" when she got home. (One of the additional challenges to self-

care is that supervision in legal services agencies is provided predominantly by lawyers or advocates in a management role, who may not have training in providing supervision that is focused on the client relationship (as would normally be offered in a social work setting). (Although two of the authors hold joint MSW/JDs, supervision that is focused on the client relationship is not common within our interprofessional network.) The agency's legal director, Maria, a seasoned advocate trained to provide supervision in the relationship-based framework, used the following six recovery principles to guide her conversation with Michael and Cristina:

1. Re-center the question of self-care in the client relationship: Maria prompted Cristina and Michael to realize that the vexation they were feeling flowed, in large part, from their relationship with Thomas, and that self-care had to be centered within that relationship, too. Although having less-demanding cases and getting some "me time" might also be important for self-care, the place to start was with Thomas, by exploring their feelings directly with him.

2. Normalize the experience of being affected by a client's trauma: Maria reminded Michael and Cristina that it is natural to be affected by the emotional content "put out" by clients. Thomas was locked up, isolated, afraid, and frustrated. He was understandably traumatized by his experience, and that trauma would naturally be felt in the relationships with his providers. Maria stressed that as professionals working with traumatized populations in traumatizing settings, they would often feel such an impact, but that this was normal.

3. Reiterate the risks—to self-care and to the client's well-being—of society's dominant approach of reacting to a client's trauma with avoidance, rejection, and retreat: Maria reminded Michael and Cristina that the emotional content they were feeling from Thomas was real, normal, and demanded a relationship-based response. Maria reiterated that the dominant approach from society and culture, professional codes, and other colleagues would counsel retreat into distanced professional roles, avoiding connection with Thomas's feelings, and denying the impact of Thomas's trauma on their own emotional selves. But, she said, such responses would

make their self-care harder, not easier. Maria noted that such disengagement could lead to maladaptive coping responses that undermine self-care, including anger, burnout, and substance abuse. Maria also cautioned that like all people—with or without mental illness—Thomas would easily detect any refusal to authentically engage with him, which in turn would erode his trust. Neither Cristina nor Michael would be able to advocate effectively for Thomas or engage in effective self-care without having a relationship of empathy and trust with him.

4. Urge leaning into the client relationship with empathy, authentic connection, and unconditional positive regard, to “feel your heart go out to” the client (Ragins, 2015), and to refocus on the client’s strengths: Maria validated Cristina’s discouragement about the isolation and decompensation that Thomas was experiencing and her frustration at not being able to help him more. She encouraged Cristina to share those feelings with Thomas to build empathy. Maria also encouraged Michael to share his frustration with Thomas, but to do so in a way that acknowledged and accepted Thomas’s desire to not seek VD. She suggested that during his next visit with Thomas, Michael could begin by asking Thomas what he would like to talk about and then just listen to him. She reminded Michael that empathetic listening would rebuild trust and eventually point the way toward a legal strategy that Thomas and Michael could pursue together. Michael balked, saying that he was “not Thomas’s therapist.” Maria responded that without reestablishing rapport and trust with Thomas, Michael would not be able to get to the legal work and would continue to experience challenges to his self-care. Michael then remembered Thomas’s research and decided that would be a strengths-based place to start.

5. Embrace the resistance; prioritize shared resilience over safety: Maria ended her conversation with Cristina and Michael by acknowledging that their task—to reengage with Thomas through empathy and authentic connection—might cause them to feel resistance, or a sense that establishing emotional rapport and trust would distract them from the immediate casework at hand. Maria also recognized that connecting with Thomas emo-

tionally, especially in his state, might feel risky or unsafe, but that feeling “safe” and comfortable was not the goal. The reality was that Thomas’s situation was difficult, taxing, and emotionally demanding, and might feel unsafe. But Michael and Cristina needed to build shared resilience with Thomas so they could face together the uncertainty of his future.

6. Acknowledge that the relationship-based approach, while powerful and necessary, is not a panacea: Maria ended her supervision with Michael and Cristina by recognizing that practicing from a relationship-centered framework is not a cure-all. She acknowledged that it was not a replacement for reasonable workloads and apologized that caseloads were too high because of recent funding cuts and staff departures. Maria also agreed that Thomas was a challenging client and that attempts over time to engage him might be quite difficult or even fail, but that taking such a risk was required to have a chance at helping Thomas. Maria recognized too that Michael’s and Cristina’s ability and willingness to engage in this relationship-based framework might be affected by their professional training, their gender, their race, and their sexual orientation. She also appreciated that her team was young and, although their energy and commitment were evident, Michael and Cristina were both relatively new to this work. Maria knew that patience with and encouragement of her new staff—itsself a type of relationship-based self-care at a management level—would be essential to their success.

AREAS FOR FURTHER RESEARCH

The social work profession can contribute to the improved practice of self-care in this emergent interprofessional setting through its centering of relationships; use of strengths perspective; and examination of the dynamics of power, privilege, and oppression in client, staff, and organizational relationships. During the drafting of this article and discussions within our interprofessional network, we identified the need for more data on self-care practices among social workers and lawyers. In particular, further research is needed on (a) how the policies and cultures of nonprofit legal services organizations affect the practice of self-care by social workers and lawyers; (b) how to train managers at legal services agencies, many

of whom have primarily legal training, to provide supervision consistent with the relationship-based framework; and (c) the relationship between privilege and self-care—specifically, how racism, sexism, and other forms of discrimination affect the ability of providers to engage in relationship-based self-care. **SW**

REFERENCES

- Aiken, J. H., & Wizner, S. (2003). Law as social work. *Washington University Journal of Law and Policy*, 11(1), 63–82.
- American Civil Liberties Union. (2014). *American exile: Rapid deportations that bypass the courtroom*. New York: Author. Retrieved from <https://www.aclu.org/report/american-exile-rapid-deportations-bypass-courtroom>
- Anonymous. (2018, November). [Survey responses following monthly training on self-care in interprofessional settings for the National Qualified Representation Program, with permission from quoted respondents]. Unpublished raw data.
- Barton, P. N., & Byrne, B. (1975). Social work services in a legal aid setting. *Social Casework*, 56, 226–234.
- Bassuk, K., & Lessem, J. (2001). Collaboration of social workers and attorneys in geriatric community based organizations. *Journal of Gerontological Social Work*, 34(3), 93–109.
- Berberich, K., & Siulc, N. (2018, November). *Why does representation matter? The impact of legal representation in immigration court* [Fact sheet]. New York: Vera Institute of Justice. Retrieved from https://storage.googleapis.com/vera-web-assets/downloads/Publications/why-does-representation-matter/legacy_downloads/why-does-representation-matter.pdf
- Boys, S., Hagan, C., & Voland, V. (2011). Lawyers are counselors, too: Social workers can train lawyers to more effectively counsel clients. *Advances in Social Work*, 12(2), 241–254.
- Boys, S. K., Quiring, S. Q., Harris, E., & Hagan, C. A. (2015). Social work and law interdisciplinary service learning: Increasing future lawyers' interpersonal skills. *Journal of Teaching in Social Work*, 35, 410–424. doi:10.1080/08841233.2015.1063569
- Buchanan, S., & Nooe, R. M. (2017). Defining social work within holistic public defense: Challenges and implications for practice. *Social Work*, 62, 333–339. doi:10.1093/sw/swx032
- Coleman, B. (2001). Lawyers who are also social workers: How to effectively combine two different disciplines to better serve clients. *Washington University Journal of Law & Policy*, 7(1). Retrieved from http://openscholarship.wustl.edu/law_journal_law_policy/vol7/iss1/9
- Disability Rights California. (2019). *There is no safety here: The dangers for people with mental illness and other disabilities in immigration detention at GEO Group's Adelanto ICE Processing Center*. Retrieved from <https://www.disabilityrightsca.org/post/there-is-no-safety-here-the-dangers-for-people-with-mental-illness-and-other-disabilities-at>
- Franco-Gonzalez v. Holder, 767 F. Supp. 2d 1034 (C.D. Cal. 2011).
- Human Rights Watch, American Civil Liberties Union, National Immigrant Justice Center, & Detention Watch Network. (2018). *Code red: The fatal consequences of dangerously substandard medical care in immigration detention*. Retrieved from <https://immigrantjustice.org/sites/default/files/content-type/research-item/documents/2018-06/Code%20Red-%20detention%20deaths%20report%20June%202018.pdf>
- National Association of Social Workers. (2017). *Code of ethics of the National Association of Social Workers*. Washington, DC: Author.
- Newell, J., & MacNeil, G. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue: A review of theoretical terms, risk factors, and preventive methods for clinicians and researchers. *Best Practice in Mental Health*, 6(2), 57–68.
- Ragins, M. (2004). Up close and personal: A plea for emotional closeness with patients. In *Exploring recovery: The collected village writings of Mark Ragins*. Retrieved from <http://static1.1.sqspcdn.com/static/f/1084149/15475569/1323193984247/56UpCloseandPersonal.pdf?token=145THd6Gsd7IvktbitjIBnxHZyE%3D>
- Ragins, M. (2011). Understanding burnout and protecting ourselves. In *Exploring recovery: The collected village writings of Mark Ragins*. Retrieved from <http://static1.1.sqspcdn.com/static/f/1084149/15474898/1323191494177/59UnderstandingBurnout.pdf?token=SBLYZhTrAeLtTzrGHwX7fvPNItc%3D>
- Ragins, M. (2014, December). *Working with severely mentally ill immigration detainees: A practice, hopeful, recovery-based approach*. Presentation at the 2014 National Qualified Representative Program on-site training program, Los Angeles.
- Ragins, M. (2015, December). *Applying the recovery model to lawyer-client relationships*. Presentation at the 2015 National Qualified Representative Program on-site training program, Los Angeles.
- Sacchetti, M. (2018, November 29). ICE detainee hanged himself after being taken off suicide watch. *Washington Post*. Retrieved from https://www.washingtonpost.com/local/immigration/ice-detainee-hanged-himself-after-being-taken-off-suicide-watch/2018/11/28/67a62e74-edb8-11e8-baac-2a674e91502b_story.html
- Senna, J. J. (1975). Social workers in public defender programs. *Social Work*, 20, 271–277.
- Silver, M. A., Portnoy, S., & Koh Peters, J. (2015). Stress, burnout, vicarious trauma, and other emotional realities in the lawyer/client relationship. *Touro Law Review*, 19, 847–873.
- Silver, M. S., & Burack, O. R. (2005). The benefits of forensic social work in immigration law practice. *Journal of Immigrant & Refugee Services*, 3(3), 29–42. doi:10.1300/J191v03n03_03
- St. Joan, J. (2001). Building bridges, building walls: Collaboration between lawyers and social workers in a domestic violence clinic and issues of client confidentiality. *Clinical Law Review*, 7(403), 403–467.
- Van Dernoot Lipsky, L., & Burk, C. (2009). *Trauma stewardship*. Oakland, CA: Berrett-Koehler Publishers.
- Voyvodic, R., & Medcalf, M. (2004). Advancing social justice through an interdisciplinary approach to clinical legal education: The case of legal assistance of Windsor. *Washington University Journal of Law & Policy*, 14(1), 101–132.
- Walsh, T. (2012). Lawyers and social workers working together: Ethic of care and feminist legal practice in community law. *Griffith Law Review*, 21, 752–771. Retrieved from <https://www.tandfonline.com/doi/abs/10.1080/10383441.2012.10854761>
- Weinstein, J. (1999). Coming of age: Recognizing the importance of interdisciplinary education in law practice. *Washington Law Review*, 74(2), 319–366.

Hannah C. Cartwright, MSW, JD, is a supervising attorney, Detained Project, National Immigrant Justice Center, 224 S. Michigan Avenue, Suite 600, Chicago, IL 60604; e-mail: hcartwright@heartlandalliance.org. **Megan E. Hope, MSW, MA**, is social service project director, Rocky Mountain Immigrant Advocacy Network, Westminster, CO. **Gregory L. Pleasants, MSW, JD**, is program director, National Qualified Representative Program, Vera Institute on Justice, Los Angeles.

Original manuscript received August 27, 2018
Final revision received April 12, 2019
Editorial decision September 9, 2019
Accepted September 23, 2019
Advance Access Publication December 17, 2019