

# Understanding and Advocating for the Traumatized Client

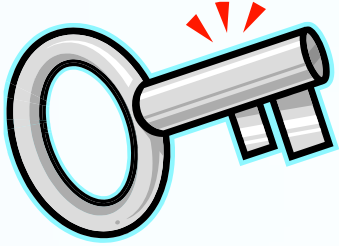
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# Trauma Impacts Your Practice

- Some of your clients are victims of trauma
- The effects of trauma make practice more challenging
- The more you understand and can address it's impact, the more you can enjoy practice.

# Key Elements of a Trauma Informed Practice



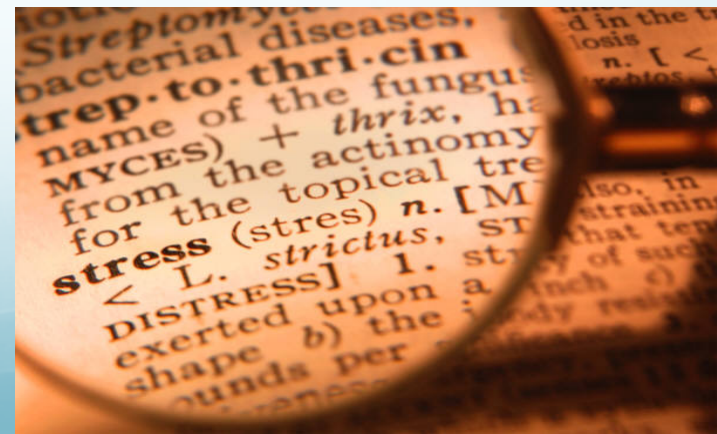
- Being aware of the presence of trauma
- Understanding how traumatic experience can affect a person's physical, emotional, social and cognitive functioning
- Working with a client's trauma symptoms, not against them
- Developing a strong repertoire of trauma informed practices

# What is trauma?

- A person is confronted with the death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows:
  1. Direct exposure
  2. Witnessing, in person
  3. Indirectly, by learning that a close relative or close friend was exposed to trauma.
  4. Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders).

# Distinguishing Stress, Crisis, Trauma

- Stress -- A stressful event is one that provokes a physical and emotional stress response
- Crisis -- A crisis is an emotionally significant event or radical change of status in a person's life.
- Trauma – a traumatic event encompasses *both*
  - an event is NOT defined as traumatic by the severity of the reaction to the event but by the presence of the factors described previously



# The Neurobiology of Trauma



# The Neurobiology of Trauma

- Three parts of the brain:
  - Prefrontal cortex – responsible for executive functions, rational, linear thought, provides *some* control over other parts of the brain
  - Limbic (mammalian) system – emotional brain responsible for relationships, empathy and connection with others (humans and animals)
  - Primitive (reptilian) brain – controls involuntary actions (breathing, heart beat) as well as responses to threat.

# The Neurobiology of Trauma and *Behavior*

- As a prey species for millenia, humankind developed a highly effective biological response to fear in order to enhance chances of survival
- Fear triggers our primitive brain to signal for a cascade of neurochemicals and hormones that instantly alter heart rate, breathing, blood distribution, pupil dilation

Adapted from Dr. David Lisak, "The Neurobiology of Trama," unpublished article, 2002



# The Neurobiology of Trauma and Behavior

- “Flight or fight” response is unconscious; it bypasses the prefrontal cortex and is wired directly into the amygdala, located in the primitive brain
- Seeing a gun, for example, triggers the response long before we say to ourselves: “That’s a gun!”

Adapted from Dr. David Lisak, “The Neurobiology of Trama,” unpublished article, 2002





# The Neurobiology of Trauma and *Behavior*

- First stage before “flight” or “fight” can be “freeze” (also called “arrest”)
  - When threat appears to be distant, is survival mechanism that allows one to assess threat while body prepares for flight
  - Not to be confused with “tonic immobility,” which is response that occurs when threat is imminent and near, and neither flight nor fight is perceived to be possible

Adapted from Dr. David Lisak, “The Neurobiology of Trauma,” unpublished article 2002, and “Sex Offender Behavior & Characteristics: Implications for Investigation, Prosecution & Prevention,” a powerpoint presentation 2011

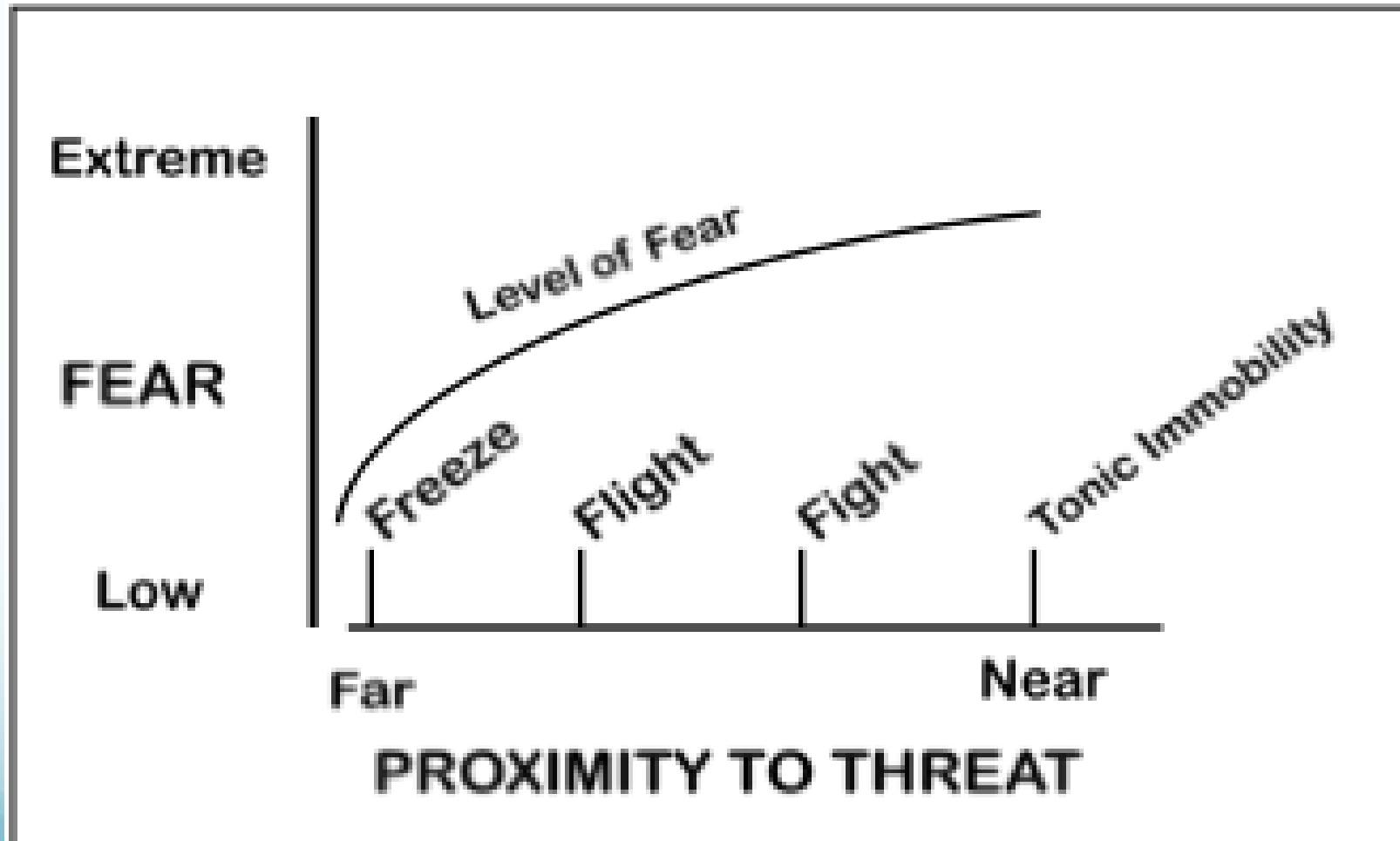
# The Neurobiology of Trauma and *Behavior*

- Both “flight” and “fight” are triggered by high adrenaline response and increased alertness and focus, with increased physical capacity to enable either fight or flight
- “Flight” or “fight” depends on proximity of threat

Adapted from Dr. David Lisak, “The Neurobiology of Trama,” unpublished article, 2002, and “Sex Offender Behavior & Characteristics: Implications for Investigation, Prosecution & Prevention,” a powerpoint presentation 2011



# The Neurobiology of Trauma Behavior



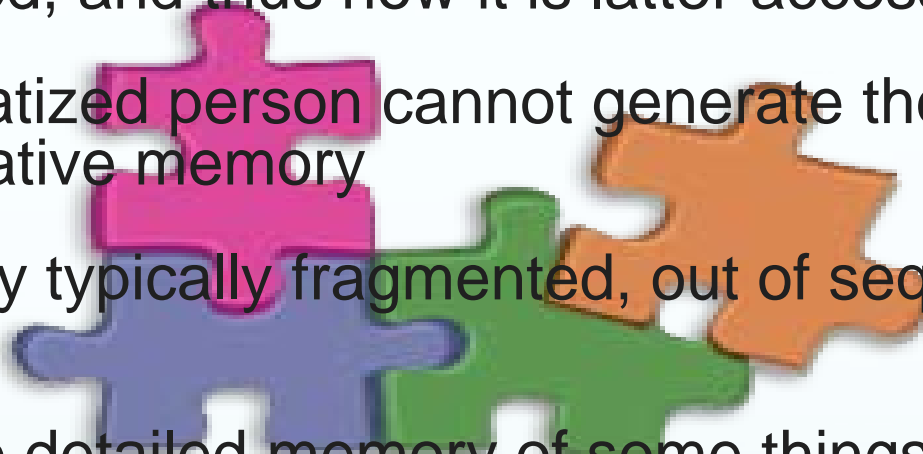
Marx, B.P., Forsyth, J.P., Gallup, G.G., & Fuse, T. (2008). Tonic immobility as an evolved predator defense: Implications for sexual assault survivors. *Clinical Psychology: Science & Practice*, 15, 74-90.

# The Neurobiology of Trauma and *Behavior*

- “Tonic immobility” is also called “submit response,” or “fear paralysis”
- Verbal and physical immobility, induced by fear and physical restriction or perceived inability to escape
- An adaptive response when one does not perceive the possibility of successful flight or fight
- Studies have found tonic immobility to have been a response in some survivors of rape as adults and in survivors of childhood sexual abuse

# The Neurobiology of Trauma and *Memory*

- Radically altered neurochemical environment of trauma affects how memory of the trauma is encoded, and thus how it is later accessed
- Traumatized person cannot generate the same kind of narrative memory
- Memory typically fragmented, out of sequence, with gaps
- Intense detailed memory of some things, fuzzy or no memory of other things
- Memories may rise to surface over time



# Implications for Practice

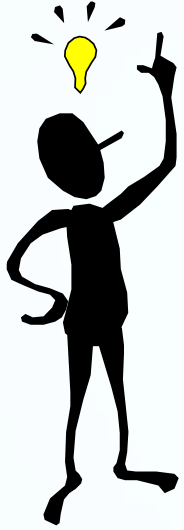
What might/do you see in a client who has survived trauma?

- Difficulty telling a coherent story of the event
- Some may express a lot of distress, others may have flat affect
- Some may be combative or angry, others very passive and fearful
- Some may struggle to remember or stay on top of dates, details, tasks
- May appear secretive or paranoid, overly dramatic or zombie like
- Some clients may experience triggering events in court and respond emotionally or appear detached



# Trauma Informed Practice

- Interviewing
- Communication
- Healthy Boundaries
- Compassionate Truth
- Evaluations
- Preparing for court
- Working with Advocates
- Working with Mental Health Professionals
- Vicarious Trauma



# Problem-Solving

You represent a 32 year old woman in her divorce. The parties have 3 kids together. During your initial interview, your client said her husband had been somewhat controlling and difficult, but your client believes he is a good parent. You file a complaint requesting joint legal and sole physical custody for your client.

After you file the complaint, your client shares new information about verbal and physical abuse during the marriage. You have prepared a motion for supervised exchanges given her allegations.

The day you are ready to file the motion, your client calls you crying and tells you that the children have told her that their father has been physically abusive to them.

# Trauma Indicators in Interviews

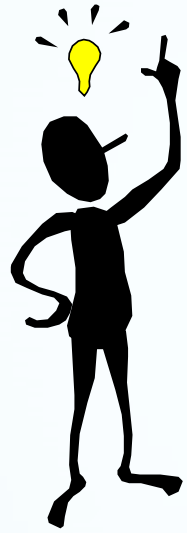
- A story that doesn't fit together or has gaps
- Story that doesn't unfold in a coherent way/client is jumping around in the story.
- Client exhibits flat affect/no emotion/odd response
- Client seems overly distraught
- Client looks “spaced out” or under the influence of drugs or alcohol.

# Interviewing

- Allow client to control the flow of the narrative
- Do not insist on a chronological account
- Use gentle prompts: What's the next thing you remember? How did you respond to that?
- Use non-verbal communication to indicate you are listening
- Allow for breaks or more than one session

# Communication

- Neurobiologic response to trauma may impact: memory, retention of information, focus and concentration.
- Possible solution: provide information in multiple ways and multiple times.
  - verbal and written
  - summaries and reminders.



# Problem Solving

Your client's husband has been involved with the children and has exercised parenting time while your client worked nights 3 times per week. Despite this, your client tells you she will only "give" him supervised parenting time because of his abuse.

When the husband's attorney offers to settle the custody issue with joint legal and joint physical custody with equal parenting time, you suggest your client accept the offer.

Your client refuses to accept the offer and complains that you are not advocating on her behalf. She accuses you of being influenced by her husband's lies and influence.

# Compassionate Truth

Refers to two aspects of the communication:

- 1) recognizing and acknowledging to the survivor the difficulty in accepting realistic possibilities for the outcomes, which may be far from what the survivor wishes;
- 2) being vigilant in providing accurate and realistic expectations of process or outcomes to avoid encouraging false hopes or, conversely, discouraging any hope



# Problem Solving

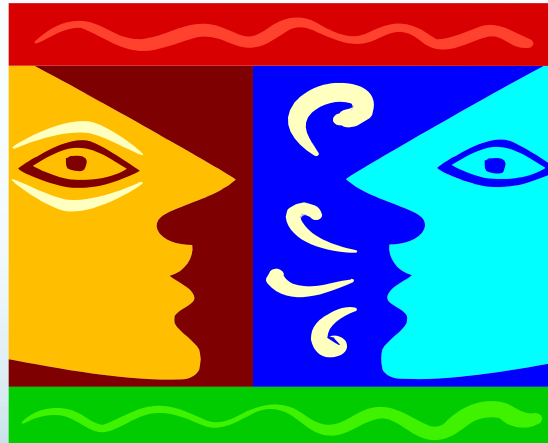
You have begun to take multiple calls a week from a 29 year old client struggling with an indisputably manipulative and vindictive husband with whom she has 2 kids.

Although the calls initially are related to the case, the survivor begins to ask you how she should respond to her husband's abusive behavior, whether she should get a different job, is she doing the right thing when disciplining the children. Over time, you find yourself in the role of main support person and providing advice well beyond the legal arena.



# Healthy Boundaries

- Boundaries are physical and emotional limits that are set between people in relationships.
- Healthy boundaries create a framework within which empowering and respectful interactions can occur.



# Unhealthy Boundaries

- “Rescuing” is when we take action outside of the scope of our professional responsibilities, and perhaps outside of our expertise, in a misguided attempt to rescue the client from her circumstances.
- Judgment (minimizing or evaluating the merits of your client’s experience and choices) a way in which we distance ourselves from another’s pain or vulnerability.

# Psychological or Custody Evaluations

- May wrongly diagnose normal trauma responses as pathology
- Trauma survivor may appear paranoid, anxious, depressed.
- Must be done within the context of trauma
- Ideally would occur at least 6 months post trauma
- May be difficult to get accurate assessment in DV cases.



# Problem Solving

During her testimony at trial, your clients starts to cry when the opposing counsel asks her if she has any criminal background. You know that she has a shoplifting conviction from 12 years ago, but are not concerned about that impacting the custody decision. Your client becomes hysterical on the stand and you ask for a recess to let her regain her composure.

During the break, your client tells you to give her husband anything he wants in order to settle the case.

What do you do?

What's happening?

# Preparing for Court

- Go over what to expect
- Team up with a advocate or support person
- Make a plan for how to deal with the abuser's presence in the courtroom
- Make a plan for what to do if the survivor is triggered during the court proceedings.
- Explore safety options for before, during and after court

# Working with Advocates

- Assist you in meeting your obligation to provide competent representation under Michigan Rules of Professional Conduct
- Provide added emotional support for your client
- Ensure that your client has access to someone with expertise in exploring safety options
- Assist your client in self-organization, helping you get the information and materials you need from the client to support your case
- Keep you and/or your client informed about any pending criminal matters that may impact the divorce or custody case or personal protection order matter

# Mental Health Professionals

A counselor/therapist should be able to help your client:

- identify and communicate her needs,
- shift through and process information,
- assist her as she makes decisions about what is best for her,
- flag when her emotional expectations may be unrealistic,
- discuss when she is either looking for her lawyer to rescue her, or vilifying her attorney because the attorney can't get her what she wants,
- help the client prepare for and manage trauma reactions to highly intense or difficult situations such as interviews or court proceedings.

# Working with Mental Health Professionals

In cases where there is severe mental illness (e.g., bipolar disorder, psychotic disorder, severe substance use), it will be imperative that your client engage in treatment – often both pharmacological and talk therapy – to increase her ability to engage in the process and make informed decisions.





# Vicarious Trauma

“Vicarious trauma is what happens to your neurological (or cognitive), physical, psychological, emotional and spiritual health when you listen to traumatic stories day after day or respond to traumatic situations while having to control your reaction.”

(Izzo & Miller, *Second Hand Shock: Surviving and Overcoming Vicarious Trauma*,  
<http://www.vicarioustrauma.com>).

# Vicarious Trauma

Warning signs of burn out:

- irritability, cynicism, hostility, sadness, increase in illness or flare-ups of chronic problems
- feeling angry at your clients for needing so much from you, or overwhelmed by the enormity of their needs
- feeling indifferent or uncaring about other's needs or pain
- difficulties in relationships at home or at the office, interpersonal conflicts, road rage.

# Questions?

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