

The Trauma Resiliency Model

Guidelines for Working in Disaster Zones

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While visiting a displaced persons camp, a young woman, Marie, a survivor of the Haitian earthquake, recounts in Creole that she has not felt well since the earth erupted and changed her life forevermore. She reports that she has insomnia, stomach discomfort and headaches and often feels a weakness in her legs. She feels her heart beating too fast and is exhausted all the time. Her feelings fluctuate and she is riddled with despair, guilt, anger, sadness, grief and shame. She further states that she is forgetful and feels confused about the present and the future. She recounts her fear and stories that her friends have shared of acts of violence against women. Tragically, she says through tears that her father and fiancé have perished in the ruins of Port au Prince. The symptoms she describes are common after a natural disaster of the magnitude in Port au Prince. These symptoms have also been witnessed in survivors of the major catastrophic events in Thailand, China, New Orleans and Africa over the last five years. This article will explore the common human reactions to catastrophic events and ways that the Trauma Resiliency Model can help bring individuals back into balance by simple biological interventions and psychoeducation.

Shock trauma refers to events that overwhelm a person's coping abilities. The massive experience of witnessing widespread death and destruction is of an existential nature. During the experience, it came too quickly and too fast and overwhelmed the person's capacity to respond. The survivors frequently describe an inner sense of disintegration and fragmentation accompanied by intense emotions.

Survivors often describe a "reconstructed" self where personal safety is lost. There are often massive changes in social structure: death and injury to family and friends, loss of one's home, loss of community gathering places such as churches, shopping centers and public parks. There is often a profound sense of survivor's guilt that can be seared into one's core. The guilt and the corresponding shame can manifest in distorted thoughts, beliefs, and be expressed through somatic symptoms. For some, there may be the omnipresent internal struggle of wanting to live and wanting to die.

A New Lens: A Biological View

There is a biological basis for the human experience following a catastrophic event that is embedded in the human nervous system. Traumatic stress responses can act as a constant internal background for many survivors. States of nervous system arousal effect perceptions of the world and thus can drive behavior that for some can lead to

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aggression and violence on one end of the spectrum to disconnection and depression on the other end. States of dysregulation are born out of a traumatic experience and can be activated even with a minor trigger. The dysregulation of the autonomic nervous system results in a lack of a sense of balance within the person's mind and body.

If the trauma is severe enough and/or if repeated traumas occurred, a dysregulated nervous system may consume the person's internal experience. Scaer (2005) describes that after a traumatic event or a series of traumatic events, children and adults will experience exaggerated responses to otherwise tolerable life stress, resulting in excessive sympathetic arousal on a repetitive basis. Stress hormones such as cortisol are released within the body in greater amounts.

Scaer (2005) further addresses the role that hormones, like cortisol, play in the development of responses following traumatic experiences. He states, "Cortisol prepares the threatened or stressed animal to tolerate and manage a threat or stress and if it persists for very long Cortisol stimulates brain activity and increases alertness, leading to insomnia. Cortisol has a long laundry list of adverse side effects....High levels of Cortisol suppress the immune system and cause atrophy and shrinkage of lymph nodes and thymus gland, rendering the stressed animal vulnerable to infections. Cortisol also increases the release of peptic acid in the stomach. Gastric acid reflux...is a common symptom of stress. Stress...primarily related to heightened levels of serum cortisol as a result of the brain's adaptation to a relatively sustained state of preparation for defense ..." Psychoeducation about the constellation of symptoms helps survivors reframe their traumatic stress symptoms from what is often a perception of personal weakness ("I'm going crazy") to one of a biological response to an overwhelming event ("I am having a human reaction to extraordinary events.")..

Not all survivors develop symptoms of traumatic stress. Many survivors report a deepening of the meaning of life in powerful ways after catastrophic events. Some people report feelings of strength and courage as they express how they helped others in the immediate aftermath of a traumatic event. There can be strengthening in one's faith. Many survivors express that they have a deeper appreciation for life and for the people in their life that did survive.

Key Concepts of the Trauma Resiliency Model (TRM)

TRM offers concrete skills to reduce symptoms of traumatic stress. The goal of treatment is to help the client understand basic information about the nervous system and then, to teach specific skills to bring the body and the mind back into balance. This balance is called "the resilient zone".

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The body has a natural capacity to restore itself. When we are faced with physical and/or psychological danger, the human body automatically goes into instinctual defensive responses. The sympathetic arm of the autonomic nervous system goes into action. When it goes into action, the result is accelerated breathing and heart rate and stress hormones are activated in order to increase survival. When the threat passes, the reciprocal part of the autonomic nervous system, the parasympathetic arm brings the system back to balance, breathing rate and heart rate slows down. For some people, the traumatic event is too much, too fast and the person becomes overwhelmed and the nervous system does not return to its' natural rhythm.

The person can get “stuck on high” in sympathetic hyperarousal that can result in chronic symptoms of anxiety, panic, rage, and/or hyperactivity. Conversely, the person’s nervous system can get “stuck on low” and fall into the depths of depression, disconnection, exhaustion and numbness. When both systems get stuck at the same time as with one foot is on the accelerator of a car and the other on the break, the result is what is called the freeze response. It’s the deer in the headlight look and in the military, it is called the “1000 yard stare.” When a person is in a “freeze” response, time slows down and there is a diminished experience of fear and pain. For some, this will increase chances for survival and for others, it will not. If a person could not complete the automatic defensive responses of fight or flight and/or if the person went into a freeze response, the survival energy can become locked in the body, trapped within the nervous system. This “trapped energy” is what results in the symptoms of traumatic stress. The skills of TRM help release the blocked energy in order to reset the nervous system and bring the mind and body back into balance.

TRM is a biologically-based approach in contrast to more traditional models that focus on cognitions and emotions. Traumatic symptoms cannot be “talked away” because they affect the brain stem defensive response functions, the seat of our primitive defensive responses. This part of the brain does not respond to language but only to body sensation. The application of TRM methods does not necessitate the telling of the traumatic story. TRM can work with the current symptoms in the body and by helping the survivor become aware of her own inherent healing capacity, can restore the body and mind back to balance.

Talking about the traumatic experience is important for many people but as the person begins to learn how to track the autonomic nervous system by paying attention to sensations of balance, the story can be recounted without the sense of overwhelm that was omnipresent before the TRM intervention.

The following Guidelines, outline how to work with individuals following natural or human-made catastrophic events:

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TRM GUIDELINES

1. Developing Relationship: Initiate conversation to develop the relationship, asking questions such as:

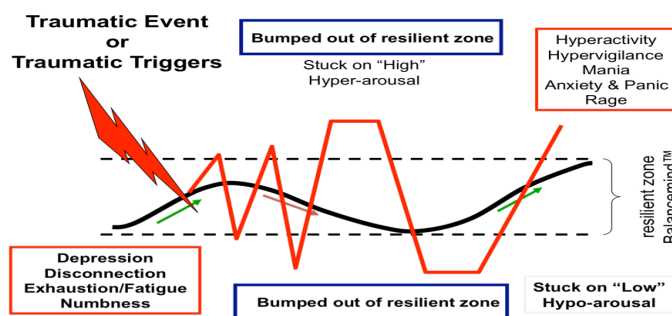
A. Who is helping you the most right now?

B. What kinds of things are helping you get through this under these difficult circumstances?

C. Asking about the needs of the survivor can also be a way of establishing relationship. Questions such as, "What concerns you the most right now?" You may be in a position to inform the survivor of concrete services. However, it is important not to give false hope of help. Some survivors think disaster responders can fix things that are not within your power to change.

The young Creole woman, Marie, describes her mother and the operator of the displaced person camp as the people who help her the most right now. As she describes the support, she takes a deep breath and you can observe her muscles loosen. The next step is to ask her if she would like to learn some skills that may be helpful to her.

2. Use the graph, "stuck on high/low" to explain simply what happens inside the body after a traumatic event.



Graphic adapted from an original graphic of Peter Levine/Heller

The graph is introduced and she shares that she vacillates between being stuck on High and Low. She states it is a relief to know that this is a normal reaction.

3. Tracking: Education is shared about the autonomic nervous system in simple ways. "When you are feeling anxious, your heart rate and breathing rate become faster and

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you may notice muscle tension (sympathetic).” “When you are feeling calmer or more balanced, you may notice your breathing and heart rate slowing down and your muscles relaxing (parasympathetic). Tracking your sensations can help you bring your awareness to calming sensations that help restore your nervous system back to balance.”

Marie is able to describe sensations. She says her breathing is slowing down and she feels calmer on the inside when she thinks about her mother. She is invited to notice the changes inside. As she does this, her breathing becomes even deeper. She reports feeling more relaxed.

Bringing the survivors attention to the sensations associated with her parasympathetic nervous system (i.e. slower heart rate and breathing) helps “save” the calmer sensations into her nervous system. Sensing them will make the calmer sensations more available to her in the future when under states of stress.

4. Grounding. Grounding refers to noticing the relationship between one’s body and the earth in the present moment. For example, after earthquakes, many survivors experience what is called “earthquake shock,” a persistent sensation that the earth is still shaking, which makes the heart race and may cause a variety of other physical symptoms, including chest pain. Guiding the survivor through grounding exercises can help reduce or eliminate earthquake shock, which is the first step in feeling more like oneself and returning the nervous system to balance.

Grounding Exercise:

- Find a comfortable position
- Notice how the floor, chair, sofa is supporting your body
- Notice the parts of your body that feel the most supported
- As you bring your attention to how your body is being supported, notice what happens in the inside
- Bring your awareness to your legs and then to your feet, notice how the floor is supporting your feet. (Some people, will need touch to feel more grounded. For example, you can place your feet gently on top or to the side of the client’s feet).
- Again, notice what is happening on the inside
- If you notice any sensations of discomfort, bring your attention to places in the body that feel neutral or a little more comfortable.

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- Bring your attention to your whole body and notice the sensations that feel more comfortable or neutral since starting grounding. Take a few moments to notice those sensations as we end the exercise.

Marie is able to ground and she reports that it is the first time she feels steady on her feet since the earthquake.

If the person has difficulty with Grounding, you can try Resourcing (described below) as some individuals work better with developing an image and then sensing into their body.

NOTE: The practitioner needs to assess the survivor's ability to self-regulate. If the person cannot sense their body, they may not have the readiness to work with TRM skills. We assess for readiness by using the skills of Grounding and Resourcing.

4. Resourcing: Identify internal and external resources.

- External Resources' Question: Can you tell me about the persons, places and/or experiences in your life that make you feel calmer, safer or give you a sense of peace?
- Internal Resources' Questions: What are some of your personal characteristics that you like about yourself (sense of humor, courage, compassion, strength, etc..) ? or How would someone who knows you well describe your best qualities?

As resources are developed, the survivor is asked to describe the detail of one of his/her resources. As more information is stated about the resource, the practitioner invites the person to notice what happens inside as the resource is described. Resources most often evoke deeper states of relaxation. As the person reports states of wellbeing, the practitioner invites the person to track sensations.

Helping the survivor remember external and internal resources that still exist and can be experienced in the present moment can inspire hope as it broadens the survivor's perspective and often inspires hope, even in the most difficult of situations.

Marie is able to describe her faith in God. Although so much had been lost, she expresses that God saved her for a reason. She describes the comfort of her prayers.

As she describes her faith, she is gently encouraged to notice the changes inside. She takes a deep breath and reports feeling calmer on the inside.

5. Some individuals may find it helpful to tell their survival story. It is important to work with the story in a different way in order to reduce activation and avoid retraumatizing the survivor. Begin with the end of the story so that the person knows in the present moment that they have survived and that some people who are important to them have survived too.

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- Can you tell me the moment you knew you were going to survive?
- Who else in your family and/or friendship group survived? Can you remember the moment, you knew they were all right?

The practitioner invites the survivor to notice the sensations that emerge when the moment of survival is remembered or when the knowledge came that family members or friends survived. Some survivors cannot sense into their own survival until they know the whereabouts of family members.

Marie story is very tragic. Her father and fiancé died in the earthquake. Marie is able to talk about her mother and one of her best friends who survived. As she describes the moment she learned they had survived, she begins to smile and takes a deep breath. The practitioner invites her to notice what happens inside as she remembers this moment. Marie then slowly begins to cry as she remembers learning of the deaths of her father and fiancé. She expresses her pain and tears. The practitioner sits with her as the tears come but shortly thereafter, she spontaneously shifts to thinking of her mother and friend and her nervous system again becomes calmer. She states “this is hard, but I have the support to get through this.” As she makes this statement, the practitioner invites her to notice what happens inside as she repeats the words, “I have the support to get through this.” As she repeats the words, her breathing deepens and she reports her heart rate slowing down.

When starting with talking about the people who did survive, Marie was able to expand her inner capacity of wellbeing and when she did begin talking about her losses, she was able to talk about them without being overwhelmed.

6. You can invite the client to talk about the day of the traumatic event.

- Would you like to talk about your experience?
 - Some individuals will not want to talk about their experience. Working with Grounding, Resourcing and stories of survival may be all the survivor can tolerate. Working in this way can have great benefit in stabilizing the nervous system even if you do not work directly with the story.
 - If the client does want to talk about the traumatic experience, watch for signs of activation (rapid breathing, muscle tension, etc...). If the survivor is becoming activated, “pause” the story. Explain to the client that you want to help them tell the story in a different way that will not be as unsettling for them. “Would it be ok with you to pause for a few moments so I can share with you some skills that will help you feel more settled as you share with me as much of your story as you would like?”

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- Bring the survivor's awareness to grounding, an external or internal resource, or a place inside the body that is calmer or neutral. As the nervous system settles and greater balance returns, you can invite the survivor to notice the sensations of neutrality and/or balance and then, continue with the story. This process is repeated until as much of the story as the survivor wants to tell is recounted. For many survivors, it will be the first time they have told their story without becoming overwhelmed. This can be empowering to know that the mind and body can hold the recounting the story in a different way.

In Marie's case, she has no desire to talk about the earthquake after sensing into the support she has in the present moment and expressing her faith in God. This is not always the case. Some people need to talk about their experience and that is a further way that they process the traumatic experience but when guided by a TRM practitioner, the story can be recounted in a way that does not overwhelm the nervous system.

7. As you end your time with the survivor, reinforce their ability to use the skills of Tracking, Grounding and Resourcing during their activities of daily living. The disruption in their lives will continue for weeks, months and for some, even years. The more often the survivor experiences and senses periods of wellbeing within the body, the internal capacity to handle the aftermath of the catastrophe will expand. There is no magic way to help someone through the grief of the multiple losses that can occur after man-made or natural disasters. However, when we help people understand and experience the natural healing system within the body, the person can walk through their grief and begin to recover.