TRAUMA RESLIENCY MODEL™

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The Trauma Resiliency Model (TRM) is a biological-based model that reduces and/or eliminates the symptoms of traumatic stress that was co-created by Elaine Miller-Karas and Laurie Leitch, PhD.

HISTORY

While working at Arrowhead Regional Medical Center as the Associate Director of Behavioral Medicine, teaching in the family medicine program, Elaine noticed that many patients seeking care in the primary care clinics complained about symptoms that were connected to traumatic experiences either as children or adults. Elaine began conceptualizing short term interventions based on helping patients understand basic information about the autonomic nervous system and teaching simple skills to help the patient stabilize their nervous systems.

In January of 2005, Elaine and Laurie were invited to be part of an international relief team to to help tsunami survivors in Kho Lak, Thailand by the Foundation of Human Enrichment. As a result of that experience, Elaine began developing a short term educational model with Geneie Everett, RN, also part of the Thailand team, to help first responders and survivors understand the symptoms of traumatic stress from a bio-psycho social perspective. Geneie and Elaine worked together refining this model, called Trauma First Aide in New Orleans and Baton Rouge through a project with Catholic Charities after Hurricanes Katrina and Rita. Laurie directed the research in Thailand and in New Orleans and Baton Rouge for the Foundation of Human Enrichment. In October of 2005, Elaine and Laurie started the Trauma Resource Institute (TRI), a nonprofit corporation because of a shared vision and calling to bring biological based models to individuals and communities around the world. Geneie Everett went on separately and started a limited partnership, called Trauma First Aide Associates.

Laurie and Elaine collaborated, bringing their many years of experience as clinicians and educators and enhanced Elaine's original work that began in San Bernardino, California to create the Trauma Resiliency Model, the Trauma Resiliency Model, Veteran and Warrior and the Community Resiliency Model. TRI has now trained individuals and communities in TRM and CRM from around the globe, including Kenya, Rwanda, China,

Haiti and the United States. The Department of Defense in a white paper presented to Congress in March 2011 named TRM a promising practice for helping to heal active duty service members and veterans. The State of California through its Mental Health Services Act is sponsoring a large study of the Community Resiliency Model through the Department of Behavioral Health, in San Bernardino County, California.

TRM was inspired by the work of Dr. Peter Levine's Somatic Experiencing® , Gendlin's Focusing, Jean Ayres' Sensory Integration Theory, neuro-scientific research about the brain, basic anatomy and physiology and the laws of nature. Simply, the mind and body are inseparable and healing must address symptoms in the mind and body. TRM offers concrete skills to reduce symptoms of traumatic stress in the Autonomic Nervous System. As the individual learns to pay attention to sensations associated with joy, calm, happiness etc… there is an increase in resilience and an expanded sense of well being in body, mind and spirit. Mind and body are interdependent and as the body is stabilized, the mind can bring new meaning to the traumatic experience and this results in post traumatic growth and hope anchored in the body and a greater ability to be in what TRM calls the Resilient Zone.

KEY CONCEPTS OF THE TRAUMA RESILIENCY MODEL

The body and mind have a natural inherent capacity to heal. When we are faced with physical and/or psychological danger, the human body automatically goes into instinctual defensive responses. The accelerator of our nervous system (sympathetic branch) goes into action, the result is faster breathing and heart rate and stress hormones are released in order to increase survival. When the threat passes, the brake of the nervous system (parasympathetic branch) brings the system back into balance, back to the Resilient Zone, resulting in breathing and heart rate slowing down. There is a natural balance.

In some instances, the traumatic experience overwhelms the person ability to respond and escape. The natural rhythm of the autonomic nervous system may not return. The person can get stuck on high 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, and exhaustion. Both systems can get stuck at the same time as with one foot on the accelerator of a car and the other on

the break. This results in what is called the freeze response and feelings of chronic helplessness, fatigue, numbness and poor concentration may result. It's that deer in the headlight look. If the natural defensive responses are blocked, the energy meant for survival can become trapped in the body and result in behaviors that can impact a person's ability to experience well-being.

Education about the functioning of the brain help individuals understand that some of the reactions that have occurred since experiencing traumatic events are part of normal reactions of our survival brain that are triggered by the amygdala (a threat detecting part of our brain) to keep us alive, to help us survive. Although descriptions of the brain's functions are very complex, in TRM we describe the brain in simple terms: there are three parts of the brain: Thinking, Feeling and Survival parts. If our survival brain is triggered, humans go into defensive responses that are automatic. This happens without thinking. Thus, it does not work for most of us to say, "stop being anxious or stop breathing fast." Symptoms connected to our traumatic memories cannot be "talked away" but can be "sensed away."

The application of TRM skills does not necessitate the telling of the traumatic story. TRM can work with the current symptoms in the body and can help the individual become aware of the inherent ability to track sensations of well being and restore the body and mind to balance. Thus, when introducing TRM to people who have been highly traumatized, a common response is relief as there is a paradigm shift that takes their traumatic symptoms out of the "pathological or mental weakness realm" to one of normal biological responses of the human mind and body.

Talking about the experience may be important for some people but as they become more somatically aware and have released some of the charge of their traumatic experience, the ability to recount the story of their trauma, may be expressed, without the sense of overwhelm that was omnipresent before the TRM interventions.

HOW THE TRAUMA RESILIENCY MODEL WORKS

The Trauma Resiliency Model re-stabilizes a highly activated nervous system by balancing trauma-oriented sensations with states that resource the body and the mind. Resources are the positive internal and external experiences in our lives, e.g. the people we love who inspire us, pets, places,

spiritual beliefs, music, dance, art, etc. TRM connects us to our internal and external resources, reminding us of our own strength and resilience by assisting us to experience those qualities in our own bodies and participate in the moment more fully. When we are in highly aroused states, we can become disconnected from our inner capacities. It is not guided imagery in that when we identify a resource, such as a beloved friend, we not only ask the person to describe at least three qualities about the friend, we draw the person's attention to the sensations that are associated with the beloved friend. As simple as this sounds, the tracking of sensation, can help shift a highly activated nervous system, into a parasympathetic response, thereby stabilizing the nervous system, returning the person to his/her Resilient Zone.

When we balance trauma-oriented sensations with resource states we restore well being by supporting the nervous system's return to balance. We work gently, helping the client experience a small surge of activation, process it and then another small surge, and so on until balance is restored and the normal functioning of the nervous system takes over. This gentle approach to trauma protects the client from re-traumatization. It does not have to be an ordeal to heal. A helpful metaphor is to think of helping the nervous system to digest small bites of activation one bite at a time. The way this is done is to locate a place of well being within the body, deepen the experience of it by drawing attention to where in the body senses it. Once sensations of well being are experienced, the person is asked to sense into a tiny edge of the activation or constriction or traumatic material within the body. We call this titration. The person is then invited to pendulate or swing back to the positive resource place. The alternation between the sensations of well being and the sensations connected to the traumatic experience facilitate the digestion of the traumatic sensations bit by bit. As trauma-oriented sensations are digested and released one begins to feel better. We do this until we see evidence that resilience is returning. It's not enough to just imagine the resource but to really notice, feel and track the sensations experienced in our the body when thinking about and visualizing the resource. In other words, the person is helped to *embody* the resource and the growing changes they experience.

The following is an example of how one can implement TRM after a natural disaster:

In Haiti, we traveled to different locations within Port au Prince to introduce TRM skills and begin to build capacity by training Haitians to be TRM trainers. We went to a day-care center and were asked to work with a group of teachers. Ten percent of the population was killed in Port au Prince so most people we worked with had lost family members and/or friends. A woman named Lisette was one of the managers of the day-care center and she shared the fear that had occurred the day of the earthquake.

The treatment goal when working with individuals after a natural disaster is to not only support the expressions of grief that may arise but also to help the person sense into his/her Resilient Zone which expands well being. The intervention did not begin by asking more details about her story but, instead, asked her a question that could help access a resource and stimulate a parasympathetic response that could calm her body and her mind and return her to her Resilient Zone. Survival stories are often very powerful ways to bring awareness to positive body sensations that stabilize the nervous system. The practitioner's first question was, "Could you tell me the moment you knew you had survived the earthquake?" and then "Who else survived?" This survival-oriented focus oriented her to the fact that she had lived and others she cared about survived too.

As she recounted her survival story, a deepening of her breath could be seen as well as the relaxation of her facial muscles. Her attention was gently brought to her breath and she was asked if she could experience the release of tension in her face. A gentle smile emerged. She related that she wanted life to get back to normal and she was asked how she would know that life was becoming even a little bit more normal. She responded, "If I could think about my friend and co-worker who died in the earthquake without collapsing into sobs." In order to reestablish her friend as a resource, the practitioner asked her to tell her a little about her friend and asked her to describe the characteristics that she liked about her. As she told the group about her friend, she smiled and there was a deepening of her breath and a further release of the tension in her body that was gently brought to her attention. She was invited to notice the sensation change as she remembered her friend. New meaning emerged and she said, "each day when I walk to work, I will remember her and when I take a step into life, I will step for her too." Lisette smiled broadly and with the smile came a small tear. The TRM practitioner reflected to her about her smile and all present could see her return to her Resilient Zone. She was guided to notice the sensations connected to the memory of her friend. At the end of the short session, she

indicated it was the first time since the earthquake that she could hold the positive memories of her friend. As she reported more meaning, she was invited to notice all the changes in her body that occurred since we had started the TRM, session. She took a deep breath and smiled and brought her hand to heart and she said Marie, her friend, would always be with her.

If the individuals have had longstanding trauma from their life experiences and the symptoms of trauma have been stuck on high or low and have fluctuated between the two throughout their lifetime, it can be more challenging to learn to track positive sensations within the body. For some individuals, however, the very introduction of a way to settle their nervous system can provide an immediate relief that they have rarely experienced since the traumatic events. A common response from has been, " instead of the symptoms being in charge of me, I now can be more in control of them."

Fortunately, not everyone who experiences a traumatic event develops traumatic stress symptoms. TRM skills are one of the portals to healing that can help restore balance to the nervous system. A TRM-trained social worker recently returned from the Ivory Coast. She went on to train 38 villagers in TRM skills who have been through what can only be described as some of the worst atrocities known to humankind. She is a well-traveled disaster responder. She expressed that teaching these skills was the first time in her many years of experience that she left feeling that she had left skills that the villagers would use again. As balance is restored, individuals and communities begin again to experience hope and can rebuild their lives and communities.