INTEGRATED CARE FOR THE TRAUMATIZED

A WHOLE-PERSON APPROACH

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Chapter One

The Whole-Person Approach to Integrated Health Care

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A whole-person approach integrates the best of psychological practices into an integrative biological/psychological/spiritual/social model, which encourages prevention, resilience, and self-care. This approach, which relies on experiential, as well as theoretical, learning, uses symbolic and nonverbal, as well as linear and verbal, modes of thought and expression (Frewen, Brown, & Lanius, 2016). A whole-person approach to healing represents a paradigm shift from an illness, symptom-reduction, medical model to a growth, meaning-enhancing, integrative model. This approach incorporates intention, awareness, and mindfulness as the mediating variables between cognition and behavior. It includes the areas of meaning, beliefs, and existential choice. From this confrontation with mortality can come a renewed will to live (Serlin, 2007).

When people are faced with issues of trauma and consideration of life and death, the topic of spirituality inevitably comes up. Understanding that people are cultural and spiritual beings is a necessary condition for a psychology of human existence (Sue, Bingham, Porche-Burke, & Vasquez, 1999, p. 1065). A whole-person approach honors the spiritual dimension of life.

Trauma is often preverbal and nonverbal, carried through nightmares or the body's reactions. It includes such somatic and mind–body symptoms as headaches, physical pain, numbness, withdrawal, hyperarousal, digestive problems, and fatigue. Expressive arts, symbolic movement, and mindfulness meditation help to express the story that is carried in the body; they can also help contain and transmute the participant's experience through verbal and nonverbal narratives. With the courage to create (May, 1975), new narratives

can evoke a self that moves from deconstruction to reconstruction (Feinstein & Krippner, 1988; Gergen, 1991; May, 1989; Sarbin, 1986).

As we, the editors, experienced work throughout the world from holistic perspectives, we wanted to share this work, showing that working models have been established, writing about the research that has been done, and advocating for more exploration and research. These methods have been shown to be powerful, but they need further development and training. We hope that this book will stimulate interest in following them up with further studies.

The first question usually raised is that of evidence, as in: Show us the evidence that whole-person approaches work. The second chapter, therefore, confronts the question of evidence in the evaluation of whole-person models, in acknowledgment of the need to have valid outcome assessments. Focusing on the case for methodological diversity in the study of trauma treatments, the chapter offers a critique that "trauma" and resilience are often studied as decontextualized variables, rather than as lived phenomena to be investigated with regard to the existential meanings they hold for individuals. As the medical and psychological communities have recognized the need to provide more person-centered care, research methods specifically capable of holistically investigating the lived experiences of military trauma and resilience are required. This may be particularly true in the military setting, where soldiers are sensitive about receiving mental health diagnoses (Meredith et al., 2011) and at risk for misunderstanding and stigma.

This chapter provides an overview of the phenomenological method, an approach to qualitative research that has been developed to allow for contextualized knowledge of personal life experiences and faithfully honors and offers understanding of the individuals who are being studied (Wertz, 2015). In this chapter, the philosophical and historical roots of phenomenology are outlined, followed by a description of the method itself and how it has been applied in social science research based on the extensive work of Giorgi (2009). Examples from the authors' study of military resilience in Israel animates the discussion of this methodology, its applicable procedures, and its illustrative findings when used to explore the lived experiences of military servicemen.

A working model of a whole-person approach can be found in chapter 3, which outlines a seven-step Integrative Healing Model, a holistic approach to healing trauma with a mind–body–ecospirit emphasis. Meaningfulworld's humanitarian outreach programs focus on national and international trauma, violence, and mediation through missions conducted in more than 45 nations and 30 states in North America. At the core of the programs is the seven-step Biopsychosocial and Ecospiritual Model, through which various aspects of trauma, disputes, conflicts, disagreements, or the impact of disasters are assessed, identified, explored, processed, worked through, and released. This

process transforms trauma and suffering by offering new meanings or new lessons learned. This innovative model incorporates various theories. These include the psychodynamic (Freud, 1910); the interpersonal (Sullivan, 1953); the existential and humanistic (Frankl, 1962); electromagnetic field balancing (EMF, Phoenix Dubro & Lapierre, 2002); forgiveness and reconciliation (Kalayjian & Paloutzian, 2010); learning theory, flower essences, essential oils, and physical release (Van der Kolk, 1987); mind–body–spirit chakra balancing; prayers; and meditation. The outcomes of the use of the seven-step Integrative Healing Model have been measurable, and survivors have reported experiences of being empowered, healed, strengthened, at peace, and able to overcome their negative reactions to the trauma. They have also related having embraced healthy coping patterns, which improve their ability to prepare by staying centered and empowered with new and positive lessons learned. Beginning with interpersonal healing, the seven-step Integrative Healing Model addresses the transformation and collaboration so profoundly needed by our world as it moves through violent transitions; moreover, the model demonstrates the interconnectedness of our interpersonal healing and development, conflict transformation, happiness and well-being, and inclusive and sustainable community building.

Another area of study in terms of whole-person approaches to trauma is the highly important work with children. Research shows that children suffer considerably postdisaster, both immediately and in the long term. Chapter 4 describes a model of psychosocial support for children that integrates simple techniques leading to resilience and empowerment through the creative arts. The model addresses key constructs in disaster recovery, including safety and strength-building, as well as songs, drawings, and constructions, including objects circulated among various cohorts in different countries. The model has been applied in numerous settings and cultures, including postearthquake in Haiti, after the tsunami/earthquake in Japan, and during the Ebola epidemic in West Africa. Key lessons learned are described. Trainings were given to local volunteers to conduct the sessions for the children and provide sustainability of the service. Cultural adaptations were made for each situation. Despite the limitations of conducting research in disaster conditions, data supporting the impact of the training in some settings are included.

Some successful programs of working with refugees and trauma are based in the arts. In a program carried out in Istanbul and Bangladesh, dance movement therapy (DMT) was a primary component of the healing arts program. Chapter 5 explores how DMT, as part of an integrated treatment model used in Istanbul to work with Syrian refugees, can be a powerful tool for social change. DMT as a creative arts therapy complements traditional verbal psychotherapy to build healthy connections on both personal and social levels, using the body as a container for the emotions and memories of individuals who have experienced traumatizing events or posttraumatic stress

disorder (PTSD). The ability to make healthy decisions and develop resilience in the midst of difficult life circumstances is a central theme of this work, as these people generally have difficulty establishing their personal boundaries, trust, and communication. As violence is often reciprocated throughout the lives of children and adults who have experienced traumatizing events, DMT offers a safe way to respond to these intense emotions, allowing for their expression through nonviolent means. According to a wide range of research, DMT helps to enhance a wholesome approach to the integration of body and mind within both individuals and the social environments they create. By establishing a sense of safe space using ground rules and a predictable structure, DMT can go beyond the limits of verbal language and its barriers by creating a new group language that is nonviolent and expressive. Emphasizing the power of choice and control over participants' responses to their interactions with family, friends, and other members of the community, DMT seeks new ways for building peace and understanding in times of chaos.

While most whole-person models involve human beings, some of them are discovering that nonhumans may be able to address the preverbal and shattered communicative challenges faced by the traumatized. Chapter 6, on animal-assisted interventions (AAI), explores various animal-assisted programs currently in practice, as well as the theory and research related to the psychophysiological benefits of AAI. One startling number indicates that 7.8% of the U.S. population is affected by PTSD; however, averaging the percentages of PTSD found among veterans from the Vietnam, Gulf, Afghanistan, and Iraqi wars indicates an even higher percentage of 18.3%. Given that such conventional treatment methods as exposure and cognitive-behavioral therapy are not always effective, the focus of this chapter is on an alternative and integrative model of PTSD treatment using AAI.

The chapter begins with a discussion of PTSD, including the DSM-5 defining criteria, rates of occurrence of PTSD derived from military service, and problems with traditional treatment methods. Then the treatment alternative of AAI is introduced. This includes its definition; the history of its use in treating PTSD (plus the Veterans Administration's restriction on its use); the different roles animals may play in helping those with PTSD; and, most important, the proposed mind/body/brain mechanisms of action underlying AAI's successful use in helping PTSD sufferers. The chapter presents an innovative theoretical model explaining AAI's success in the treatment of veterans with PTSD, who may experience a multitude of problems, including dissociation, social isolation, numbing, nightmares, intrusive thoughts, suicide, and vast physical health problems, together with pain. To help "reset" the nervous system by means of a more holistic approach, it is proposed that AAI makes use of specific integrative healing dimensions operating through the mind/body/brain connection. These healing factors psychophysiological-

ly soothe people with PTSD and help them return to feeling safe in their bodies and their lives. The specific healing elements and concepts in AAI that are elucidated include prosodic modulation, neuroception, vagal toning, hypnoanalgesia, neurofeedback, and biofeedback (heart rate variability and physiological entrainment). The paradigm that incorporates these theories and mechanisms of action draws upon previous models espoused by well-known researchers Drs. Stephen Porges (polyvagal theory) and Bessel van der Kolk, among others. One case vignette is included to demonstrate how these psychophysiological concepts are implemented in clinical practice.

Another arts-based approach to working with the traumatized is one based in the dramatic arts of storytelling, or drama therapy. The Therapeutic Spiral Model (TSM) is a clinical system of experiential change that integrates classical psychodrama, gestalt therapy, and playback theater. Drawing on recent research on the effects of war at different levels of human functioning, from neurobiology and attachment theory to paradigm shifts in social and political movements, TSM has been for many decades a leader in the field of alternative therapies for people with PTSD. The neurobiology of trauma shows that new learnings can actually change the brain following experiences of war, as well as other traumatic events in individual, family, and societal life. What the action methods of change have in common is that they rely on the creation of spontaneous new experiences as the curative agent of change, making it a perfect match for effective and targeted treatment of the impact of war on the lives of people throughout the world.

Chapter 7 also presents an overview of the basics of classical psychodrama, gestalt therapy, and playback theater as long-used alternative methods of change. While TSM has been used for therapeutic, as well as structural, change, it is always clinically based on attachment theory, using the Trauma Survivor's Intrapsychic Role Atom (TSIRA) to guide the necessary safety and containment to prevent retraumatization for people affected by war and its multidimensional impacts. The TSIRA provides a map delineating the roles internalized by trauma and those needed for healing. Research on TSM with female Iraq War veterans previously diagnosed with PTSD are presented, showing improvements in self-esteem, family connections, and empowerment. Additionally, the use of TSM to prevent secondary PTSD in the Third Division of the Chinese Army, first responders to the 2008 earthquake in Chengdu, China, are presented. Examples of the use of TSM with refugees in the sociopolitical conflict between Palestine and Israel, as well as a program for sustainability training for refugee counselors in Egypt, are also documented.

Many approaches to therapy and self-help focus on people's history, emphasizing how past events adversely affect their thought processes. Unfortunately, reliving past traumas or unhappy experiences can have extremely negative effects. For instance, one may be stuck between a traumatic "past

negative" experience and one's hopeless "present fatalism." If such individuals do think about the future, it is usually in negative terms. In time perspective therapy (TPT), discussed in chapter 8, the focus is on balancing people's past negatives with positive memories of the past and their present fatalism with some present hedonistic enjoyment; then plans are made for a bright, positive future. TPT is another holistic, goal-oriented talk therapy, a fast, easy, and effective approach that works both in clinical settings and as a self-help tool. It helps individuals gain internal balance, as well as balance in significant relationships, socially, and in the work place. TPT switches the focus from past to present, from negative to positive, clearing the pathway for the best yet to come: the future. TPT has proven effective for a wide range of people, from seasoned war veterans and survivors of accidents, assault, abuse, and neglect, to individuals, couples, and families searching for a new way to handle the ever-increasing stress of day-to-day life and problematic situations. When our time perspectives—how we view the past, present, and future—are skewed, usually in the negative, not only are we affected, but also the people with whom we come in contact: family, friends, and coworkers. TPT helps people see patterns they may have adopted as coping mechanisms for living with stress, anxiety, depression, day-to-day struggles, and worries. It shows them how to help themselves, as well as their loved ones.

Trauma psychology in the United States has been critiqued for focusing on the individual, whereas other countries, especially non-Western ones, understand trauma more in terms of communities. What is the damage to the community, and how can it be healed? Chapter 9 presents a model of community work to prevent and treat trauma in Israel. The state of Israel, which was established in 1948, after the Holocaust, was immediately forced into a war of independence (leading to a loss of 1% of the population). Since then, Israel, which has continued to exist under constant threats, has been forced to cope with recurrent wars and ongoing terror attacks. In this ongoing traumatic reality, and under the shadow of a massive collective trauma, NATAL (Israel Trauma Center for Victims of Terror and War) was established in 1998. It is an apolitical nongovernmental organization (NGO) that aims to serve as a multidisciplinary therapeutic home for trauma casualties related to the Israeli–Arab conflict. NATAL is directed by a comprehensive professional philosophy, addressing the various circles of traumatic impact on individual casualties and their families through a unique help line, along with traditional clinical staff; it also involves the wider community through an outreach unit operating to prevent and reduce traumatic impact, promote resilience, and conduct emergency interventions. In addition, NATAL incorporates mental health professionals through its trauma-focused psychotherapy school and Israeli society at large through a public relations and commu-

nications unit operating to increase visibility, awareness, and legitimacy of the discourse regarding war and terror-related trauma.

Throughout the years, more than 200,000 Israelis have been helped by NATAL. In this chapter, the professional activities and operating philosophy of the various units are described and demonstrated through case studies, showing the best practices and interunit cooperation leading to optimization of treatment. Within this framework, the main elements of NATAL's unique model are discussed, namely: a multiprofessional, humanistic, and holistic approach; emphasis on continuity of care; and addressing various target populations from the individual casualties and their relatives, through the community under threat, to the society as a whole. The authors also address the traumatic timeline: promoting resilience and raising preparedness ahead of time; encouraging real-time interventions; and treating posttraumatic casualties. A central aspect of NATAL's view and model is to address trauma through two prisms: the personal, individual trauma, alongside the trauma of the collective ("national trauma"). In this context, the authors offer the possibility of considering trauma as a potentially uniting bridge, which can promote understanding, acceptance, and opportunities for the two societies, Israeli and Palestinian, which are wrapped in the chains of their mutual trauma, while yearning for a peaceful resolution.

Community-based healing rituals are found not only abroad, but also in the United States, with indigenous healing psychotherapy and restorative circles. Western psychotherapy's mainstream approaches to treating trauma focus primarily on individuals' problems and pathologies, which often means ignoring the larger interpersonal and historical contexts that contribute to human thought and action, including the transmission—and healing—of trauma. Katz (2017) refers to the healing wisdom of indigenous people as the "first psychology." In his view, indigenous psychology focuses on issues of community building, interpersonal relations, and spiritual understanding. Most indigenous psychotherapies close the gap between individual and larger community contexts by viewing trauma in more holistic terms, seeing it as the loss of one's soul, along with the disconnection of relationships among self, others, and the larger circle of life. Indigenous people, in general, view the effects of trauma on an individual as being communal and spiritual, as well as personal. Chapter 10 is an exploration of how these concepts have resulted in communal healing when applied in culturally relevant ways to address trauma resulting from youth and gang violence.

Community-based healing practices also address cultural belief systems and their impact on trauma. These belief systems, which help us make sense of our everyday experience, can also help us make sense of trauma. Approaches to healing acute trauma require an appreciation for the multifaceted and multidimensional experiences of our individual reality, our sense of self, our identity, and, by extension, the realized experience of our relationship to

the world and our place in it. The field of philosophy has held a continual dialogue on this most unique quality and characteristic of being human—our unavoidable preoccupation with being engaged daily in making sense of our reality, of creating meaning in our lives. In chapter 11, from the time of the team's earliest ability to detect and absorb sensations, they have been busily engaged in collecting, analyzing, and forming meaning about what is happening in and around their work. As these meanings about life events interact with survivors' most fundamental needs, the reactions amalgamate into beliefs about our reality, throughout time codifying into belief systems that set the frame of reference for the world in general. The positive to negative qualitative nature of those beliefs defines the context of what team members can expect of themselves, others, and the world. Since profound trauma permeates every dimension of an individual's reality, along the way previously secure positive beliefs can be severely shaken, or even shattered, to be replaced by debilitating and damaging negative beliefs and fragmented perceptions of reality that color the experience of day-to-day life from that point onward.

On the communal level, the process is vastly more complex, as legacies of unresolved communal trauma become embedded in the group ethos and are passed on to future generations as transgenerational trauma to serve as fuel for polarization, war, and violence, both within and between communities. Healing entire communities requires innovative adaptations and scaling up of whole-person approaches. This chapter examines the unique multidimensional dynamics and challenges of individual and communal trauma, offering Common Bond Institute's integrated catastrophic trauma recovery (CTR) model as an example of a successful whole-person approach to trauma-informed treatment in promoting healing, reintegration, resilience, and growth at both the individual and communal levels.

What is the future of integrative care? One new area of discovery is that of caregiver burnout and compassion fatigue. Since Charles Figley has opened the door to an exploration of burnout and secondary trauma, chapter 12 continues the examination of caregiver satisfaction and regeneration. A multimodal model for promoting these goals is presented, drawing upon the perspectives of attachment theory and the "broaden and build" theory of positive emotions, as well as on research on compassion fatigue and satisfaction. This approach, developed in SELAH, the Israel Crisis Management Center, aims to enhance a sense of hopefulness, connectedness, and meaning through tapping into helpers' strengths, rather than focusing exclusively on stress management or symptom relief. Initially developed to support a network of 600 volunteers providing emergency support in the aftermath of terrorist attacks and other crisis situations, this model has been applied by different trauma organizations in Israel. It uses outdoor and nature-based experiential activities with mindfulness training, narrative practices, and ver-

bal and nonverbal creative modalities, creating a wide spectrum of opportunities for self-expression, cultivating compassion for self, and sharing. Caregiver burnout and compassion fatigue are receiving significant attention from health professionals, but the current literature has focused almost exclusively on the negative consequences of caregiving at the expense of exploring the entire spectrum of the caregiving experience. This chapter focuses on pathways both of preventing burnout and compassion fatigue and of promoting caregiver satisfaction and regeneration. Since the multifaceted nature of the caregiver experience calls for an integrative perspective, the whole-person approach is a particularly relevant framework due to its integration of cutting-edge practices into a bio/psych/spiritual model supporting prevention, resilience, and growth. It represents a paradigm shift away from an illness orientation to a growth-oriented model. The struggle with adversity may lead to the discovery of strengths and enhancement of life's meaning. Witnessing human suffering can take a toll on one's resources, but it can also lead to a renewed sense of purpose.

Had we more space and time, we could have collected many more whole-person approaches to integrative health care; however, the chapters in this book make the case that holistic treatment is already functioning quite well in a number of settings. We hope they will inspire practitioners to treat survivors of trauma holistically, as whole people, and not as mere statistics or labels. The number of traumatized people grows daily. Their future—indeed the future of the world—depends on how they can be guided toward recovery, resilience, and growth.

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