Post-Trauma Intervention: Basic Tasks

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This article presents a task-based group treatment approach to post-trauma intervention. When persons are traumatized, much of what they assume about themselves, others, and the purposes of their lives are disrupted and lose connectedness. The model is designed to help individuals and the community of which they are a part recreate these connections in meaningful, creative, and responsible ways, which may result in change on informative, reformative, or transformative levels. The model makes use of nine basic tasks in which the practitioner, individuals, and community are active participants. The tasks comprise welcoming, reflecting, reframing, educating, grieving, amplifying, integrating, empowering, and terminating/revisiting. Use of the model is illustrated in the first author's work with employees of the New York City Adult Protection Services, who were witness to the World Trade Center disaster. [*Brief Treatment and Crisis Intervention* 2:39–47 (2001)]

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Trauma occurs when an experience is perceived as life threatening and overwhelms normal coping skills. As we know, trauma on a large scale was one of the aftermaths of the horrific events that occurred on September 11, 2001. In this article we present an approach to post-trauma intervention used in Behrman's work with employees of the New York City Adult Protection Services (APS), who were witnesses to the World Trade Center disaster at various levels of exposure. The model draws on prior work on post-trauma intervention (Mitchell & Everly, 1997) and the task-centered practice model developed by the second author (Reid, 1992, 1997, 2000; Reid & Epstein, 1972). It is also informed by Behrman's experience and reflections as a licensed clinical social worker trained in critical incident stress debriefings. Although the approach is cast as a social work model, it can also be used by practitioners from other helping professions.

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Basic Assumptions

When persons are traumatized, much of what they assume about themselves, others, and the purposes of their lives are disrupted and lose connectedness. The concept "connections" is integral to this post-trauma intervention model. "Connections are the many different kinds of communicative, productive, and organizational relationships among people in socially, historically, and discursively constituted media of language, work, and power, all of which must be understood dynamically and relationally" (Kemmis & McTaggart, 2000, p. 579). What are needed in order to maintain and reconstruct those meaningful connections between one's self and his or her community are both the presence of inspirational persons in the community and effective tasks designed by the self. There is a "reaching out and a reaching in" (Kemmis & McTaggart, 2000, p. 579). Together, the individual and the community help recreate these connections in meaningful, creative, and responsible ways, which may result in change on an informative, reformative, or transformative level.

On the informational level, this model "allows the formation of some new meaning and the recapturing of old meanings about the experience and encourages people to begin to create a vision about what might be and take some steps to achieve it" (Saleeby, 1994, p. 357). Creating new meanings that help us understand an experience in a new way leads to informative change. It does not necessary involve a change in behavior or identity. This level of change demands that we look beyond what is easily accounted for and examine what does not fit into our conceptions of the world (Sermabeikian, 1994). Applying this knowledge through tasks will subsequently lead to reformed ways of behaving. This change is then reformative. We have new behaviors that enable us to achieve our desired goals. Transformative change incorporates informative and reformative change but goes beyond them. Our

identity as a person/community is changed and subsequently how we think, feel, and behave are transformed. We bring a new self into every situation, and this transformed self creates possibilities and relationships that previously were inconceivable.

Individual and community rebuilding after a traumatic event is reciprocal. As individuals recover, they help to restore a sense of community. A regenerating community enables individuals to regain their sense of belonging. Critical to this process are tasks undertaken by the individuals, the community, and the social worker.

The Model and an Illustrative Application

In its present form the model is designed for simultaneous work with individuals and the community of which they are a part. It is organized around nine basic tasks aimed to further recovery from trauma. The social worker, individual client, and the community all share in these tasks. The social worker may act as initiator and facilitator, but for the tasks to be effective the client and community must be active participants. The task concept serves to underscore the importance of the actions of the client and community both during and following the intervention.

All tasks are initiated and worked on in group sessions. With the exception of the first and last (welcoming and terminating/revisiting), all tasks can and should be pursued by the client/community between sessions. For this purpose, use can be made of well-developed, empirically tested methods used in the task-centered practice model (Reid, 1992, 2000; Reid & Fortune, 2002). In this article, we focus on tasks within the session.

The illustration involves Behrman's work with employees of the New York City APS referred to above. As individuals they can be seen as clients; as a collective, they may be thought of as the

APS community. In other applications a community might be a school or a neighborhood.

Welcoming

This task involves building rapport, developing trust, and creating a psychologically safe environment in which to accomplish all the other tasks. The social worker communicates to others that he or she is emotionally and socially available and will perform his or her responsibilities with sensitivity, respect for diversity, and professional competence. The client/community must in turn be willing to trust the social worker and be receptive to his or her engagement efforts. Unless these tasks are successfully accomplished, remaining tasks are in jeopardy.

Welcoming can be accomplished through introductions, storytelling, icebreakers, or expressions of care and concern for the client and community. At APS, this task began with storytelling, informing the group a little bit about myself (Behrman) and inquiring about them and their role at APS, explaining why I was qualified to lead this group, honoring their work and explaining how privileged I felt to be with them. I was very clear about why I was there and that there were no hidden agendas. We were there to create a healthy community in which all APS workers can maintain and enhance their knowledge, coping skills, and meaningful connections. I also spent some time before the debriefing, walking among them and getting to know their names, where they were born, and what their work responsibilities were.

It was important to me that this debriefing be framed as a community experience, while acknowledging the cultural, religious, and racial differences among the individual participants. Also, the groups were large, 60 or more. Thus striving for healthy outcomes not just for individuals but also for the community seemed appropriate. Another element of the welcoming task is to discuss the ground rules for the up-

coming process: what is said will held in confidence; it is not necessary to speak; one should speak only for oneself; all comments should be directed towards the group; everyone should stay for the entire session; the purpose of this intervention is not to evaluate who did what or how well.

At the APS debriefing, it was important to speak first with state officials and the local supervisors about the locations of the offices in relationship to the World Trade Center, how many people work in the offices, where we would be meeting, and how much time would be given to each session. I discovered that we would be meeting in a work area and that there would be distractions and disruptions. I was also informed that 50% of the workers were recent immigrants from all over the world, which posed a challenge given our lack of knowledge of the role of race and ethnicity in traumatic experience (Borden, 2000). Finally, I learned that only a few of the caseworkers were social workers.

Reflecting

The purpose of this task, shared by the social worker and the client/community, is to reflect upon the core principles that will shape the rebuilding process. What values guide the client/community's conception of health following the trauma? How have these beliefs shaped behaviors and relationships prior to this traumatic event?

These questions will set the stage for the formulation of goals and tasks. Ideally they will build community identification and a genuine connection between the social worker and the client/community.

Being a reflective practitioner (Schon, 1983) is useful in implementing this task. When the social worker and clients identify together what their underlying principles are, a level of trust and safety should result that will enable them to work together as a team in creating their tasks

for healing. Thus practitioners are called to develop what Berman (1981) termed "participating consciousness," and what Polanyi (1962) described as a "passionate participation of the knower in the act of knowing" (p. viii). Waite (1939) spoke of this task when he remarked, "What the client is responding to is not merely the spoken word but the total impression the worker's personality makes. If we want clients to give us their confidence, we have to become people who inspire confidence" (p. 186).

At the APS offices, there was immense cultural, age, religious, and racial diversity, as noted. The most obvious bonding core principle was their work and their clients. So we talked about the agency's mission and how their own personal and religious beliefs support that mission. There followed a discourse about why they chose to work with vulnerable neglected and abused adults, and why this was meaningful. During the task, we continued the process of meaning making and naming the principles that unite them as a practice community. Among the principles expressed were commitment to service, respect for each other and their clients, and the dignity and value of everyone in the room.

Framing

This task entails framing the traumatic event in meaningful language that makes sense to individuals and the community. The goal is to understand what happened so that distorted information about the traumatic event can be reduced and the facts surrounding the event can be clearly communicated. This lowers the risk for rumors disconnecting people from each other.

The task is framed around telling the story of what happened and can be facilitated with the questions: How did the traumatic event happen? Who was involved? Where and when did it occur? The social worker should refrain during this task from asking questions about why

this happened. Often this will result in blaming someone or something for the trauma, and the process may be thrown off track. With the APS workers, this task was accomplished both in the large group and in small breakouts. If the latter is chosen, it is important to have competent facilitators who can keep the discourse focused on the task.

Educating

In the context of the present model, to educate is to create knowledge that will help restore the health of the individuals and their community. "The process of education and self-education among participants makes critical enlightenment possible" (Kemmis & McTaggart, 2000, p. 598). Educating by the social worker facilitates the client/community's complementary task of self-education or learning, the one that must be achieved if the social worker's efforts are to be of any value.

Basic information is provided by the social worker that enables the participants to distinguish between stress and trauma. That is, stress is a reaction to environmental stimuli within the ordinary range of human experience, whereas trauma is perceived as a life-threatening event, one that overwhelms usual coping strategies. The effects of trauma, such numbness and fatigue, irritability and fear may be persistent. This serves as a "heads up" type of knowing that can help prepare one for unexpected emotions, behaviors, and cognitions. Loss of focus (increasing risk for accidents), bursts of anger and irritability, headaches and backaches, upset stomachs, and nightmares, are all common features of post-trauma experiences. Normalizing these experiences and listening for what may be unique is critical. Also, educating clients regarding some of the potential emotional reactions that may accompany a post-traumatic event, such as denial (numbing), sadness, anger, and blaming is important. By sharing reactions to

the traumatic event, individuals begin to see that there are both similarities and unique responses and that they can learn from one another, a process that helps restore a sense of community.

During this task, the key question for the social worker to ask is: "What is different for you physically, emotionally, socially?" Creating a discourse while educating enhances the group's responsibility for describing their symptoms and for developing knowledge about them. Here we are not informing them about what they have just experienced nor are we telling them what they will be experiencing following a trauma; rather we are asking them to reveal what their experience has been thus far. Responses by the social worker to this task should be in terms that participants use in their everyday lives, rather than medical, academic, or professional language. The social worker explains that reactions to a traumatic event may vary, and many different types of responses are to be expected, and that these responses differ from stress reactions. Explanations are given as to why trauma affects us the way it does. Also, we inform participants about sensory experiences or environments that will trigger a sense of reliving the trauma and alert them to these phenomena. Some basic steps in lowering the intensity of the triggers are provided, which include normalizing the experience and identifying what sensory experience might trigger a reexperiencing of the trauma. Is it a smell, sight, sound, taste, or touch? Once this is identified, we acknowledge where the trigger came from and take several deep breaths until the sensory experience dissipates.

The APS workers were very forthcoming about what was different with them physically, emotionally, and socially. We compiled an extensive list of symptoms, which served the purpose of instilling within the group a sense of communal suffering as survivors of the trauma. We then discussed ways of coping with the symptoms, which laid the groundwork for tasks that clients could undertake outside the session (see Empowering below).

Grieving

The fifth task is to name what meaningful connections with self and others have been threatened or permanently lost. Trauma creates an immense sense of loss, so beginning the grieving process with the client/community is a very valuable task. Discussing different ways of grieving that are culturally, religiously, and gender sensitive is incorporated into this task.

Sometimes, when working with a community, it is helpful to meet with community representatives to begin this task. Whether working with individuals or communities, this task will identify what has been individually or communally lost. For example, individual identities were threatened or lost following the bombing of the World Trade Center. APS employees articulated this during the opening debriefing, when they described their experience of self since the bombing. A woman with two children, who lost her husband in the bombing, no longer saw herself as a wife and mother in an intact family and struggled with her new identity as a widow with children, all dependent upon her extended family. Another said, "Who am I following this trauma? I thought I was a pacifist, but now I am not sure."

This task of the client or community is to assess what is changed or lost in their sense of self. The social worker facilitates this task with sensitivity and patience, respecting what the client or community has identified as a disconnection from self and not minimizing what has been named. This task is a process that is never completed, but will change and perhaps enlarge as the client/community's losses emerge after the trauma. The social worker and the group name what has been lost. A recording device, such as a flip chart, may be useful. Participants begin to see new connections and common experiences,

which not only normalizes their post-trauma reactions but also engages them in community building.

The second part of this task is asking what has been lost with others. Where have unexpected disconnections appeared with families, coworkers, or communities? When I asked about disconnections from others during the debriefing with the APS workers a recent citizen of the United States, who emigrated here from the Middle East, said that people on the street questioned his citizenship and his right to be in New York City. He no longer felt connected to his community and his alienation was mixed with fear and anxiety for his and his family's safety.

The third part of this task is exploring what meaning in their lives has been threatened or lost. These disconnections might appear initially as depression, with such comments as "I don't enjoy my work any more, my hobbies have fallen to the sidelines, I don't want to attend family functions." These are symptoms of a loss of meaning and need to be identified as such. Helping people to maintain and recreate meaning in their lives is a critical task in crisis work. With the APS workers, the social worker facilitated this task by asking the group what loss of meaning frightened them the most. Responses varied from not finding it meaningful to live in such a large city to doubting their previously held religious beliefs. This communal discourse around the loss of meaning can begin the process of rebuilding a more supportive community. One way that people recreate their connections with others is through such discourse, which enables them to identify what they can expect from themselves, others, and their environment (Bruner, 1990). This is critical when rebuilding trust after a traumatic event. The social worker assists clients in revisiting those "taken-for-granted meanings and reformulating them into constructions that are improved, matured, expanded and elaborated, and that enhance

their conscious experiencing of the world" (Guba & Lincoln, 1986, p. 546). The goal is to create tasks that will enhance behaviors that lead to health.

Amplifying

Amplifying a person or group's emotional and cognitive experience of the trauma refers to recreating elements of the traumatic experience in a safe environment to facilitate expressions of thoughts and feelings about it. Amplifying requires a competency of the social worker that lowers the risk of this task retraumatizing the participants. Without competent training in crisis intervention theory and skills this task can potentially be more harmful than helpful. For many persons who have been traumatized, the numbing stage, which prevents the person from fully experiencing the trauma on an emotional and cognitive level is initially a healthy mechanism. Without this automatic response many of those experiencing trauma would not be able to carry out activities of daily living. This coping strategy becomes unhealthy when the numbing stage persists. Much later when the person begins "thawing" and begins to relive the intensity of the trauma, he or she may resort to self-medication techniques that keep the traumatic experience from surfacing. This can be manifested in legal and illegal substance abuse, workaholic and compulsive shopping behaviors, sexual rituals, and other strategies that either distract or numb the person enough so that the trauma never surfaces. It may be critical at some time during the recovery phase for the person or group to create a safe place where amplification can be experienced and related tasks completed. Sometimes, people and groups do not have the baseline health, resources, and support to do these tasks.

Amplifying is not recommended during the early weeks following the trauma, and hence it

was not used in work with the APS employees reported here. The task can be used only after a full assessment is done by a competent practitioner trained in trauma work, who is able to provide the safety and resources for a person or group to revisit the emotional and cognitive arena of trauma.

The goal is to help participants understand and move through the experience in a purposeful and therapeutic manner. Amplifying is not a task that can be completed in one setting. The amount of time spent on it will depend upon the intensity of the traumatic event, its perceived threat to life and safety, and the prior health of the persons traumatized.

If it had been done with the APS employees, amplifying might have made use of videotapes of the destruction of the World Trade Center as a way of recreating the traumatic event. This might have been accompanied by asking participants to recall the sounds, smells, tastes they might have had during the event. For example, at a debriefing session one participant spontaneously recalled that her most vivid sensation was the taste of soot in her mouth. Memories of this kind can help recreate the event in a safe environment. Successfully navigating through these sensory experiences with the help of a social worker can rob triggers of their ability to create disruptions. Between sessions the client may, under the social worker's guidance, continue the process through self-exposure to stimuli associated with the traumatic event.

Integrating

The existential question that eventually arises following a traumatic event is: "How does this trauma connect to my overall life? Is it possible to be transformed by this experience, or is the only consequence tragedy and destruction?" The natural strategy is for persons to compartmentalize the traumatic event with the belief that the trauma will not disrupt their health. We often hear, "Don't think about it, forget that it ever happened, get on with your life!" These sincere suggestions are attempts to compartmentalize the experience rather than integrate it. If this were the healthiest option, we would never have such organizations as Mothers Against Drunk Drivers. Following the trauma of her daughter's death at the hands of a drunk driver, a woman integrated the experience to forge a new identity as a national leader and advocate for stricter laws regarding drinking and driving. Who will be transformed following the World Trade Center trauma?

The goal is to create new possibilities for transformative ways of living following the trauma. Through discourse, the social worker and clients begin the work of transformation, by narratives that depict how trauma transformed the lives of ordinary people. Telling these stories with sensitivity and without setting up unrealistic expectations that everyone should take on a new identity following trauma is critical. Creative ways of inspiring hope and courage are employed. Just raising the question, "Is it possible for this tragedy to transform us individually and as a community?" creates a whole discourse and many potentials.

Empowering

Thus far activities with the group in the session has raised various possibilities, as has been illustrated, for the participants' continued task work outside the session. Empowering involves identifying, from these possibilities, the most effective and efficient tasks that will facilitate the maintenance and enhancement of healthy outcomes following trauma. It also involves planning ways to obtain the resources necessary to successfully complete these tasks, deciding on methods of task accomplishment, and considering obstacles that may interfere with task attainment.

One approach to facilitating empowerment is Kormanik's (1999) Four-S model: self, situation, strategy, support. What resources exist within the self? What is his or her current situation? Are there important resource deficits, such as lack of an adequate income? What past strategies worked or were inadequate when the person/community previously experienced trauma or highly stressful situations? What new strategies did they learn from others? What supports are currently operative in their lives or what new supports are available that they may not be aware of?

With the APS workers, it was important to ask, "What do you now need? What are your priorities? What is most important for you in regaining or maintaining health?" What is critical is that the pressing needs of the individual and community are addressed and that tasks will be responsive to these needs.

Community tasks can be identified and planned with all participants together. The APS employees identified tasks that could be undertaken in groups, such as ongoing team building meetings, potlucks, and volunteering for service in the city. Also they agreed to post large sheets of paper in public areas where employees could list tasks they found helpful. Obstacles to tasks were considered. For example, some task possibilities involved obtaining mental health services, but it was not clear how APS employees might obtain these services. Suggestions for securing them were developed.

For more individualized tasks small breakout groups can be used. At APS, six New York City Department of Mental Health professionals led small groups. The focus was on the following statement: "Now that we have educated each other about how trauma impacts us physically, emotionally, and socially, and we have named what is lost in your lives, it is important that we identify what tasks can be developed to address these losses and how these tasks can be carried out." If small group leaders are not available, then the practitioner can circulate among groups or use can be made of consulting pairs. Individual tasks that were identified and developed included carrying out volunteer, religious, leisure, and physical activities, eating nutritious meals, and doing relaxation exercises.

Terminating and Revisiting

The purpose of terminating is to summarize what has been covered and what has been learned. Attention is given to what has just been created together and how this experience has been helpful. The primary goal is to mark the transition from this structured experience to a fluid one. Care of self and others is emphasized, and the sharing that occurred in the group can be carried on outside this experience.

The social worker takes the emotional temperature of the group by checking on how the participants are feeling now. Any follow-up sessions are announced and the group is reminded of long-term resources that were identified. How their participation has helped one another is discussed. The session is closed with some type of ritual that reflects the group's cohesiveness in a genuine and appropriate manner. The social worker remains available to individuals after the session. Refreshments were served at the APS session, which provided an opportunity for conversation and relaxation.

Many things can change within days and weeks for persons who have been traumatized. It is important to revisit the individuals/community within several weeks or earlier if warranted. What is different since we last met? What new needs have surfaced? What tasks have been effective in maintaining and recreating health? Do any tasks need to be altered or discarded and replaced with new ones? Are there problems around isolation and lack of connectedness? Finally, long term tasks for maintaining health can be reinforced and further developed at this time.

Conclusion

The model just presented can be applied to any group that has undergone a traumatic experience. It attempts, through tasks, to recreate lost connections affecting self and community and to enable participants to achieve changes at whatever levels may be possible. The model is still evolving. Directions for further work include further development of ways to translate tasks worked on in group sessions to healing actions that can be carried out in the participants' life situations and of achieving better articulation between tasks at individual and community levels.

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