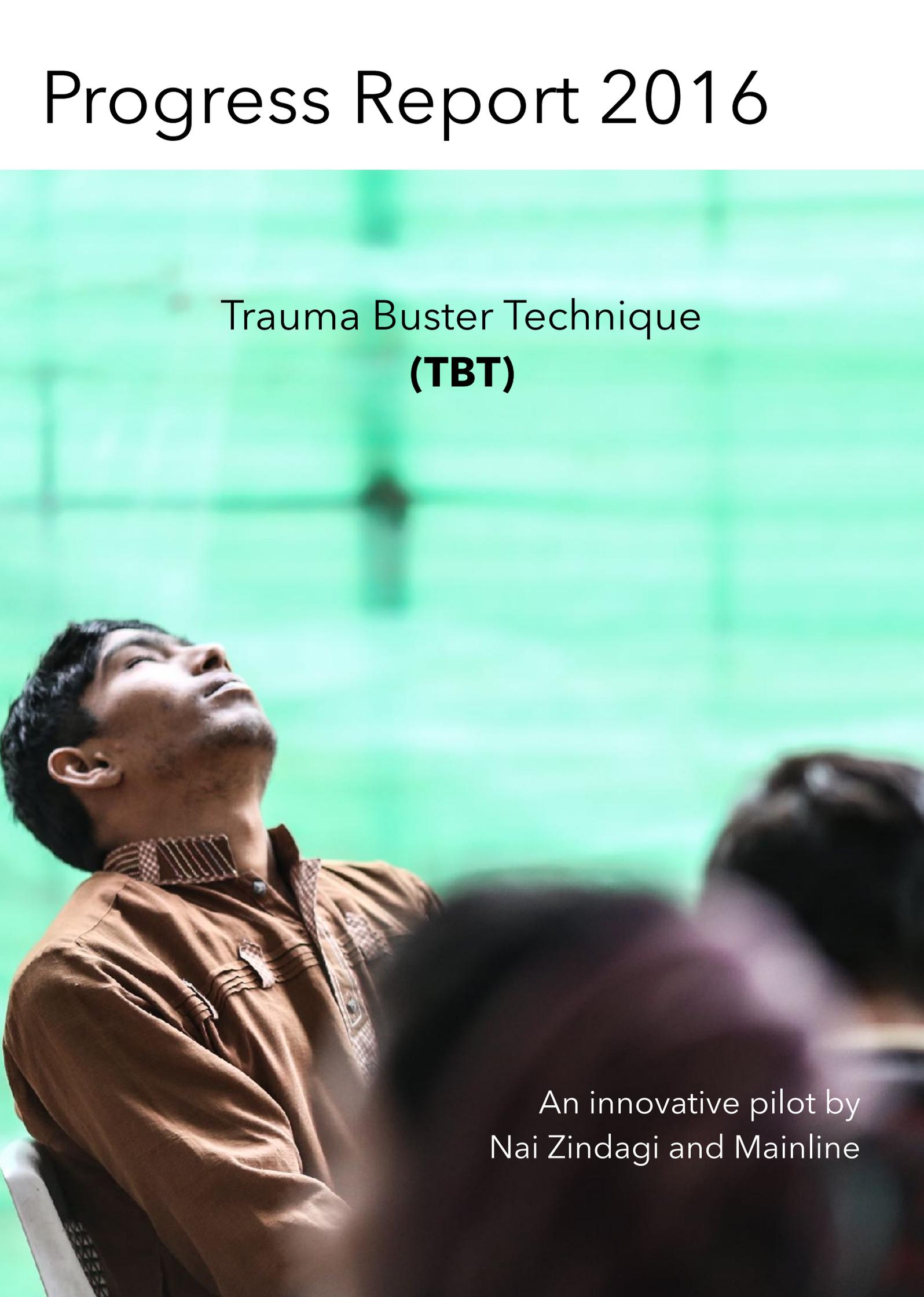


Progress Report 2016

Trauma Buster Technique **(TBT)**



An innovative pilot by
Nai Zindagi and Mainline

Acknowledgements

Nai Zindagi would like to thank Mainline, for supporting the TBT training under the Bridging the Gaps II initiative of the Dutch Ministry of Foreign Affairs.

We would also particularly like to thank Mainline, which supported the innovative pilot for self help groups of ART Adherence Unit graduates and their families under the Bridging the Gaps initiative of the Dutch Ministry of Foreign Affairs and the Global Fund for its expansion and continuation.

A special thanks to Nai Zindagi staff who actively participated in this learning and to Mr. Bilal Qureshi for the well conceptualised photographs.

A very special thank to Ms. Rehana Webster for her ability to generously share her expertise and knowledge and enable us to be better prepared and equipped.

Introduction

The ART Adherence Unit (AAU)

The ART Adherence Unit (AAU) is a residential rehabilitation facility for HIV positive persons who inject drugs (PWID) that combines treatment for opioid dependence with HIV treatment adherence support. It aims at stabilising the client so that HIV treatment becomes a realistic and achievable proposition for them.

Opening in January 2014, the facility is operated by Nai Zindagi, and was funded in its first two years by the Dutch Ministry of Affairs through the Mainline Foundation in the Netherlands. It is now secured further support from the Global Fund to continue its operation until the end of 2017 with double the capacity of 200 beds.

Detoxification and ART initiation support are provided at the AAU in a two month residential program. A client who has been tested HIV positive, and who has a CD4 count of 500 or below, will undergo residential detoxification for two weeks. After detoxification the client is then inducted in the AAU for a therapeutic community programme based on behaviour shaping strategies and tools.

The overall objective of the AAU is primarily about supporting the client to reorient their life so that lifelong treatment with ART becomes a realistic and achievable proposition for them. The service model is designed in recognition of the fact that the transition from active opioid user to ex-drug user is a process with many potential

stumbling blocks and cycles of relapse along the way. It is based on principles of respect for the client's life choices and an understanding that the healing process that the client needs to go through in order to regain his sense of self-worth has only just begun.

Structure and order are provided in the form of a fixed schedule of daily activities that include individual and group therapy sessions, lectures and presentations on various topics around HIV/AIDS (treatment adherence, safer behaviours, OIs,) sessions on psychosocial issues (goal setting, family reintegration, anger management, disclosure and risk, relapse prevention,) and family call time and diary writing.

The facility is staffed by a mixed gender team of Medical Officers, Paramedics, Psychologists, Counsellors, and a compliment of administrators, with several of the counsellors themselves being ex-users. Medical services provided include basic health care, treatment of OIs (as recommended by the special clinics) STI treatment, ARV adherence monitoring, diagnosis and treatment of TB, and medical referrals.

An independent evaluation of the AAU - April 2016 by three International consultants recommended **strengthening the relapse prevention component of the AAU and introduce a sustainable, practical and affordable tool to provide psycho social support to clients of the AAU**

Trauma Buster Technique (TBT)

In 2016 Mainline agreed to a request by Nai Zindagi to engage Ms Rehana Webster who discovered a method to successfully neutralise the effects of trauma, regardless of how old, current, simple or complex it was.

The Trauma Buster Technique (TBT), is a synthesis of Acupuncture and NLP (Neuro Linguistic Programming). It is a powerful method for eliminating the symptoms of PTS (Post Traumatic Stress) and changing internal experiences. TBT is simple to learn. It is not dependent on language, gender, culture, religion, literacy or IQ levels. It can be applied anywhere at any time as required with individuals or groups of people.

Ms Webster trained Nai Zindagi key staff (doctors, psychologists and counsellors) in a tailored training workshop in Islamabad from 19th - 29th July 2016. Eight psychologists and one addiction counsellor were trained from AAU. In addition two senior Nai Zindagi staff were trained as Master Trainers in TBT. All trained staff are now certified TBT practitioners. Additional AAU staff has been trained in house in application of TBT.

Training manuals, materials, presentations and related materials are all available and have already been shared with Mainline.



Ms Webster with AAU and Nai Zindagi staff in a training session.

Application of TBT within the AAU

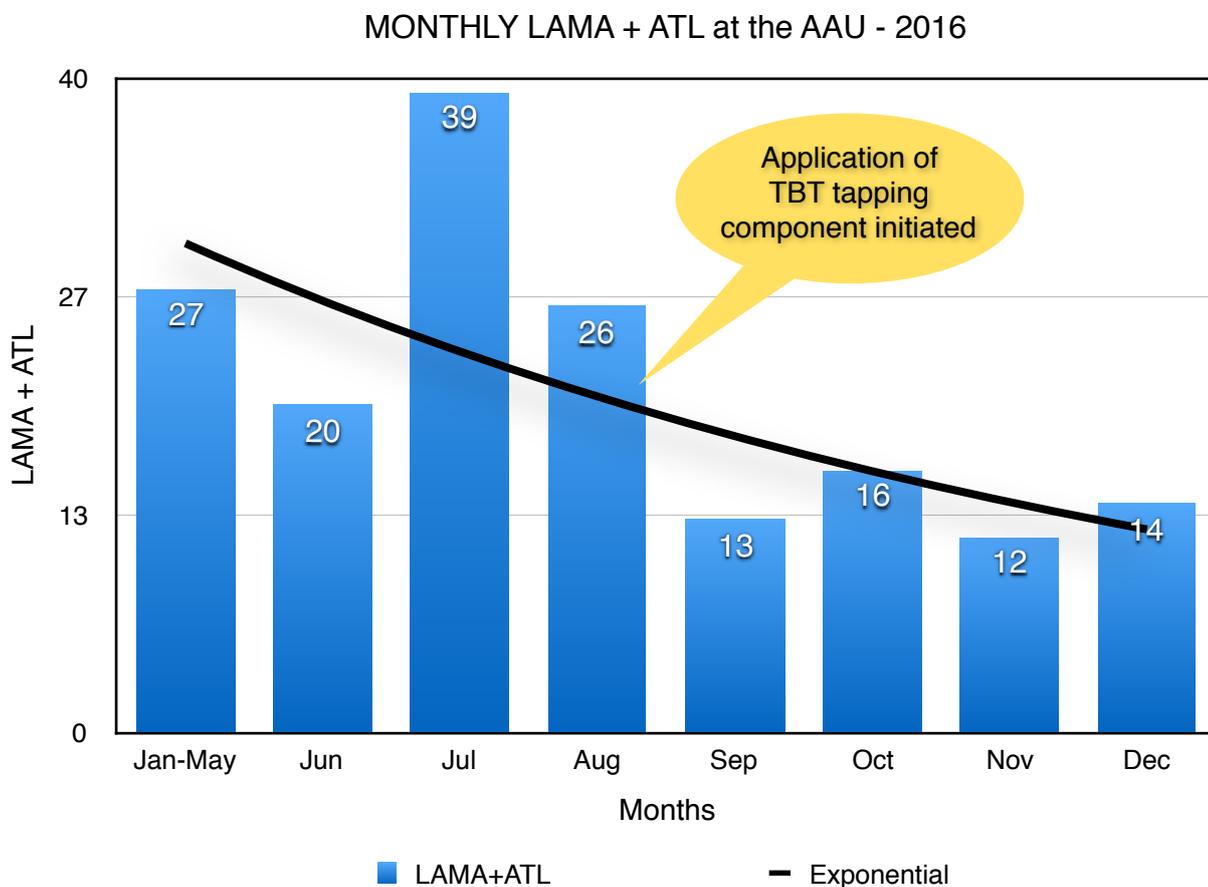
TBT is very effective in stress and anger management and as a tool for relapse prevention. The training equipped psychologists and live in counsellors at the AAU to understand and manage residents effectively on a daily basis with the help of TBT.

At the AAU the following two components are being applied:

1. Basic Component: Tapping

Tapping is being applied to all AAU resident clients since August 2016. It has been incorporated into the daily time table at the AAU. The AAU on an average has 180-200 residents who apply tapping daily as a morning relaxation exercise to manage anger and stress. Tapping for relaxation greatly helps lowering day-to-day stress and anxiety levels. They are encouraged that once they return to their cities of origin they apply TBT - tapping in their daily lives.

Tapping is regularly also practiced by staff to lower stress levels of working in a highly stress full environment.



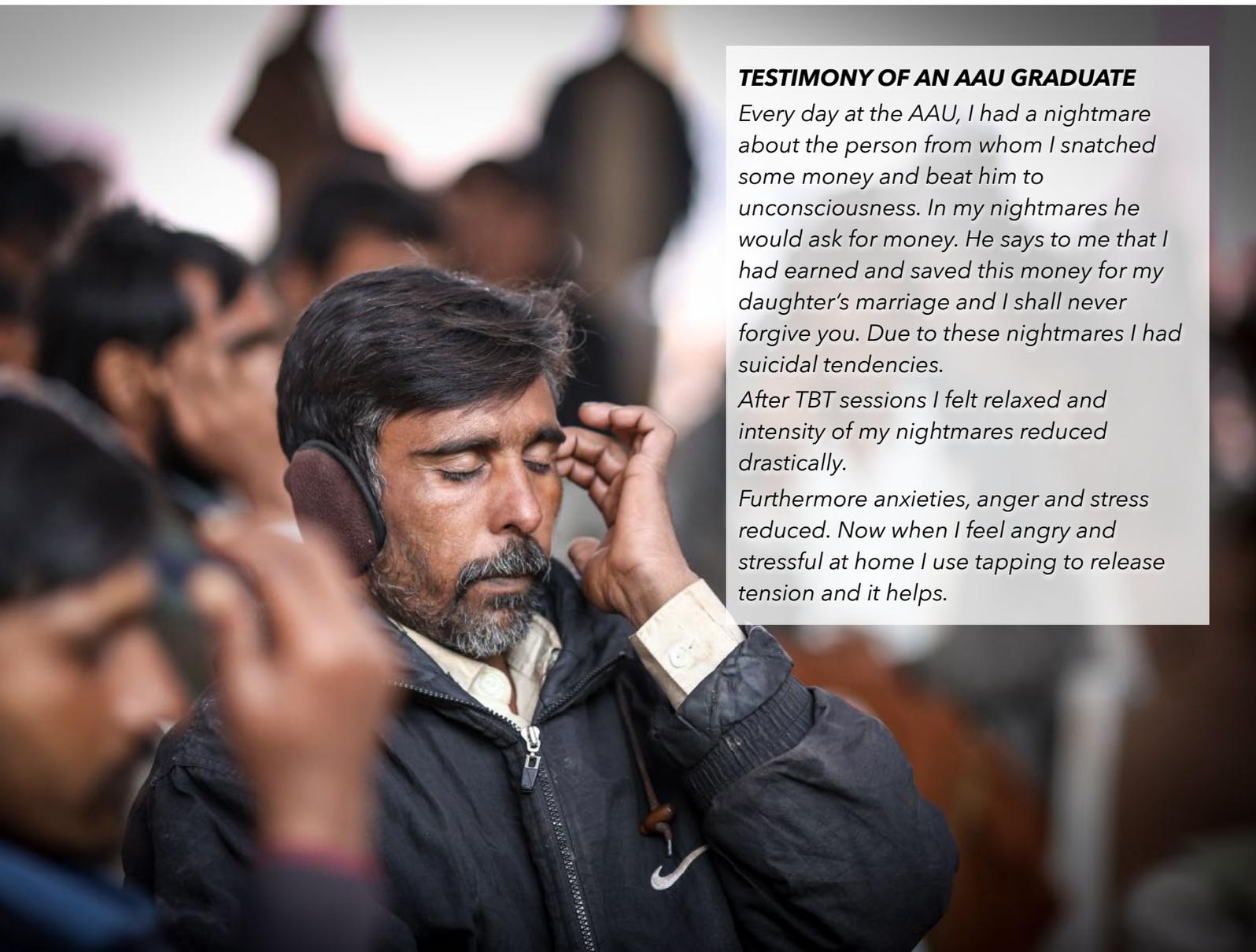
Impact:

The capacity of the AAU was gradually doubled between January and May 2016. During these months the total number of AAU residents who left against medical advice (LAMA) and who were asked to leave (ATL) due to non compliance of rules and regulations was 108 persons or an average of 27 per month, which represented approximately 27% of the 390 new admissions during these months.

This is a high percentage of people leaving the AAU and was due to multiple factors that included expansion from 100 to 200 beds resulting in management issues; facilities not properly geared to deal with double the numbers; extremely hot weather; etc..

In August 2016 the TBT - tapping component was incorporated in the AAU as a daily morning routine activity with all residents (detoxification + AAU program).

It is evident from the graph above that the LAMA and ATL rates fell drastically to an average of 14 persons per month or 13% of the 410 new admissions during September to December 2016. The tapping component of the TBT is the major contributor to this aspect of almost 50% reduced LAMA and ATL rates.



TESTIMONY OF AN AAU GRADUATE

Every day at the AAU, I had a nightmare about the person from whom I snatched some money and beat him to unconsciousness. In my nightmares he would ask for money. He says to me that I had earned and saved this money for my daughter's marriage and I shall never forgive you. Due to these nightmares I had suicidal tendencies.

After TBT sessions I felt relaxed and intensity of my nightmares reduced drastically.

Furthermore anxieties, anger and stress reduced. Now when I feel angry and stressful at home I use tapping to release tension and it helps.

TESTIMONY OF AN AAU GRADUATE

My father died and my siblings always blame me for his death. They always said, "father was worried about you and he died because of you". Their painful statements always pinched me and disturbed me. Due to which I used more drugs.

TBT was applied on me and after the first session I felt more relaxed and all the negative emotions were less intense. There was little change in the beginning but afterwards the results were very positive. Repeating the mantras, there was a noticeable reduction in guilt

My siblings still blame me, and to deal with anger and negative feelings I practice tapping at home to deal with anger and let go of negative feelings that arise.

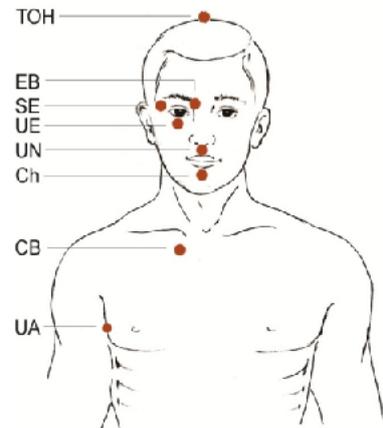
While we can't change the actual experience of something that has happened in the past, we are able to change how the experience is structured and therefore how the memory is experienced or remembered.

Recalling an event differently changes the associated feelings because our brain-body biochemistry is changed. Research shows conclusively that tapping on the meridian points reduces cortisol levels and negative feelings/emotions. The impact of this is profound, instant and permanent.

2. Advance TBT Component: Auditory and visual trauma

All AAU psychologists are conducting need based individual counselling sessions with clients for resolving auditory/visual trauma. Since August 2016, forty AAU graduates were assessed for and provided advanced TBT for auditory and visual trauma.

- Top of head (TOH)
- Eye brow (EB)
- Side of eye (SE)
- Under eye (UE)
- Under nose (UN)
- Chin (CH)
- Collar bone (CB)
- Under arm (UA)



Start by tapping on the top of the head and proceed with the tapping protocol.

What is Trauma?

Trauma can be defined as any event that causes you to have a NEGATIVE bodily reaction/s. It could be someone saying something to you, something you witnessed, a shocking event, an accident you had, or anything else that you react to negatively.

It is understandable that PWIDs, mostly affected by poverty, drug use, HIV and AIDS come to the AAU with a series of traumas which they have experienced in the past or are currently experiencing.

What are the Symptoms of Trauma and PTS?

Post-Traumatic Stress is defined as *“a severe anxiety disorder that can develop after exposure to any event that results in psychological trauma... overwhelming the individual’s ability to cope.”*

The diagnostic criteria as defined in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV) states PTS symptoms as:

- **Flashbacks** - re-experiencing the original trauma(s) through uncontrollable memories (e.g. nightmares).
- **Hyper-vigilance** - “a continuous scanning of the environment to search for sights, sounds, people, behaviours, smells, or anything else that is reminiscent of threat or trauma” (Wikipedia). This could manifest as an inability to sleep, increased irritability, anger, or being startled easily.
- **Dissociation** - avoidance of anything that may be associated with the trauma (place, people, feelings, smells, etc.), inability to recall parts or the entire trauma, difficulty talking about the trauma.

TESTIMONY OF AN AAU GRADUATE

My daughter was ill and I was using drugs in my room. When I went out I saw her and picked her in my arms. She was seriously ill and she died in my arms. That incident always disturbs me and I was in extreme pain.

Whenever I recalled that incident I started crying. But after TBT sessions I had control over my emotions. I accepted it to be the will of Allah and it provides me serenity.

I do not use this therapy on particular event but whenever I have craving about drug use I start tapping and it changes my intentions.



Processing a Trauma

We experience the world through our five senses. The sensory qualities perceived by each of the five senses (taste, sight, touch, smell, and hearing) are known as sub-modalities. For example:

- **Visual sub-modalities** include colour, shape, movement, brightness, depth etc.
- **Auditory sub-modalities** include volume, pitch, tempo etc.
- **Kinaesthetic sub-modalities** include pressure, temperature, texture, location etc.
- **Gustatory/olfactory sub-modalities** are associated with tastes and smells respectively

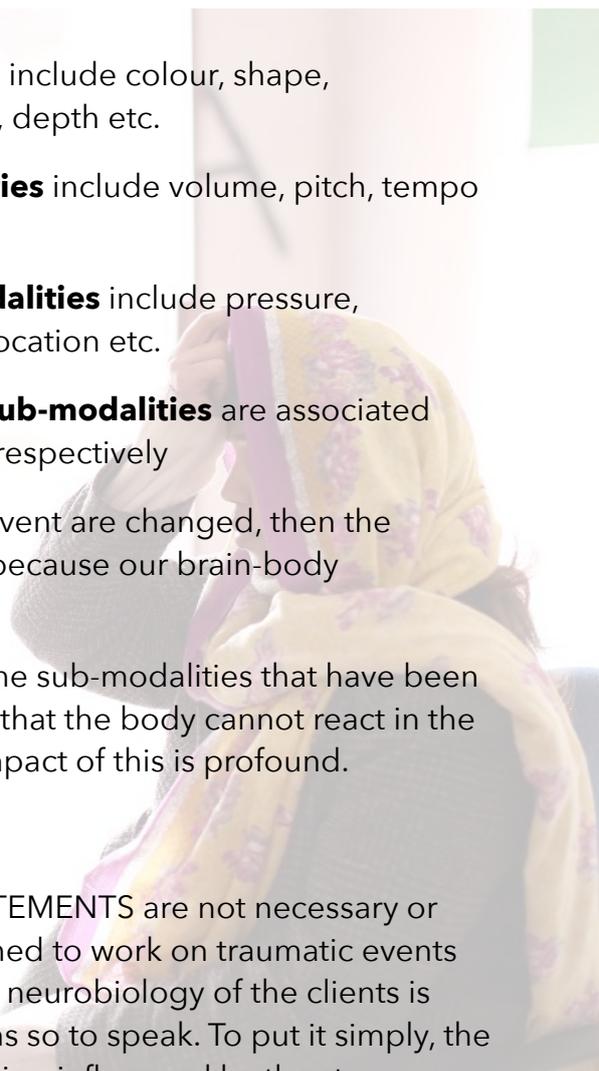
When sub-modalities in an event are changed, then the associated feelings change because our brain-body biochemistry is changed.

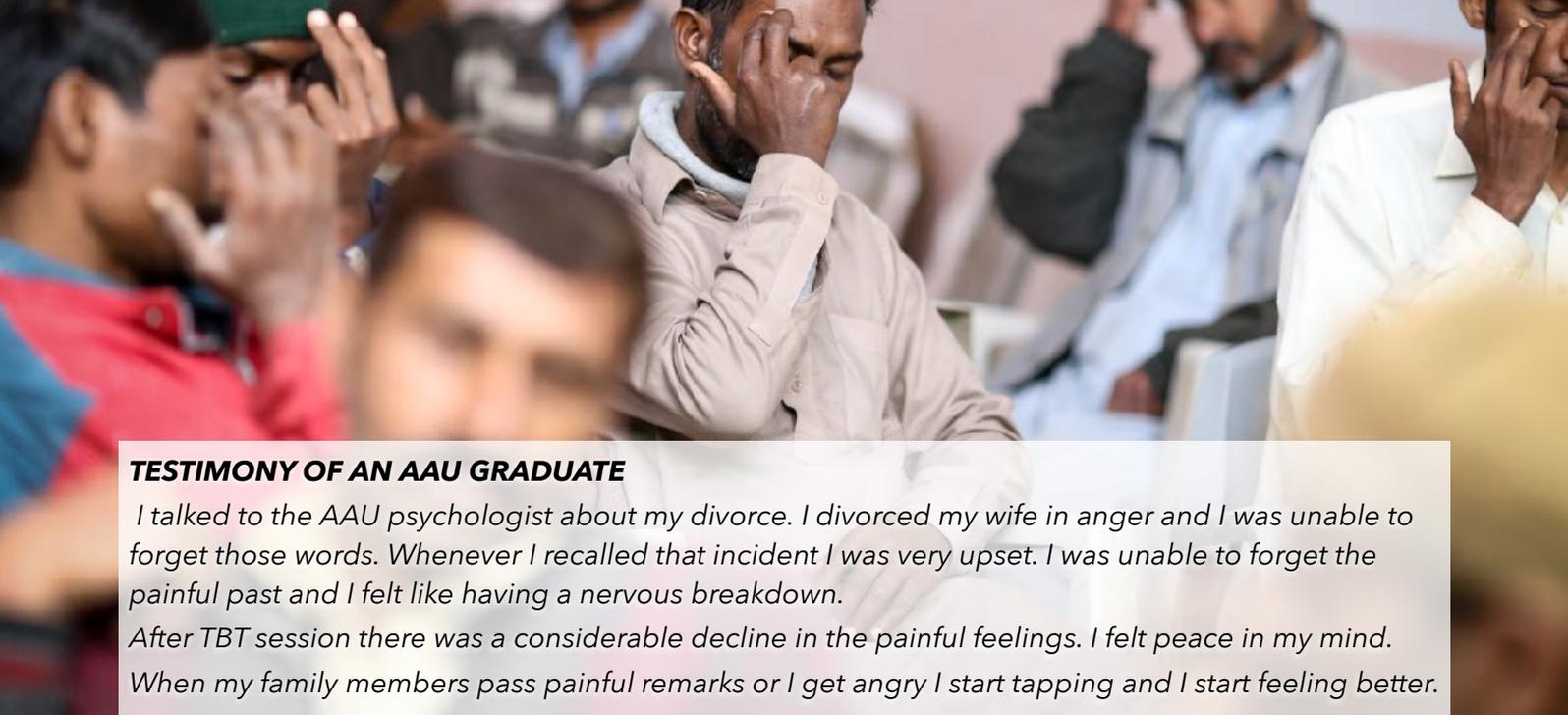
The TBT process interrupts the sub-modalities that have been associated with a trauma, so that the body cannot react in the same way it once did. The impact of this is profound.

Using TBT

When using TBT, verbal STATEMENTS are not necessary or required. Since TBT is designed to work on traumatic events experienced by the user, the neurobiology of the clients is already running the programs so to speak. To put it simply, the nervous system is already being influenced by the stress hormone, cortisol, which is creating a state of **fight, flight or freeze** within the sufferer's physiology/biology.

The memory creating this state needs to be uncoupled from the feeling/emotions to eliminate the symptoms.





TESTIMONY OF AN AAU GRADUATE

I talked to the AAU psychologist about my divorce. I divorced my wife in anger and I was unable to forget those words. Whenever I recalled that incident I was very upset. I was unable to forget the painful past and I felt like having a nervous breakdown.

After TBT session there was a considerable decline in the painful feelings. I felt peace in my mind. When my family members pass painful remarks or I get angry I start tapping and I start feeling better.

The TBT Process

When working with groups, ask all members to recall the story they want to work on and give it a title and a rating. All members tap together going through the steps below and instead of talking out loud the story, say only the title while tapping on every point. Test and rate as below.

Picking the Event (Trauma)

When selecting an event or trauma to work on, here are some guidelines that are important to follow which will give you a much better outcome.

1. Select a specific unpleasant event (trauma) which you want to neutralise.

*While an actual trauma may have occurred over a period of time (e.g. minutes, hours, days), you need to pick out that portion of the trauma that you remember most, that you feel in your body most, the part that “gets you” the most. This is the **SHOCK POINT** of the trauma. This is the part that has the highest intensity in the traumatic event.*

*The **SHOCK POINT** can be a VISUAL part of the story or it can be an AUDITORY part of the story. For example it can be a sentence you heard/said that holds the highest intensity in your traumatic story. OR it can be a something you saw which holds the highest charge of the trauma.*

2. Turn the event into a story.
3. Give the story a title.
4. Decide on a start and end point to maintain focus and to remain in the associated neurological pattern.
5. Rate the intensity of this event, with 0 being no intensity and 10 being maximum

Use the “W” questions to help define the event:

When?

Why?

Whom?

Where?

What? and

How?

The TBT Process Summary Sheet

Level of Intensity	TBT Process Summary
	<p>Set a bail-out anchor</p> <ul style="list-style-type: none"> Recall a happy time, hobby, anchor through touch to the body
	<p>Tell the story audibly</p> <ul style="list-style-type: none"> Be specific, short Give the story a title The story must have a beginning and an end Tell 3 times Test by rating the original event 0-10 and notice where and what you feel in your body
	<p>Turn the story into a black and white movie and run it forward</p> <ul style="list-style-type: none"> Tell audibly 3 times Test by rating the original event 0-10 and notice where and what you feel in your body
	<p>Tell the black and white movie backwards</p> <ul style="list-style-type: none"> Tell audibly 3 times Test by rating the original event 0-10 and notice where and what you feel in your body
	<p>Turn the movie into a colour cartoon and run forward</p> <ul style="list-style-type: none"> Tell audibly 3 times Test by rating the original event 0-10 and notice where and what you feel in your body
	<p>Run the colour cartoon movie backwards with music</p> <ul style="list-style-type: none"> Tell audibly 3 times Test by rating the original event 0-10 and notice where and what you feel in your body
	<p>Add as-if ... change any part of story, characters, incident, etc.</p> <ul style="list-style-type: none"> Tell audibly 3 times Test by rating the original event 0-10 and notice where and what you feel in your body

If rating numbers are going down really slowly, there is probably a foundation or core trauma that happened before the one you are working on. So stop and see if there is another trauma - when did you feel this way before, is there a first time you felt this way?

You can use all or any of the steps you need. Use your judgement when using the cartoon/humour component in TBT. As you become skilled at using TBT, the time it takes to go through resolving trauma will become shorter. Your brain learns quickly and eagerly to let go of painful experiences.

Conclusions



- On an average 170 AAU residents perform TBT-tapping 5 days a week every week during their 8 week residential stay. TBT has demonstrated to be a powerful method to reduce episodes of anger, stress and anti-social behaviours among residents. **The outcome is evident from reduced LAMA and ATL at the AAU, and a general environment of peace that prevails.**
- TBT is simple to learn and not dependent on language, gender, culture, religion, literacy or IQ levels. It can be applied anywhere at any time as required with individuals or groups of people. Both the basic and the advanced components of TBT have been applied to a wide variety and nature of clients coming from different backgrounds - with different traumas. **TBT is applicable to anyone and everyone in need and is a quick, efficient, sustainable and low cost therapy tool that can be applied in varied situations.**
- AAU residents have been empowered too apply basic TBT - tapping on themselves, their peers and eventually their families when they return and if needed. **A new skill has been shared, tested and handed over to clients.**
- **The overall pilot has proven effective and replicable, and in house expertise has been gained to further expand TBT to other interventions.**

Recommendations



It is essential to understand that the learning and application of TBT is only 5 months old. At this stage the conclusions and/or recommendations are in infancy and as we proceed along we will further observe, record and know of the long term benefits.

- **TBT beyond the AAU:** We intend to train staff at the CoPc+ sites in TBT and incorporate it as a tool initially for the VCCT counsellor and the Female outreach worker catering to wives and families of PWID.
- **TBT in the AGA and AFA Groups:** TBT will be incorporated in the AGA and AFA self help groups and the secretaries of these groups will be trained in conducting the basic component - tapping of the TBT.
- **TBT for staff:** We intend to incorporate TBT as an 'employee assistance tool' for Nai Zindagi staff, particularly the frontline staff like outreach workers, social mobilisers, etc.. and those working under stressful conditions e.g AAU staff.
- **Develop a training video:** Once sufficient experience and knowledge has been gained at the AAU we intend to develop in house a training video, which can be shared beyond Nai Zindagi with other persons/organisations who could benefit from this low cost highly effective and immensely rapid tool.
- **Research:** It would be interesting to see the commonalities in trauma among PWID in Pakistan. Currently all TBT advanced sessions are being recorded, however this might be an opportunity to look into improved for targeted interventions.