

THE APPLICATION OF AWARENESS INTEGRATION THEORY, A TRAUMA-INFORMED CARE MODALITY: A SYSTEMATIC REVIEW

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Abstract

Individuals impacted by trauma often have difficulty making sense of past traumatic events, memories, thoughts, feelings, and physical responses. Awareness Integration Theory (AIT) offers a trauma-informed care model by integrating emotional, cognitive, and somatic disconnects, helping the individual reach mental equilibrium. This innovative and non-invasive technique is based on Trauma-informed care principles, understanding the pervasive nature of trauma while promoting an atmosphere of healing. Using scientific techniques of self-awareness, neuroplasticity, internalization, and integration, AIT assists the individual in creating a trauma narrative by acknowledging the traumatic cognitive and emotional schemes yet bypassing the re-traumatization of these events that may inadvertently lead to the client's regressive mode. Using trauma-informed care philosophy, AIT approaches the core beliefs, emotions, and physical/physiological attributes, helping the individual become aware of their experiences and the emotional and cognitive aftermath that led to their current state of being. The AIT technique includes a) creating the trauma narrative script accounting for the sequence of events that led to the traumatic experience, b) empowering the individual by reviewing the story and finding the internal psychological disconnects, c) recreating the narrative in an integrated modality connecting the emotional, cognitive, and behavior domains of self and moving forward.

Keywords: *Awareness Integration Theory, trauma-informed treatment, trauma-informed care, trauma narrative, psychological integration.*

1. Introduction

Choosing the appropriate treatment modality is essential in expediting the process of recovery from trauma. One treatment venue is to focus on specific traumatic experiences while exploring the gravity of impact and the individual's learned coping mechanism before designing the proper treatment plan. However, Trauma-Informed Care (TIC) is an approach that, while recognizing the impact of trauma on the person, avoids re-traumatizing the individual by not directly discussing the trauma itself. According to the United States Center for Substance Abuse (Center for Substance Abuse Treatment, 2014), Trauma-Informed practices reinforce the importance of acquiring trauma-specific knowledge and skills to meet the specific needs of clients, accepting that individuals are affected by trauma regardless of its

acknowledgment. TIC stresses the importance of addressing the client individually rather than applying general treatment approaches.

Similarly, Awareness Integration Theory (AIT), an effective trauma treatment modality, focuses on the individual's needs and strengths rather than the sense of powerlessness that ignites the trauma. AIT treats the client as an individual with unique needs and characteristics who uniquely copes with trauma; therefore, by focusing on areas of life that trauma has impacted and integrating the individual's resiliency, one avoids re-traumatization. It builds on the strengths and resilience of clients in the context of their environments and communities (Zeine, 2016).

2. Objectives

This paper aims to demonstrate that Awareness Integration Theory (AIT) utilizes a Trauma-Informed Care modality by emulating such principles as integrating a safe space, setting boundaries and empowerment, and a spirit of collaboration. The authors demonstrate evidence-based research that supports the application of AIT as an effective model for helping individuals impacted by traumatic events who suffer from the consequences of complex trauma disorder.

3. Methods

Using standardized search engines, the authors conducted a comprehensive systematic review, exploring the definition and philosophy of trauma-informed care (TIC) principles. Additionally, they investigated the efficacy of AIT as an effective therapeutic modality encompassing the TIC's main ideologies. AIT's efficacy as an online and in-person psychotherapy treatment has been researched numerous times. Historically, AIT has been the subject of numerous research studies conducted on multiple applications of treating mental health disorders such as depression, anxiety, and stress reduction.

Personal Growth Institute researched AIT's F2FC therapeutic sessions, showing a decrease in depression by % 76 and anxiety by %60 while increasing self-esteem by %43 and self-efficacy by %20 (Zeine et al., 2017a). A study on the American college student population using the Awareness Integration Theory in a hybrid modality showed an overall 68% decrease in depression and a 21.72% decrease in anxiety (Zeine et al., 2017b). In a workshop setting, the AIT has also been tested on separated or divorced individuals, resulting in a 27.5% improvement in depressive moods, a 37% decrease in feelings of anxiousness and anxiety while showing a 15% increase in self-esteem, and a 13% boost in self-efficacy (Madani & Zeine, 2022). Additional studies utilizing AIT via telehealth resulted in a decrease in anxiety by %50 and an increase in self-esteem by %60, and in another case study, decreased depression by %66, anxiety by %75, and post-traumatic stress disorder (PTSD) symptoms by %66 (Zarbakhsh & Zeine, 2023).

4. AIT as a trauma-informed care construct

A Trauma-Informed approach fully integrates knowledge about trauma into all aspects of life to recognize the signs and symptoms of trauma without the possibility of re-traumatization (Substance Abuse and Mental Health Services Administration, (2014). To do so, the following five guiding principles offer the structure of 1) safety, 2) choice, 3) collaboration, 4) trustworthiness, and 5) empowerment (Harris & Falot, 2001).

AIT Trauma-Informed Care approach aims to understand the pervasive nature of trauma that has been inflicted on the individual while promoting a healing environment and avoiding re-traumatization. Using AIT, the practitioner provides a physically and emotionally safe environment for establishing trust and boundaries, supporting autonomy and choice, creating collaborative relationships and participation opportunities, and using strengths and empowerment-focused perspective to promote resilience are ways in which the principles of Trauma-Informed Care work to reduce re-traumatization and promote healing (Zeine, 2016).

5. The antecedent of genetics and self-awareness

A high degree of stress brought on by traumatic experiences can lead to the malfunction of the brain reward circuitry. Dopamine neurotransmitters responsible for pleasure, learning, and motivation can run low or be blocked from reaching the intended brain receptors by stress. Low dopamine secretion in a stressed individual may lead to unhealthy behaviors and post-traumatic stress disorder. Blum and colleagues have linked this poor circulation of dopamine to Reward Deficiency Syndrome (RDS) (Blum et al., 1996; Blum et al., 2000). Dopamine deficiency may also be correlated to hereditary and genetic dispositions.

Conversely, PTSD shares many genetic influences common to other psychiatric disorders. For example, PTSD shares 60% of the same genetic variance as panic and generalized anxiety disorders (Blum et al., 2012). Anxiety and depressive moods interfere with the accuracy and clarity of self-awareness and decrease dopamine secretion. However, increased dopamine improves the retrieval accuracy of self-judgment (autonoetic, i.e., explicitly self-conscious) metacognition memories (Joensson et al., 2015). To develop a trauma-informed recovery plan, the clinician must be aware of all the intricate parts of trauma-induced factors and the client's inner capacity to fight the inner demons.

6. Discussion

The Awareness Integration Therapy aims to promote awareness and integrate all fragmented elements of the self from the past into the present. The basic approach of AIT entails recognizing clients' negative and irrational core beliefs that have stemmed from a little or big trauma, the cognitive or emotional formulas clients have developed as coping mechanisms, and the identities they have created, maintained, and operated to survive and upgrade them to a workable narrative for the current conditions of the client's life. AIT enables the release of emotional and bodily charges from unintegrated experiences, memories, and negative belief systems. Using AIT, clients are guided through six phases by an organized set of questions in all areas of life relevant to the client's life, such as career, finances, intimate relationships, parents, children, etc. Each phase includes a set of questions and a distinct goal (Zeine, 2016). AIT's trauma-informed care uses the five guiding principles recommended by the Institute on Trauma and Trauma-Informed Care (2015) and a final phase of awareness integration: safety, choice, collaboration, trustworthiness, empowerment, and integration (Blum, 1997).

6.1. Safety

Globally, healthcare professionals unanimously follow the universal 'Precautions Law,' which mandates safety first (avoiding exposure to harmful substances) when treating clients. In trauma-informed care, the same principle is practiced when treating clients with traumatic experiences (Blum, 1997). AIT trauma-informed care integrates awareness and self-discovery to ensure the client's physical and emotional safety by addressing what has impacted the individual rather than what is wrong with them. Since AIT is a client-centered approach, it allows for the safety of the client from the first session. The collaboration of the therapist and client through open-ended inquiring questions, investigating information from their subconscious world, and delicately bringing it to the surface to be chosen or purged. Explaining the six phases and what the client can expect every session allows trust to be built for the client to enable the process to unfold (Zeine, 2016).

Phase One intends to raise the client's awareness of their perceptions, emotions/ feelings, and actions about their external environment and how those constructions affect their life. During this stage of therapy, generalized belief systems, dualities, responsibility, and accountability toward a particular attitude create specific results and impacts in life (Zeine, 2016).

6.2. Choice

Having choices and control over what they can expect through AIT integration of traumatic experiences encourages the client to stay steadfast in their commitment to recovery (Zeine, 2016; Blum, 1997). The AIT technique includes a) creating the trauma narrative script accounting for the sequence of events that led to the traumatic experience, b) empowering the individual by reviewing the story and finding the internal psychological disconnects, c) recreating the narrative in an integrated modality connecting the emotional, cognitive, and behavior domains of self and moving forward. Trauma-informed AIT phase two consists of three functions:

1. Raising awareness of the client's projections of others' opinions and feelings about them.
2. Improving the client's ability to observe others' behavior towards them and the meanings the client attributes to that behavior.
3. Identifying how these constructs impact the client's life.

This phase significantly impacts recognizing how much a client lives in their assumptions about others' intentions and lives based on those assumptions rather than relating to others through direct communication and clarity. This phase also supports reality-checking false beliefs or assumptions about others or concepts.

6.3. Collaboration

AIT helps clients learn the importance of collaboration, which can result in more choices and help them positively experience their treatment journey (Keesler et al., 2017; Zeine, 2016). Additionally, the more choice an individual has and the more control they have over their service experience through a

collaborative effort with service providers, the more likely the individual will participate in services and the more influential the services may be. Phase Three strives to increase clients' understanding of their thought processes, feelings, and behaviors concerning their identity as they take on a role in different areas of life. This is the most significant phase since it focuses on the client's understanding of their identity, and these questions, in particular, capture the client's core beliefs about themselves, how they feel and value themselves, which determines their self-esteem, and whether they treat themselves with nurturance or harshly (Zeine, 2016).

6.4. Trustworthiness

Establishing boundaries and consistency can be evident in establishing consistent boundaries and clarifying what is expected regarding tasks¹². The overarching goal of Phase Four, the most complex of the six AIT phases, is to deepen the therapeutic process so that the therapist successfully guides the client toward discovering, acknowledging, and owning the emotional meanings that the individual has often unconsciously assigned to her significant and traumatic past experiences in terms of her thoughts, emotions, and body responses. The therapist assists the client in identifying, fully experiencing, and then clearing the impact of the previous and ongoing assignment of emotional meanings, thereby facilitating the client's liberation from the invisible memory chains that have kept the individual in a chronic state of fear, sadness, anxiety, or other multiple negative emotions that are maladaptive in her current life. Each network of negative fundamental beliefs, related feelings, and body location represents a combination code to a specific memory. For this network to be disassembled, it must be regarded as significant to link to the memory that the client first gave the meaning to the self. The original memory is accessed, connections changed, and then stored with these new modifications in a neurobiological reconsolidation process. The association of the event with powerlessness and helplessness modifies toward strength and resiliency that is recognized and acknowledged at the time of the event. The concept of "bridging" or closing the gap between the vulnerable state, which has become stuck in time, and the resilient survived one today is also included in Phase Four. This bridging condition is characterized by integrating all aspects of the self into a system that is not segmented or separated (Zeine, 2016).

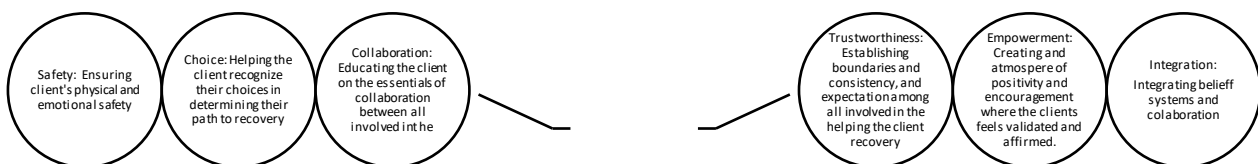
6.5. Empowerment

AIT helps individuals identify and recognize their strengths and build vital interpersonal allies (Blume, 1997). Finally, focusing on an individual's strengths and empowering them to build on them while developing more vital coping skills provides a healthy foundation for individuals to fall back on if and when they stop receiving services. In Phase Five, the therapist investigates the client's selected values concerning areas of life previously discussed. Encouraging clients to think, feel, and act to actualize a chosen value system from their robust and proven skill set will result in a desired attitude and identity. Short and long-term goals are created and scheduled due to this new commitment, and action plans are set to achieve the intended outcome. During this phase, the therapist determines the client's abilities and skills that require improvement. The ability to choose who one wants to be and act creates a powerful identity and a fulfilled life (Zeine, 2016).

6.6. Integration

In Phase Six, the client selects a set of values, situationally suitable emotions, and behaviors from which to operate and live. The client then designs an external symbol or structure as a reminder to reinforce these beliefs and self-programming. Collaborating with friends, family, colleagues, and the community to form sustainable structures around goals ensures attaining a fulfilled life (Zeine, 2016).

Figure 1. Incorporating AIT in trauma-informed therapy. Adapted from (Keesler et al., 2017).



7. Conclusion

Clients seeking treatment to combat their pain, terror, and loss of past trauma face an uphill battle mainly due to unconscious resistance, such as genetic antecedents, unchecked self-awareness, or lack of integration of the human psyche (mind, body, spirit), can interfere with the individual's recovery efforts. Genetic testing, such as GARS that explores dopamine and RDS possibilities is vital. To design realistic trauma-informed recovery strategies, a parallel process of recovery combining GARS and AIT seems to be a win-win situation. We can confidently say that the number of individuals with trauma-induced mental illnesses is on the rise. As complicated as such a parallel system may be, it represents a recovery movement and the drive for trauma-informed care. What needs to be added is a heightened awareness of the interconnected, living nature of our systems and a recognition that significant changes in one part of the corporate "body" can only occur if the whole body also changes.

Accessing the memory and creating healthier schemes (memory narratives) requires integrating mind, body, and spirit. Clients may consciously seek treatment yet be unable to fight the destructive forces of the unconscious mind. On the other hand, the genetic antecedents of dopamine deficiency may be the culprit in the process of treatment, adversely impacting the healing process. The foreknowledge of the roots of trauma-induced mental health crises can help develop recovery strategies based on Awareness Integration Theory, which can be instrumental in providing a safe and empowering space for clients to work through their painful memories and rebuild new cognitive pathways.

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