

AVP and Trauma

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AVP has been successful for over 35 years. We have provided tens of thousands of workshops impacting hundreds of thousands of individuals. Australia has adapted it to a university course that over a hundred thousand students have taken. We see dramatic long lasting, maybe even permanent changes in participants from a workshop in just 18 to 21 hours. It doesn't even matter if the participants come willingly or not; it still has that same level of effect. Doubters have said it is not possible to have that level of change in that short amount of time, especially when it may take months and even years of therapy to produce this level of growth.

Research shows that AVP reduces violent attitudes in inmates to the same level as a comparison community group. It reduces inmates' tendency to get angry from well above the level of the norm for the community outside to well below¹. It reduces inmate "bad behavior" write-ups by 60% and recidivism by 46%. These would be very impressive statistics for a program that was maybe six months to a year long, but how can it be that this impact occurs in a weekend with a workshop agenda that varies quite a bit from workshop to workshop, much less from prison to prison and region to region. And then, it has been very effective healing Africans living in villages who have experienced the trauma of genocide. How can this be? First, some background information.

We are becoming aware of the prevalence of trauma in our lives, some more serious than others, and this trauma underlies most drug addiction, mental health issues and criminal behavior. The Delaware Department of Substance Abuse and Mental Health has determined that 85% of its clients, both substance abusers and mental health, have histories of trauma. Better than 95% of the women and 60% to 85% of the men in prison also have trauma histories. Recent research is showing the number one predictor of criminal behavior is not a lack of education, a lack of employment or even poverty, but having been a victim of crime previously. Being a victim of crime for most people is traumatizing. Thus, if trauma is at the core of these problem behaviors, shouldn't we be looking at how to heal these traumas instead of punishing the behavior? People need to be held accountable, but they also need to be taught how to be responsible and make good decisions in the future. Healing their trauma will open the way to their making responsible decisions.

And from what we know about trauma and trauma healing, it is not so much the event itself as our immediate reaction and our follow-up response to it that matters. Thus, the school bus that was buried in Chowchilla in 1976 and all but one student gave up believing they would certainly die. That one student began digging even though it appeared hopeless and then others joined in and eventually they dug themselves out. Everyone on the bus suffered PTSD, except the one student who began digging. He did not feel helpless and actively began extricating himself from the situation. It is the feeling of helplessness and being threatened that leads to being traumatized. This is true in life threatening situations as well as ongoing traumatic situations, like molestation, physical or emotional abuse, etc.

One of the consistent reactions to trauma, especially in children, is that the belief that the world is safe or somewhat safe is shattered. And because the world is no longer as safe, the response is to protect self and thus, withdraw or isolate. This keeps the trauma in and it tends to build. The impact of childhood trauma is huge; it effects the development of the brain, causing disruptions in brain functions and structures, endocrine system function, immune system function, and central and autonomic nervous system function. Without healing, this isolation can intensify and become a serious impediment to socialization, developing relationships and functioning in general. In fact, there is a strong belief that of the three main characteristics of PTSD [re-experiencing, avoidance/numbing, and arousal symptoms], withdrawal and not talking about the trauma is the most damaging.

Dr. James Gilligan [Director of Mental Health, Massachusetts DOC], in his book, "Preventing Violence," states there are three conditions for violent behavior: a feeling of shame; a lack of empathy or concern for the impact of your behavior on others; and a lack of awareness of nonviolent alternatives. Shame is a common response to trauma; to feel less than or inferior, or to feel you have something to hide. It can give justification for hurting others, and so the saying, "Victims often victimize others." And, as mentioned above, those who have been victims of crime are more likely to engage in criminal behavior than those who have not. We see this in individuals and equally with countries that have been attacked, e.g., the US's response to 911. Although I do not want to explore this here, correctional staff often display this behavior.

Dr. Gilligan's three conditions for violent behavior [shame, lack of empathy and lack of awareness of nonviolent alternatives] sheds light on why AVP consistently has the impact it does in such a short amount of time with virtually any group, inmate or not. I will address all three of these conditions.

Shame is one of the results of trauma, and the more one withdraws or isolates oneself, the more one feels they have something to hide and as isolation builds, so does shame. This destroys self-esteem and the feeling of being in control, a basic psychological need. In cultures with a strong sense of community, this isolation is limited or even naturally healed. But, in our competitive individualistic society, the isolation often continues and builds. The antidote for shame is true community; experiencing trust which leads to safety, and this external sense of safety can re-establish the belief that the world can be safe. This internal sense of safety continues beyond the workshop. This, of course, does not mean that the whole world becomes safe, but that there is safety in the world. This sense of possibility or hope is very powerful. One participant commented, "I went into the workshop as a pessimist and I came out a changed person. I was alive, I was actually alive. I liked what I saw in myself. It was a real high and I've been doing it for two years and I love that feeling; and to see other people awakened in the workshops, to see their lives change."

The experience of connection with others in this safe community brings one out of isolation. This meets another of our basic psychological needs, to feel connected with others, with something bigger and outside ourselves, especially to feel connected to people you respect and who respect you. There is also the feeling of empowerment, of not only being given the sense of hope for a better future, but having been given the

tools to make it happen. This counters the traumatic feeling of being powerless, which as we all know, is worsened in prison.

The second condition of lack of empathy is also impacted by the experience of safe connection. We all have a natural ability to empathize, which we disconnect from when the world we experience is not safe and we withdraw. When we reconnect, or connect for the first time with others, we allow ourselves to reconnect with parts of ourselves we may not have known for many years. It is not so much that we learn empathy, but that we allow ourselves to risk feeling for and about others as well as being concerned about them. Empathy is a natural emotion for a healthy psyche. A good example of this reconnecting with our empathy is the person who had beat his wife and refused to acknowledge it. After a non-directive visualization, he said, "I never knew she felt that way." Prior to AVP he was not able to empathize with her, but after, he was. Another participant commented, "There is good in everyone. We have not known how to see that good without being perceived as weak and vulnerable. AVP showed me how to reach down and see it, to tap that guy that has always wanted to come out but was afraid to come out."

Probably the most obvious contribution of AVP is teaching nonviolent attitudes and skills, or alternatives to violent behavior. Some of these skills are: attitude, listening, problem solving, assertiveness and community building skills. The attitude skills are comprised of self-awareness, empathy and a connecting belief system or transforming power. One participant commented, "I had been in every group in the institution and they were all generic. They gave the same information. There were very few solutions offered. When you are given the information without the solution, you are still lost. AVP gave me some concrete solutions."

This provides a clinical rationale for AVP having such a dramatic impact on participants in such a short amount of time. AVP allows participants to connect with their innate health, because of the safety and trust level of the workshop, as well as it provides the necessary skills for life changing transformation.

To understand the relationship between AVP and trauma, the metaphor of the river of life might be useful. Trauma is like boulders in a river, they cause much agitation and turmoil when the river is low; very difficult to make passage down the river. What AVP does is raise the level of the water so that the boulders are far below the surface. They are still there, but passage down the river is smoother. AVP mitigates the impact of trauma and allows one to function at a higher level. It begins the healing process, Participants learn tools to deal with the feelings resulting from the trauma, but AVP does not address the trauma directly.

The AVP Trauma Healing Advanced workshop takes the experience and learnings from AVP and moves a step further. It gives the tools to heal a piece of the trauma, at a certain level, and teaches containment; which means the participants learn about the impact of trauma and are taught grounding techniques to help them stay present when they begin to dissociate. They gain a sense of hope that they can heal their trauma. This empowerment allows them to function at a higher level with more awareness. Now they can flow down the river, see the boulders and maneuver around them, but the boulders are still there. Because they are now interacting with the boulders, it is

important to have a trauma therapist on the team along with follow-up immediately after the workshop and the days after. In prison, this is accomplished by having mental health fully aware of the workshop so they will check-in on the participants in the days that follow.

With actual trauma therapy, the therapist helps the client dissipate the boulders by actually diving into the river to see the boulders, deal with them and learn the specific impact they have on the client's life. The therapist and client directly address the trauma and heal it.

The AVP Basic and Advanced are the most cost/resource effective approach to helping traumatized individuals function better. Although the workshops do not directly address the trauma, they allow the participants to function at a much higher level and, because no trauma therapist is needed, many more people can have access to it. At this point in our experience of the Trauma Healing Advanced workshop, an expert in trauma healing should be on the team. Most mental health therapists are not expert in trauma healing. They may be excellent therapists, but they must also be able to deal with a client that is dissociating.

All this is to say that AVP has an exceedingly important role to play in our prisons, government agencies, businesses, nonprofits and our communities. There is a lot of trauma in our inner cities, especially with the youth and young adults. Also, most crime is in the inner city, so there are a lot of victims. The need to raise the water level of the inner city river is great; so that people and the community can function at a higher level. Teaching youth to teach other youth is how we will reverse the current crime trend. And of course, as long as the criminal justice system sees its role as inflicting pain on the traumatized, which is re-traumatizing them, it will be an uphill battle and the river current is strong. When we stop asking what did you do and begin asking, "What happened to you?" we will begin to see transformation of our prisons, our communities and our nation.

¹ Trait anger was reduced from 20 to 15 after two years with the norm for the STAXI anger inventory being 18.4. Pre AVP was 9% above the norm and post AVP was 18% below norm.