

Post-Traumatic Stress Protocol for Filipino Typhoon/Earthquake Survivors

Anthony S. Grecia, President, Occupational Therapy Association of the Philippines; Kristine Ann Lopez, OTRP; Mara Comagon, OTAP, DRRR; Diane Whiteside, PT, MNRI® Core Specialist and Instructor

Our team arrived at the International airport in Manila, Philippines from the US and Poland.

Anthony Grecia, President of the Occupational Therapy Association of the Philippines, Inc. (OTAP), organized the MNRI® Core Instructors visit to the Philippines. He and his association have consistently committed their organization to serving the Filipino community. This was further enhanced through the formulation of the organization's Disaster Risk Reduction and Response (DRRR) framework and sub-committee. One of OTAP-DRRR subcommittee goals is to enhance the capacity and competency of Filipino Occupational Therapists (OTs) to respond to the survivors of disasters as well as establish a pool of resources (volunteers, financial support, and strategic donations in kind).

In mid-October 2013, a 7.2 magnitude earthquake shook the Central Visayas. As a result, many natural and man-made structures crumbled. Basic necessities such as food, water, and electricity were scarce. Help to fill those needs came but survivors are only beginning to get back onto their feet in the affected areas. After the earthquake, the country was then hit by super Typhoon Haiyan (November 2013). Greater needs became apparent which brought about the consideration of rehabilitation services.

The MNRI® team spent their first day preparing a lecture at the Philippine University Medical School. Maja Busma and Teresa Busz reviewed the hands-on techniques; Constance Jordan and Diane Whiteside put together the lecture. We were up late that evening preparing the MNRI® Post-Traumatic Stress Disorder (PTSD) Fast Action Protocol lecture to teach at the Occupational Therapy section of the Medical School. The four of us and Lori Burgess taught to an amazing group of dedicated people.

Anthony said that, through the generosity of Dr. Svetlana Masgutova, they were very grateful to MNRI® for sharing its Post-Traumatic Stress protocols as well as sending their Core Specialists and team leaders (namely Diane, Constance, Lori, Teresa, and Maja). At that time, we felt very grateful to MNRI® for allowing us to assist OTAP-DRRR in meeting their objectives of building a trained group of PTSD specialists as well as sending volunteers to the different areas hit by the earthquake and typhoon.

After the day of instruction we were divided into two teams and worked directly with the people in the dev-



Lori Burgess, Anthony Grecia, and Constance Jordan

astated areas. Maja and Teresa became Team 1 of OTAP-DRRR to respond to the survivors in Roxas City, one of the provinces devastated by Typhoon Haiyan. MNRI® specialists Diane, Constance, Lori, and volunteers of the Occupational Therapy Association of the Philippines became Team 2 of OTAP-DRRR to respond to the orphan survivors of Bohol (specifically the Arms of Love Children's Home Orphanage), the province devastated by the 7.2 magnitude earthquake.

Intervention

Anthony Grecia, President, OTA

Observations on the two day sequence of activities for the house parents/caregivers and orphan survivors:

During these 2 days, Diane, Lori, and Constance worked together. It was amazing to see the MNRI® protocols create a calmer reaction (caused by the release of stress hormones) and become adapted in these people in such short time. Some of the highlights were:

1. After the art activity, sharing, and psychosocial first aid, Diane led our sub group (composed primarily of men and house fathers) in demonstrating the Fear Paralysis protocol. I was able to see how, in general, their postures and breathing patterns slowly loosened and the atmosphere lighten up as the Fear Paralysis protocol was done. I observed this in their cheeks, faces, and conversations. Some of them became more engaging and were willing to share more of their concerns after the protocol was done, considering that they were men and, in general, Filipino men need more time and appropriate context to share feelings.

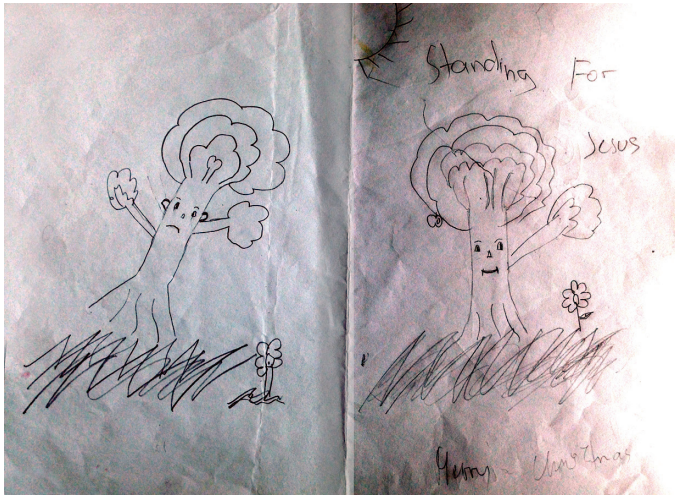
2. One house father said that he had difficulty sleeping. During the day of the earthquake, the house father was assigned to drive some of the children on a field trip towards a popular falls in Bohol. While driving, he saw rocks fall in front of them and then the road went up. He said that they were fortunate to stop at just the right spot where they did not get hurt. As Diane touched and pressed specific areas of his body, it was amazing to see how the house father comfortably closed his eyes and rested his body on the mat. I noticed how this facilitated rest and sleep using the sleep reflex patterns (Abdominal Sleep Posture). Although it was short, I sensed that the man was really resting and sleeping well. As an occupational therapist, I feel that the sleep reflex can be a major part of Post-Traumatic Stress protocols because sleep is one of the occupational areas affected in times of disasters. I felt that, as Diane facilitated the sleep pattern for the house father, he would then sleep better, have a more adaptive routine the next day, and better fulfill his role as a house father.

3. Another house father shared that he was also in the bus together with his wife, a house mother. When the bus stopped and they saw the rocks falling in front of them and road going up, his wife ran into a nearby banana tree and hugged it. Although this was a very serious and alarming memory, it became a somewhat subtly funny story among the house parents. Some of them joked that the wife hugged the tree rather than her husband. While narrating this story, although the house father was trying to smile a little bit together with the other males in the group, I sensed his tension and suppressed feelings. His posture was quite tight and stooped. His eyes were quite heavy and his smile was forced. I worked on him to process what he really felt and thought while his wife ran and hugged the tree. Diane taught him the Fear Paralysis protocol. Upon meeting him the next day, the house father had a more open and extended posture, with a more pleasant and a more genuine smile. At that point, I saw how the MNRI® protocol can effectively be combined with counseling strategies to promote transitioning from being a victim to becoming a survivor with an easy smile.

4. A highlight was how the tree metaphor was adopted from the MNRI® PTSD protocol and used for the children by Constance. Constance asked that the children pretend they were trees and to draw themselves as a tree with a specific face, showing different emotions. They were tasked to draw two trees – one as a tree during the earthquake and another tree during the present times. Constance emphasized that the use of the tree metaphor makes the survivors



Filipino children's drawings of their tree during the tragedy.



Above, more drawings by Filipino children of their experience.

temporarily mentally move out of the experience and help them process their emotions. As the children finished their drawing, I was so glad to see how the tree metaphor was able to make them express their feelings, even without using words. Some were very particular about drawing the eyes, mouth, and upper branches of the tree to express their feelings. It was also amazing to see how each child's drawings of their two trees were similar or different from each other, reflecting their emotional state in varying times. From a clinical standpoint, I realized the following:

- a. The use of trees as a metaphor is very apt during art activities as it is part of nature. It can initiate the processing of the experience from a natural disaster, whether floods, heavy rains, typhoons, or earthquake.
- b. The use of two trees (during the disaster and the now) reflect the children's emotional state.
- c. The use of two trees (during the disaster and the now) can aid professionals in gauging how children are coping, even if they are not highly verbal.
- d. Constance was right in emphasizing that the tree metaphor makes them move the experience out of their body, at least temporarily, to at look at themselves and their experience, and allows them to set new goals for positive survival and returning to a normal emotional state of inner peace.
- e. The drawing and coloring of the tree in itself is a process that promotes normalization and routine for children, as this was one of their primary occupations during school days before the disaster.
- f. This therapy tool is excellent for the earlier or non-verbal stages of Post-Traumatic stress when the child/adult cannot be reached through verbal instructions
- g. MNRI® procedures are built to avoid the trap of re-victimizing people (which happens often with traditional verbal psychological therapy). The goal of MNRI® therapy tools is to also orient people toward a strong future and this is what was so beneficial for our specialists to understand.

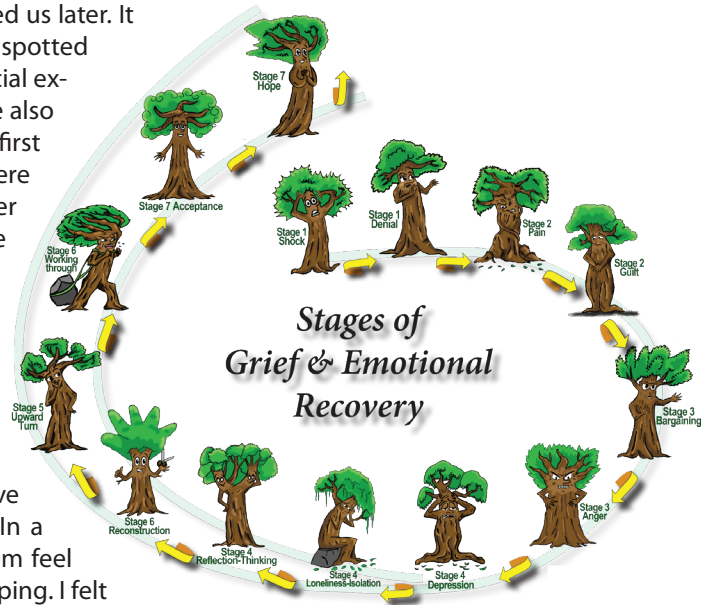
My sincerest thank you to MNRI® and Constance for sharing the tree protocol.

5. During day two, we worked on training and capacity building for the house parents. They were taught basic psychosocial counseling techniques and MNRI® Post-Traumatic Stress protocols (e.g. Fear Paralysis, Embrace Squeeze, Moro Embrace, etc.). At this point, the team felt that most house parents had developed a lighter and less stressed disposition, providing a more positive avenue for learning and interaction. It was amazing how MNRI® can hasten the process of coping from victim to survivor. One house mother, who did not attend the psychosocial first



At left, some of the Filipino children's artwork reflecting their feelings.

aid session or the initial MNRI® protocol joined us later. It was amazing to see how she could easily be spotted among the others in terms of her posture, facial expression, breathing, and initiation. Constance also noticed it and requested to work with her first and apply some of the PTSD protocols. We were fortunate again to see how this house mother transformed to become calmer and more open. At the end of the training and capacity building, I also realized that the process of sharing and teaching basic protocols to the survivors makes them feel empowered to a certain point. Some of them were so thankful that they are able to call upon a strategy when they felt overwhelmed or stressed. They also feel empowered that they now have a strategy to use for some of the children. In a sense, learning the protocol itself makes them feel equipped to face challenges and continue coping. I felt that, apart from helping and processing them, we were not leaving them empty handed because they learned a powerful strategy, beyond monetary or material donations. At that moment, I felt so thankful to MNRI® and Dr. Masgutova for sharing her discovery and science with us in the Philippines.



Kristine Ann Lopez, OTRP:

I want to share the earthquake experience from a survivor's perspective and how the reflex integration worked for her:

One social worker from the orphanage told of her experience during the earthquake. She was pregnant at the time and was leading a field trip for a group of kids. As they were on their way to the location, the coaster that they were riding in shook really hard. They saw the roads start to break apart and trees uproot. The children were terrified and she was afraid for the lives of the children. She felt trapped because everywhere they looked, disaster was looming. She said that she felt such a big responsibility and could not let herself crumble at the time of such distress, as she had to take care of the kids. She helped pacify them and led them to a farm lot near this area that she thought was safe. They stayed in this farm lot for several hours, even as aftershocks came, until she heard from a local person that it was finally safe to go home.

It was when they reached their orphanage safely, and all the kids were okay, that she finally thought of her baby, the unborn child in her womb. The fear for her own child's life finally sank in to her. After the earthquake, a series of strong aftershocks came – as if revisiting their past experience. The children tried to stay inside their houses, but they couldn't sleep for fear that the building might collapse on them. They finally decided to pitch tents in the vacant lot in the orphanage, where they slept for a month as the aftershocks subsided.

As our team heard the social worker's story, Constance and Lori led an MNRI® intervention. They did the traumatic experience release on the woman and her unborn child. Lori worked on her breathing pattern, which was notably short and shallow, and performed several Oral-Facial Reflex reprogrammings to help with adrenocortisol release which could have adverse effects on the unborn baby, if in great amounts. I was lucky to be able to work with them, too, as Constance and I used Embrace Squeeze on her upper extremity, to help her feel safe again through Tactile Integration. Constance also worked on releasing her upper Core Tendon Guard and other breathing reflexes.

Results. After working on her reflexes for 10-15 minutes, her breathing was notably deeper and with better rhythm. Her posture, and overall predisposition changed, as she seemed more at peace. The woman reported that she felt so much better, as if a weight has been lifted. She now felt that her baby was going to be okay after everything that they have experienced. Upon being asked what color she feels and sees, she reported that she sees white – which signifies peace.

We had such a great mission that time. We were able to help the social worker, and possibly even save the baby from possible future effects of Post-Traumatic stress that could have been brought about by the mom's experience during the earthquake. We were able to help many adults and house parents in the orphanage, who in turn, felt more confident in helping the kids in their homes to process their traumatic experiences.

As an occupational therapist working with kids with developmental needs using MNRI® Tactile Integration and Dynamic and Postural Reflex integration, I have seen the Masgutova Method® create positive changes in these kids' lives. I feel so lucky to have been able to witness the method work even with people under Post-Traumatic distress, and help my countrymen at the same time. Masgutova Method® really works!

Diane Whiteside, PT

Diane expressed thoughts of her experience:

We noted that most of the issues circled around anxiety, the feeling of helplessness, the fear of not being able to protect the children, and inability to sleep through the night. Next, it was our duty to teach and work on the house parents with the PTSD protocol. They expressed their worries and that of being unable to sleep well. Constance and Lori worked on the protocol with the women. Each one received a treatment. I worked with the men, having them work on themselves and each other. Anthony asked that we teach them something to take back to the children. I taught Fear Paralysis, Embracing Squeeze, Pyramid Finger Stimulation, Abdominal Reflex patterns, and the first part of the Oral-Facial Reflex Integration Program using easy techniques to support each other and the children.

The children came back from school after we closed with the house parents. They were excited because they had just come from a party at school. The children were gathered into a large circle of about 30. They were given gifts of art and school supplies. Anthony began speaking to the children and encouraged them to start drawing. To work with processing their Post-Traumatic stress, he asked them to draw pictures of their memories of the earthquake. He asked them to talk about how they felt about the disaster, how they felt about their future, about creating courage and inner peace, and setting goals for the future by utilizing the concept of the trees and emotions from Dr. Masgutova's PTSD Manual.

The youngest child, age 5 years, just clung to her housemother and cried whenever she left, not wanting to participate. I walked around the group spending time near the child. I eventually sat next to her. She was accepting. I gave her crayons and she started coloring. Then she began speaking with me. The older girl sitting next to her stated, "You are speaking in English." The child made an effort to communicate. After the group had expressed and released their fears and built a bridge picture to the future, we taught the children how to do the Fear Paralysis technique, to use in stressful situations. Before the program was over, the youngest child and a couple of other girls started singing. This was like a wave and all the children joined in singing. It was very heart warming.

The next day we had the opportunity to reinforce the teaching of the techniques and get feedback from the day before from house parents. The house parents mentioned successes with the techniques. One woman stated, "I put my head on the pillow and closed my eyes. When I opened them it was morning." She and others had slept through the night. We had great success with improvement of their sleep and they said there was a reduction in their anxiety.

I am impressed by the OT association's efforts to create a program that will become a protocol to address the emotional, PTSD aspect of the disaster and take it to their people. I am proud our Polish-American team and honored to have donated our time and skills be a part of the disaster relief effort for the Philippines. I have returned to the USA with a special gift of greater depth and understanding. Anthony and his colleagues were well prepared for this expedition to the islands and created a really good professional team.

Mara Cornagon, OTAP-DRRR:

Through setting expectations with the house parents, we learned that, though they are trying to normalize their routine, they have not had much of a chance to process their feelings of the earthquake. They have talked amongst themselves and, at times, resort to humor but they have yet to reach a state of hope. They want to gain knowledge and skills for understanding what they are experiencing, as well as, how to move forward from it. To this end, the house parents committed their attention and cooperation to learn as much as possible. Upon setting expectations between the team and the house parents, they were then split by gender. The team was also split into two groups to implement psychological first aid. The house parents each recounted their

most vivid memory of the earthquake and how they felt about the situation then, in contrast to how they feel now. It was apparent that they were still traumatized by the event. The problems identified were anxiety, being easily stressed, difficulty sleeping, having an unclear mind, and difficulty making choices. The house parents stressed that they just do not know what to do during times of disaster or how to recover after it. As they opened up during psychological first aid and the team built rapport with them, they were then open to MNRI® techniques. The techniques demonstrated and used with them were Fear Paralysis, Embracing Squeezing, and Abdominal Sleeping Posture. After the session, the house parents in attendance expressed great appreciation, interest, and enthusiasm over their experience. One even said that, “*ikukwento ko sa asawa ko natutunan ko ngayon. Gusto ko siya isama bukas. Gagamitin ko natutunan ko sa kanya para matulungan siya.*” (“I will tell my wife of what I experienced and learned today. I want to take her with me to attend tomorrow. I will use what I learned to help her.”)

Following the session with the house parents was the session with the children. They were asked to draw trees depicting a vivid memory as well as what they felt like during the earthquake and another of the current time with the team. They were then gathered for counseling. The children found it more difficult to express their feelings though it was clear from their drawings that they held negative feelings of post disaster stress. Some were able to articulate their feelings of loss of stability and activation of equilibrium and they said that they were fearful of the aftershocks and hypersensitive to sensations. One told, “*Kahit may gumalaw lang ng upuan ko o magulo yung natutulog sa ilalim ng double deck, akala ko aftershock na. (Even just feeling someone shake my chair or when the one I share my bed with is moving about a lot in his sleep makes me panic because I mistake it for an aftershock.)*” The children were then asked to imitate the Fear Paralysis exercises to end the session. Some children sang, while others who were hesitant during the counseling still remained quiet and withdrawn.

Later, training in Fear Paralysis, Embracing Squeeze, and Pyramid Finger stretch was demonstrated. The MNRI® team roved in pairs through the house parents and monitored their application of techniques. Then, each house parent was briefed on children at risk and how to further help them. When the house parents were asked how they were throughout the session, they were quite excited to respond. One parent (upon whom the Abdominal Sleeping Posture was demonstrated) said that his mind finally felt clear before sleeping. Another remarked that “*Alam mo unang beses ko natulog na napikit ako ng gabi at pagdilal ko umaga na. Dirediretso tulog ko! Ang laking tulong nito sa amin. Gusto ko magamit 'to di lang sa akin, kundi para makatulong din sa iba. (You know what, it's the first time [since the earthquake] that I shut my eyes at nighttime and opened them to find that it was morning. I had uninterrupted sleep! This is a great help to us. I want to use this not only for myself, but to help others as well.)*” Still another stated, “*Ngayon, alam na namin na may magagawa kami pag may nangyaring ganito. Andami naming natutunan. (Now we know that we can do something at times like this. We've learned so much.)*” They were all very appreciative of what they learned and experienced. What transpired over just two days was a profound experience where expectations for both the team and house parents were met. To witness people feel empowered as they are given tools, and evolve to be not only survivors but new agents of change is amazing, to say the least. Hearing comments of how the techniques they learned made them feel at ease, lighter, or have their mind become clear was extremely rewarding. With newfound hope, the house parents at Arms of Love Children's Home feel more confident in taking care of, not only the children, but themselves as well.

Anthony Grecia, President, OTA:

We are highly grateful and thankful for your recent support to the association, specifically to our OTAP Disaster Risk Reduction and Re-



Scenes of Filipinos receiving treatment with Maja Busma to cope with the aftermath of the earthquake and typhoon.



sponse Sub-Committee. We have done psychosocial-occupational debriefing and therapeutic activities in the past but it was enlightening to see how the MNRI® Post-Traumatic Stress protocols helped further the most recent disaster survivors to feel better (“gaan ng loob”) and feel stronger and hopeful (“lakas ng loob”) after our visits. Again, thank you very much Dr. Svetlana for sharing these protocols with us. It is truly one of the wonderful blessings and gifts you have shared with us Filipinos. To all MNRI® Core Specialists who volunteered to join us, thank you very much for sharing your time, expertise, patience, flexibility, and support. Our gratitude goes also to the very kind and generous MNRI® Foundation for sharing their resources for this project. The MNRI® protocols are now incorporated to the sequence of activities OTAP-DRRR initiates and performs while helping the community. Last December 26-30, the protocols were also used while helping Ormoc, Tanauan, and Tacloban, which were all greatly affected by Typhoon Haiyan. It was highly notable that the protocol has now reached the under served far-flung hillside barangay of Ormoc. We, together with David Ford, used the Fear Paralysis protocol and Embrace Squeeze with more than 70 people in a hillside community in a simple front yard. The ‘tree’ protocol was also utilized to help process around 50 children in a day care center in Tanuan. It was great to see how the Fear Paralysis protocol and other exercises were ‘normalizing’ the children’s worries and leading to a state of inner peace in the wet classroom supported by temporary roofs (made out of tarpaulins). Young lives are continuing to live for the future.



Dear MNRI® Team, it is truly a wonderful blessing and gift you have shared with us Filipinos. To all MNRI® Core Specialists who volunteered to join us, thank you very much for sharing your time, expertise, patience, flexibility, and support. We are very grateful and thankful to the association for the recent support, specifically to the OTAP Disaster Risk Reduction and Response Sub-Committee. Our gratitude goes also to the very kind and generous to Bridge To Healing Foundation and the Svetlana Masgutova Educational Institute for Neuro-Sensory-Motor and Reflex Integration (USA) for sharing their resources for this project. I believe that science, generosity, and collaboration have come a long way for humanity. My sincere gratitude to Dr. Svetlana and MNRI®. – Anthony Grecia, President, OTA, Philippines