

**Trauma Vidya February 2006 India Tsunami Trauma Relief Team
Report Date: March 15, 2006**

Project Summary

In February 2006, Raja Selvam, Ph.D., led an international team of twelve trauma therapists trained in Somatic Experiencing (SE) to Tamil Nadu, India to offer tsunami survivors relief from symptoms of traumatic stress. The February 2006 team consisted of Raja Selvam, Beth Nielsen, Andrea Smith, Marcia Anderson, Patricia Meadows, Michelle Bongiorno, and Peter Baker from the United States, Tessa Ure from England, Almut Prah from Norway, Gisela Beneke from Germany, Hubert Zoller from Austria, and Lida Ruitter from the Netherlands. This is the second team to travel to India to offer relief from tsunami trauma under the auspices of Trauma Vidya (www.traumavidya.org), a non-profit organization incorporated in the U.S. after the tsunami by Raja Selvam to offer focused and long-term trauma relief in a limited number post-disaster settings such as Tamil Nadu through education, training, treatment, and research. The trip was also a field-training opportunity for the team in a short-term psycho-physiological trauma resolution approach based on SE and other modalities such as bio-dynamic cranio-sacral therapy that Raja Selvam has been developing over time.

A photo essay of the recent trip to India in February 2006 can be found at <http://indiatsunamitrip.smugmug.com/gallery/1281790/1/60365760/Medium>. A photo essay of the first trip to India in June/July 2005 can be found at <http://indiatsunamitrip.smugmug.com/gallery/712185/1/34349726/Medium>.

The February 2006 team focused its efforts in the most severely affected district of Nagapattinam that accounted for 6500 of the 10,000 Indian lives lost to the tsunami. Indian Council for Child Welfare Tamilnadu (ICCWTN), a non-government organization (NGO), provided the primary support for the February 2006 team in India. In all, the team treated 186 tsunami survivors for symptoms of traumatic stress at three sites (Keechanguppam, Chinnangudi, and Nagore ITI Shelters), treating 54 of them twice, offering a total of 240 sessions in six days spread over two weeks. The treatment approach, based on training survivors to find and support self-healing capacities in their nervous systems to resolve trauma symptoms in themselves and others, has been received well by those affected as well as by organizations that serve them. 73% of the 463 presenting symptoms treated in 210 survivors during the first trip in June 2005 showed significant and lasting symptom reduction four weeks after the treatments. Follow-up research among those treated in February 2006 (including a naturally occurring control group) has been scheduled for four weeks and six months after the treatments.

In addition to making four short presentations on trauma to different organizations, the team trained 200 NGO personnel in Nagapattinam and 60 NGO personnel in Chennai in two-day trainings on working with trauma. The

team also trained 100 NGO personnel in Nagapattinam for a day on working with traumatized children. Participating organizations found our trauma approach valuable, novel, and a missing component in all their prior trainings. Raja Selvam and Beth Nielsen also visited NIMHANS (National Institute of Mental Health and Neuro Sciences) in Bangalore, the nodal agency for disaster mental health in India, to explore the possibility of including Trauma Vidya's approach as a component of the psycho-social care trainings NIMHANS offers after disasters in India.

The high incidence of symptoms of post-traumatic stress reported by tsunami survivors and organizations that serve them indicate a need for ongoing trauma work in Tamil Nadu for some time to come. For example, Mr. A.S. Thiyagarajan, a community leader in the Keechanguppam fishing village that lost 20% of its population to the tsunami, reported that there was still a high incidence of traumatic reactions among school children, so much so that a school in Keechanguppam posts one or two older children by the ocean on some days to look out for a tsunami to help manage the high overall activation in the school. To respond to the need for further trauma care in Tamil Nadu, to such a need, Trauma Vidya is planning a six-day training in Chennai in September 2006 as well as another three-week trip to affected coastal areas in Cuddalore and/or Nagapattinam districts in Tamil Nadu in February 2007 to offer education, training, treatment, and research. Anyone interested in finding out more about Trauma Vidya or interested in supporting and/or participating in its activities can contact us through www.traumavidya.org.

Detailed Project Report

The February 2006 Trauma Vidya Team

An international team of twelve trauma therapists led by Raja Selvam, Ph.D., traveled to Tamil Nadu, India in February 2006 to offer relief to those still suffering from the trauma of the Indian Ocean tsunami of December 26, 2004. This is the second international team of trauma therapists to visit India since the tsunami under the auspices of Trauma Vidya (www.traumavidya.org), a non-profit organization incorporated in the U.S. by Raja Selvam after the tsunami to offer relief from traumas such as the tsunami through education, training, treatment, and research. The February 2006 team consisted of Raja Selvam, Beth Nielsen, Andrea Smith, Marcia Anderson, Patricia Meadows, Michelle Bongiorno, and Peter Baker from the United States, Tessa Ure from England, Almut Prahll from Norway, Gisela Beneke from Germany, Hubert Zoller from Austria, and Lida Ruiter from the Netherlands. All team members had in common training in Somatic Experiencing (SE), a short-term naturalistic trauma resolution approach (www.traumahealing.com) that utilizes the body's inherent self-healing mechanisms to resolve symptoms of trauma. The trip was a field-training

opportunity for team members in a short-term psycho-physiological trauma symptom resolution approach that Raja Selvam has been developing over time based on SE and other modalities such as bio-dynamic cranio-sacral therapy. For more information on the February 2006 team members, please see their brief biographies at the end of the report. Andrea Smith and Tessa Ure documented the treatments, trainings, and their surroundings on video and still cameras respectively.

Collaborating Organizations and Individuals

The February 2006 team focused its efforts on Nagapattinam district in the south Indian state of Tamil Nadu, which accounted for 6500 of the 10,000 Indian lives lost in the tsunami. Indian Council for Child Welfare, Tamil Nadu (ICCWTN), a non-government organization (NGO), provided the February 2006 Trauma Vidya team with the primary support in all aspects of its functioning in Nagapattinam as well as Chennai. Trauma Vidya is grateful to the following organizations and individuals for their collaboration and support in making the February 2006 trip exceed all expectations: ICCWTN, Chennai and Nagapattinam offices, in particular Mrs. Chandra Thanikachalam, Mrs. Andal Damodharan and Ms. D. Akila; Mr. S. Kannayiram at the UNICEF office in Nagapattinam; Mr. K. Lakshmanan from Auroville; Dr. K. Sekar from NIMHANS, Bangalore; Nehru Yuva Kendra Sangathan (NYKS), Nagapattinam, in particular Mr. S. Bharath and Mr. Jeyaraman; Dr. G. Mohan Kanagasabai from Nagapattinam and Mr. A.S. Thiagarajan from Keechanguppam; Organization for Eelam Refugees Rehabilitation (OFERR), Tharagampadi; Alternative Forum for India Development (AID), Nagapattinam; Project Concern International (PCI), Nagapattinam; Mrs. J. P. Saulina Arnold from Tamil Nadu Voluntary Health Association (TNVHA); Mrs. Prema Gopalan from Swayam Shikshan Prayog (SSP); G.S. Pillai Arts and Sciences College, Nagore, TBML College, Porayur; Indian Technical Institute (ITI), Nagore; Mr. Vinod Reddy from South India AIDS Action Programme (SIAAP); and all the wonderful alumni of XLRI, Jameshedpur, 1978-1980 class, of which Raja Selvam is a member; The Foundation for Human Enrichment (FHE); Dr. Peter Levine, Ph.D., for donating three cases of his book *Waking the Tiger: Healing Trauma* for the trip and for developing a great trauma resolution approach in Somatic Experiencing (SE); Dr. Ron Doctor, Ph.D. from Los Angeles, California; Mr. Murugan Govindasamy from Pfizer, Inc., Peapack, New Jersey; The Fumbling Towards Ecstasy dance community in Los Angeles, in particular Jo Bainbridge Cobbett; February 2006 team members who donated their time as well as money to make this trip possible; and all others who made generous contributions to the project.

Treatments

The team made two visits to the heavily-affected fishing communities of Chinnangudi and Keechanguppam in Nagapattinam district. The Keechanguppam community alone lost 905 lives including 192 children,

accounting for 20% of its pre-tsunami population. In addition, the team visited twice the temporary tsunami shelters at the Nagore ITI campus where a number of affected communities are still housed. Indian NGO partners had pre-screened tsunami survivors on a 24-item traumatic stress check-list for the team to treat. The information gathered from interviewing tsunami survivors as well as those involved in government, non-government, and private efforts to help them, indicated considerable evidence of symptoms of post-traumatic stress. In all, the team treated 186 tsunami survivors at the three sites, treating 54 of them twice, offering a total of 240 sessions in six days spread over two weeks. During hour-long treatments which were described as 'training sessions', those with symptoms of post-traumatic stress were taught simple strategies for continuing to treat themselves as well as others in their communities for such symptoms.

Trainings and Presentations

The team did a two-day training on working with trauma in Nagapattinam on February 9th and 10th for around 200 personnel from various NGOs involved in providing psycho-social care to tsunami survivors. The team also did a one-day training in Nagapattinam on February 17th on working with traumatized children for around 100 personnel from various NGOs involved in providing psycho-social care to tsunami-affected children. On February 22nd ad 23rd, a two-day training on working with trauma for 60 NGO personnel and mental health professionals was conducted in Chennai, formerly known as Madras, the capital of the state of Tamil Nadu. Both two-day trauma trainings were led by Raja Selvam and the one-day specialized children's trauma training was led by Beth Nielsen. Team members participated as assistant trainers during the trainings teaching and demonstrating the approach in small groups which was found to be quite effective. All trainings were offered in English as well as Tamil. Each team member other than Raja Selvam who is fluent in Tamil was assisted by a translator during trainings as well as treatments.

In addition to the three major trainings described above, the team did a number of smaller presentations on trauma as well. On February 7th, the team did a short presentation on trauma to about 40 key NGO personnel in Nagapattinam as an orientation. On February 8th, Raja Selvam and Beth Nielsen did a short presentation on trauma to a gathering of female staff of Nehru Yuva Kendra Sangathan (NYKS), an organization that has been appointed by UNICEF for providing tsunami-affected children psycho-social care through play in Nagapattinam district. On February 23rd, Raja Selvam did a short presentation on trauma to the Temple City chapter of the Rotary Club of Chennai, a group consisting of many medical professionals. On February 13th, Raja Selvam, Beth Nielsen, and Andrea Smith attended and presented at an all-day conference on psycho-social care for tsunami survivors in Cuddalore. At the conference, where all psycho-social care provided in Cuddalore district since the tsunami was reviewed, Trauma Vidya was honored for its June/July 2005 work in Cuddalore district with a plaque by NIMHANS (National Institute of Mental Health and Neuro

Sciences, Bangalore), the institution that has been designated as the nodal agency for disaster mental health by the Government of India since the tsunami.

On February 25th, Raja Selvam and Beth Nielsen visited the NIMHANS campus in Bangalore and met with Dr. D. Nagaraja, Director/Vice Chancellor and Professor of Neurology, and Dr. R. Parthasarathy and Dr. K. Sekar in the Department of Psychiatric Social Work, to present the team's psycho-physiological approach to trauma and its outcomes in India and to explore the possibility for including it as a component of all disaster-related psycho-social trainings offered by NIMHANS.

Outcomes of the June/July 2005 Trip to Tamil Nadu

During the first trip undertaken by Trauma Vidya to Tamil Nadu in June/July 2005 the 13-member international team treated about 210 tsunami survivors in 13 villages in Villupuram, Cuddalore, and Nagapattinam districts and about 50 children in the tsunami orphanage in Cuddalore. In addition, seven presentations on trauma were given, including one on children's trauma and one on domestic violence. The work done by the first team was received extremely well by the villagers treated and by the Indian organizations that helped the team to serve the affected villagers. Follow-up research done four weeks after the treatments found significant and enduring symptom reduction in a majority of those treated. An impressive 73% of 463 presenting symptoms treated remained significantly improved four weeks after the treatments, with 27% somewhat better, 28% a lot better, and 18% completely resolved, confirming early anecdotal evidence of treatment effectiveness. A detailed photo essay of the first trip can be found at <http://indiatsunamitrip.smugmug.com/gallery/712185/1/34349726/Medium> and more information on both trips can be found at www.traumavidya.org. With research findings from the first trip supporting the effectiveness of the team's short-term treatment approach across three affected districts in Tamil Nadu, it was decided to focus the second trip on training those currently providing psycho-social services to affected populations for longer periods in the treatment approach, and on treating those still symptomatic from the tsunami and learning from those treatments in the most severely affected district of Nagapattinam.

Outcomes of the February 2006 Trip to Tamil Nadu

The trainings, presentations, and treatments offered by the second international team in February 2006 were just as well received by villagers treated, NGO and mental health professionals trained, and by collaborating organizations and individuals in India. During trainings as well as treatments, there was a greater emphasis this time on describing treatments as trainings, on imparting simple do-it-yourself and teach-another strategies for helping to resolve symptoms of traumatic stress in oneself and others, and on the importance of practicing such strategies at home to further the healing and to gain enduring relief from the symptoms. We have continued to receive anecdotal evidence of

the effectiveness of our approach from those treated as well as local organizations that helped us to treat them. Formal follow-up research to study treatment effectiveness this time with a naturally occurring no-treatment control group has been scheduled for four weeks and six months after the treatments.

The feedback we received from participants of longer one-day and two-day trainings we offered, from mental health professionals and social workers as well as NGO personnel involved in providing psycho-social care to traumatized populations, was quite encouraging. We learned from the participants that even though there have been a number of psycho-social care training opportunities since the tsunami, they found our short-term psycho-physiological approach to working with trauma very valuable and missing from all that they have been offered so far. The participants of the training found the approach, especially the possibility it offered for the self-healing of trauma based on the inherent ability of the human body to heal itself, quite appealing. During the conference in Cuddalore sponsored by NIMHANS to review all the psycho-social care that had been provided in the Cuddalore district since the tsunami, a resolution to explore making our short-term psycho-physiological trauma approach a component of psycho-social care trainings provided in disaster settings was included in the minutes of the conference proceedings at the prompting of participating organizations. One of the NGO personnel participating in the conference described the team's self-healing approach to trauma a welcome paradigm shift. OFERR (Organization for Eelam Refugees Rehabilitation), one of the organizations that is quite interested in having its counselors trained in the approach so that it can use it help tsunami survivors as well as the Sri Lankan Tamil refugee population it serves, said to us during our Chennai visit to its offices that it became interested in our approach from the feedback it received from its counselors in the field that the team's novel approach got people motivated and to participate in their own healing in a way they have not seen before.

We have already received many requests for a longer training in the approach and are planning a ten-day trip to Chennai to do a six-day training there in the second half of September 2006 as well as another three-week trip in February 2007 to affected coastal areas in Cuddalore and/or Nagapattinam districts of Tamil Nadu to provide further education, trainings, treatments, and research. During the September 2006 trip, the possibility of a formal presentation and/ or workshop at NIMHANS, Bangalore, will also be explored through its department of psychiatric social work.

Evidence and Possible Reasons for Effectiveness of Trauma Vidya's Trauma Resolution Approach in India

In India, for a population of nearly 1.1 billion people, there are only around 5000 mental health professionals consisting of psychiatrists, psychologists, psychotherapists, and psychiatric nurses. And the total number of social workers

in the country is estimated to be only around 16,000. In general, there is a great deal of stigma attached to problems described as mental health or psychological in nature in the Indian culture. A limited number of organizations might temporarily operate in a disaster area providing psychological care as part of what is called psycho-social care for a period of time. However, the recognition of the need for psychological care in a post-disaster setting, the number of local organizations involved in the provision of it, the length of provision of such care, and the level of training of those providing it, are all often quite limited. NIMHANS, recognized as the nodal agency for disaster mental health by the Government of India and a pioneer in the provision of psycho-social trainings in post-disaster settings in India, works with a model of disaster mental health that is quite community-based. The goal of NIMHANS is to create and support local trainers in psycho-social care as close to the community as possible over a period of one to three years after a disaster with an overall self-empowering philosophy of 'Everyone can participate in recovery' after disasters.

Given all of the above conditions prevailing in India (the very limited number of mental health professionals in the country; the provision of psycho-social care by mostly community-based individuals with little training in mental health; and the resistance in the culture to mental health and psychological services as well as terminology), we proceeded on an assumption that our short-term psycho-physiological approach to working with the effects of trauma would work well in India for a number of reasons: the approach is based on the neuro-physiology of trauma and the self-healing capacities of the human nervous system; it can be presented with as little psychological or mental health terminology as possible; and it can be taught in terms of simple do-it-yourself and teach-another strategies relatively easily to those affected on the one hand and those providing psycho-social care to them on the other. In addition, the approach would fit in well as an additional component to the psycho-social care trainings that NIMHANS does with its philosophy of 'Everyone can participate in recovery' in post-disaster settings. Also, based on our experience in India, we believe that the two excellent resources of community and spirituality found in the Indian culture increase the likelihood of success of a short-term self-help-oriented treatment strategy for reducing traumatic stress. The follow-up research done so far among those we treated on the first trip and the feedback from Indian organizations that worked with us on both trips appear to support our assumptions.

More follow-up research is planned among those treated to study the short-term and long-term effectiveness of the approach with greater scientific validity. More follow-up research interviews of those treated during the June/July 2005 trip are planned for March 2006, seven to eight months after the treatments. Follow-up research interviews of those treated during the recent February 2006 trip will be conducted four weeks and six months after the treatments respectively. Follow-up research will measure changes in the presenting symptoms as well as changes in twenty-four indicators of post-

traumatic stress. For those treated in February 2006, follow-up research will also measure the extent to which those treated were able to practice on their own the simple do-it-yourself and teach-another strategies that they were taught during the treatments to reduce traumatic stress in themselves and others. This follow-up research will also include a naturally occurring no-treatment control group consisting of about sixty villagers from all three sites, those villagers screened for traumatic stress by Indian NGOs to receive treatments from us who did not come to be treated for one reason or another.

Team's Resources in India

The February 2006 team, mindful of the rich and ancient spiritual and archetypal resources that India has to offer for the healing of a trauma of archetypal dimensions such as the tsunami, visited as many sacred sites as possible in its time there: The shore and hill temples of Mahabalipuram or Mamallapuram, south of Chennai; the Nata Raja temple in Chidhambaram where Shiva is also represented as space and as formless form; the Karaikal Ammaiyar temple, the temple devoted to the only female saint (Nayanar) in the ancient Shivaite tradition; the Goddess Neelayatakshi temple in Nagapattinam, the Goddess Abirahmi temple in Tirukkadayur where God Shiva bestows longevity as the destroyer of time and space; the temples of Vaitheeswaran Koil, Sirkali, Chennai (Kapaleeswarar and Parthasarathy temples), and Keechanguppam, one of the communities the team offered treatments to. In Chinnangudi, another community the team worked in for two days, the treatments were offered in the premises of the community's Goddess Mariamman temple itself. In addition to the above temples, the team also visited Christian and Muslim sacred sites that are revered by all faiths in India: The Nagore Dargah (burial place) of Sufi Saint Hazrath Syed Shahul Hameed Quadir Wali, known to be the 23rd descendent of Prophet Mohammed, where the groundwater is said to have miraculous curative powers; and the churches of 'Our Lady of Good Health' at Velankanni, who according to local legends has been sighted three times in the area. The team also visited the ashram of Sri Aurobindo and the (French) Mother in Pondicherry on its return trip to Chennai from Karaikal, formerly a French territory in India where the team was based. The team was also greatly resourced as it tapped into the great sense of community in India through the warm welcome it received and the inclusiveness it experienced wherever it went except perhaps in the temples of Chennai where foreigners are not as welcome which unfortunately goes against the very inclusiveness of all faiths that characterizes Hinduism in ancient texts such as the Bhagavad Gita.

The Need for Ongoing Trauma Work in India

Information gathered from interviewing tsunami survivors as well as those involved in government, non-government, and private efforts to help them, indicates that the incidence of post-traumatic stress among tsunami survivors in India is high even though we cannot offer a quantitative assessment of the

percentage of the affected population that might be suffering from it. After reviewing the list of symptoms we presented to them during the trainings, many NGO personnel working closely with tsunami survivors told us that there was a high incidence of the symptoms of post-traumatic stress in the affected villages. For example, Dr. K. Mohan Kanagasabai from Nagapattinam who has run health clinics in many of the affected villages from before the tsunami offered the view that the incidence is still high but there is neither adequate understanding of post-traumatic stress as a possible cause for the symptoms nor a simple means to treat it effectively, with the result that those suffering from such symptoms seek medical treatments repeatedly without success. Many tsunami survivors who came to us for treatments had been told by their doctors that their persistent symptoms were due to high levels of stress. Mr. A.S. Thiyagarajan, a community leader in the Keechanguppam fishing village, told us that there was still a high incidence of traumatic reactions among school children, so much so that a school in Keechanguppam posts one or two older children by the ocean on some days to look out for a tsunami to help manage the high overall activation in the school. Some organizations offered the assessment that, with appropriate levels of support, it would take at least two more years for things to really settle in communities that are severely traumatized. They also shared with us their concern that resources needed to provide such support, especially psycho-social support, might be diverted elsewhere prematurely as other disasters happen.

Trauma Vidya's Future Plans for India

The mission of Trauma Vidya is to offer relief from trauma symptoms through education, training, treatment, and research in a focused manner operating long-term in a limited number of post-disaster settings such as Tamil Nadu. It seeks to offer an evidence-based psycho-physiological trauma resolution approach for trauma first-aid as well as treatment that is based on neuro-scientific understanding of trauma and self-healing capacities of the human brain and body that can be easily imparted to those affected in the form of self-empowering do-it-yourself and help-another strategies in a short period of time. Trauma Vidya's research outcomes to date indicate that its short-term approach is effective in India. And more research has been planned to assess the short-term and long-term effectiveness of its approach with greater scientific validity. As indicated above, there is a great need for ongoing trauma work in Tamil Nadu among tsunami survivors now and for some time to come and many local organizations that provide psycho-social care to them and other traumatized populations have eagerly requested that we offer them longer trainings in the approach.

To further respond to the need for trauma care in Tamil Nadu, Trauma Vidya is planning a ten-day trip to Chennai to offer a six-day training there in the second half of September 2006 as well as another three-week trip to affected coastal areas in Cuddalore and/or Nagapattinam districts of Tamil Nadu to provide further education, training, treatment, and research in February 2007.

During the September 2006 trip, the possibility of a formal presentation and/or workshop at NIMHANS, Bangalore, will be explored through its department of psychiatric social work. Our goal is to train as many local helpers as possible in the approach. Since the approach is a general one applicable to all kinds of traumas, not just a tsunami, the training imparted would have long-term and diverse use for helping those who have faced all kinds of traumatic situations that are capable of leading to post-traumatic stress: physical and sexual abuse, torture, domestic or societal violence, wars, terrorist attacks, racial or religious riots, automobile accidents, earthquakes, fires, floods, and cyclones.

Trauma Vidya intends to start developing educational and training materials in this approach in English, Tamil, and other Indian languages for use in India and Sri Lanka. Some training materials were developed in Tamil during the February 2006 trip. Trauma Vidya intends to make arrangements to have books and articles on Somatic Experiencing (SE) available in India, in English as well as Tamil and other Indian languages. Getting the book *Waking the Tiger: Healing Trauma* by Peter Levine, Ph.D. translated into Tamil will be a priority. An educational documentary on the approach from the video footage shot from the two trips to India is in the works as well as training DVDs on the approach.

Information on Trauma Vidya

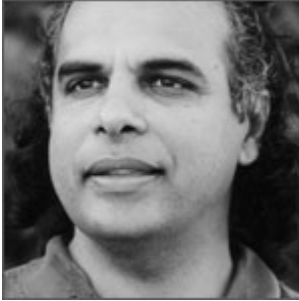
Anyone interested in participating and/or supporting Trauma Vidya's efforts in any manner can contact us through our official website www.traumavidya.org. The website contains detailed information on the organization, its mission, its treatment approach, its trainings, and its past, present, and future projects. The site also contains articles, reports, photo essays, research findings, and treatment examples.

February 2006 India Trauma Vidya Team Photo





**TRAUMA VIDYA INTERNATIONAL
TRAUMA RELIEF TEAM
February 2, 2006 to February 26, 2006**



Raja Selvam, PhD., Venice, California

Raja is a senior faculty member of Peter Levine's Somatic Experiencing professional training programs and the Santa Barbara Graduate Institute. He lectures and teaches internationally. After obtaining graduate degrees in business and statistics, and a doctoral degree in marketing, he is at present writing a dissertation towards a Ph.D. in Clinical Psychology at Pacifica Graduate Institute. Raja's increasingly eclectic approach draws from bodywork systems of Postural Integration and Biodynamic Cranio-Sacral Therapy, body-psychotherapy systems of Somatic Experiencing and Biodynamic Analysis, Jungian and Archetypal psychologies, psychoanalytic schools of Object Relations and Inter-Subjectivity, affective neuroscience, and Advaita Vedanta, a spiritual tradition from India. His current interests are trauma and attachment on one hand and trauma and spirituality on the other.

Marcia Anderson, San Francisco, California



Marcia is a Somatic Experiencing Practitioner and authorized Continuum Movement teacher, with a background in Perceptual Integration, Biodynamic Foundation training, the Biodynamic shock and Perinatal Birth Therapy Training in Santa Barbara. Marcia practices in San Francisco, where she works with trauma renegotiation and early attachment issues. Marcia has coordinated and assisted for all levels of Somatic Experiencing trainings for 5 years in the San Francisco Bay Area. She has an ongoing spiritual practice and a deep interest in the cultures of S.E. Asia, India, and Tibet, where she has traveled extensively living in Nepal for almost three years.

Peter J. Baker, M.A., SEP, t-LLP, Detroit, Michigan



Peter has a Master of Arts degree in Clinical Psychology, is a certified Somatic Experiencing Practitioner and a nationally certified massage therapist, and is a Limited License Psychologist in the State of Michigan. He is currently pursuing a doctorate in Clinical and Somatic Psychology at Santa Barbara Graduate Institute. He has practiced massage therapy for 30 years, combining various modalities in an eclectic approach. He has also worked in the fields of substance abuse therapy, and personnel training and group facilitation for the auto industry. Peter has led workshops in massage therapy and in stress management in the workplace, and lectured on issues in substance abuse treatment. He has a private practice in Ann Arbor, Michigan, in which he combines hands-on bodywork with a narrative approach to facilitate resolution and self-regulation of emotional issues, with a specialization in substance abuse and related traumatic issues. He and his wife lead and organize community dance activities to further interpersonal contact and facilitate greater cross-cultural understanding.



Gisela Beneke, SEP, Freiburg, Germany

Gisela is a member of the German Association for Somatic Experiencing. After working twelve years as a nurse mainly in intensive care, she graduated as a physiotherapist and alternative medicine practitioner. In addition to her professional work in rehabilitation centres, she has her own private practice. Gisela has specialized in several holistic, energy-based therapies including Polarity and Craniosacral Therapy since 1994. She teaches anatomy, physiology and pathology at the Academy of Natural Healing in Basel/Switzerland. The core of her work is in Somatic Experiencing and working with trauma-based disorders. Deeply convinced and touched by the SE's effectiveness and wide fields of application, she is dedicated to bringing SE to South Western Germany and has

organized and assisted an introductory class in Freiburg. A full SE training program will start in the region of Freiburg in November of 2006.



Michelle Bongiorno, Hurleyville, New York

Michelle has a background in Cultural Anthropology with a focus on Asia where she has lived and worked for most of 18 years. Her Masters in Education at the School for International Training prepared her to administrate internationally-based human service programs and to facilitate training programs in cross-cultural settings. Michelle has done refugee resettlement training in Thailand with Southeast Asian refugees, worked in Hong Kong refugee camps with Vietnamese 'boat people', and was a village development worker for 6 years in Maharashtra, India. Michelle deepened her understanding of trauma and healing as a practitioner and teacher of Holographic Repatterning which she taught extensively around the world before studying Somatic Experiencing. She

is committed to bringing leading-edge healing practices to socioeconomically marginalized populations. Michelle holds a passionate belief born of experience that people can heal quickly and can actively support their own healing process. She is presently hired to coordinate the creative integration of Holographic Repatterning and Somatic Experiencing into all aspects of staff development and work with traumatized families at a large social service agency in the South Bronx in NY City.

Almut Prah, Norway



Almut Prah is a psychologist at the mental hospital for children in Tromsø/Norway. She has experience from working with adults and children and at her present job she works mainly with families. In addition she gives private lessons as a singing teacher. She integrates the SE approach both in her job as psychologist and as a singing teacher.

Patricia Meadows, MS, RN, RCST, Novato, California



Patricia is a holistic nurse counselor in private practice in Novato, California. She has Masters Degrees in Community Health Nursing and Community Mental Health Counseling and has completed six years of doctoral studies in East/West Psychology at the California Institute of Integral Studies. With over 30 years experience in health care and mental health in both inpatient and outpatient treatment settings, she has worked and taught across the life span, as well as across the whole continuum of health and disease. Currently, in her integrative practice, Patricia facilitates a process-oriented approach to healing and transformation which focuses on the integral growth and development of the whole person and all dimensions of human experience. She combines Somatic Experiencing with her specialized training and experience in prenatal and birth trauma therapy, biodynamic craniosacral therapy, energy healing, breath work, Authentic Movement, and psycho spiritual inquiry.

Elizabeth (Beth) Nielsen, LMFT, SEP, Newport Beach, California



Beth is a Licensed Marriage and Family Therapist in private practice in Newport Beach, CA. Deeply moved by the Tsunami, Beth started and helped organize a team for the Foundation for Human Enrichment that went to Thailand to treat Tsunami survivors. In June 2005 she traveled to Tamil Nadu, India with an International Trauma team to offer relief to Tsunami survivors with post traumatic stress and to help train local professional in treating trauma. Beth now serves as both Secretary and Treasurer on the Board of Directors for Trauma Vidya, a nonprofit devoted to providing education, treatment and training in trauma. Beth has completed trainings in Somatic Experiencing, Bioenergetics, EMDR, domestic violence and Object Relations Therapy. She has worked extensively with children, adolescents, and families in the school system, group homes, and treatment centers. Her current work, enhanced by years of yoga and meditation practices, utilizes SE, appropriate touch, mindfulness, and body awareness/movement practices to help her clients heal trauma. Beth is very passionate about helping therapists understand trauma and assists in SE trainings throughout Southern California.

Lida Ruiter, Netherlands



Lida has a bachelor's degree in education and social work and started her career as a social worker specializing in community care. After working 10 years she obtained a master's degree in community building and became a supervisor and teacher of professionals in that field. In the second part of her career she worked as a counsellor with individuals and groups focusing on personal development and therapy. She has had her own private practice since 1990. Lida has also trained in Core-energetics (bodywork), naturopathy (SNG), healing at the Snowlion Center School, and Somatic Experiencing. An important part of her work and expertise is awakening the power of self healing in people.

Andrea J. Smith, SEP, CMT, San Carlos, California



With over 9 years as a certified self defense instructor and trainer with Impact Bay Area a full force, full contact self defense class, Andrea specializes in accessing the body to heal from sexual assault and boundary ruptures. She teaches skills in finding resources for creating and discovering safety within and outside the body. With over 700 hrs of bodywork training she gently adds support to the body to move through trauma. Before discovering Somatic Experiencing, Andrea worked as a production coordinator making TV commercials for 10 years and has directed a PSA for Impact Bay Area which ran for 3 years. She uses those skills to stay involved with the Foundation for Human Enrichment by filming trainings with Peter Levine and other trainings and workshops in the San Francisco area.

Tessa Ure, B.A., England



Tessa is a certified Shiatsu practitioner who also incorporates Reflexology, Pregnancy, Swedish, and Thai Massage in her practice. She has completed the first year of the Somatic Experiencing (SE) training. An avid photographer since the age of fourteen, with training in photojournalism and photographing children, Tessa will accompany the team as its photographer. She has a B.A. Honors degree in Art History with a specialization in Tribal Art and a media background with work experience at the BBC, Carlton Television and CNN. Tessa has traveled extensively in the Far East, Asia, India, Africa, the Caribbean, Australia and Latin America.

Hubert Zoller, Austria



Hubert is a Physio-and-Manual therapist as well as a Cranial practitioner who works with the Biodynamic approach. He completed his Somatic Experiencing training in spring 2005. He has had his own practice in Schwaz/Tirol in Austria for nine years working originally with the focus on neuro-orthopedic medicine and pain therapy. Over the past few years he has integrated more Somatic Experiencing into his practical bodywork practice. His practice spectrum includes the treatment of different kinds of traumas in children and adults.