

## Chapter # 6

### APPLYING AWARENESS INTEGRATION THERAPY AS A TRAUMA-INFORMED CARE MODALITY

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#### ABSTRACT

Individuals impacted by trauma often struggle to process memories, thoughts, and feelings associated with their experiences, which can affect cognitive, somatic, and emotional domains, leading to disrupted self-awareness and autobiographical memory loss (Schoe, 2003). Trauma survivors may hold intensely negative core beliefs, resulting in doubt, despair, and low self-confidence (Lanius et al., 2015; Frewen et al., 2008, 2020). Even when seeking treatment, they may struggle to understand trauma's pervasive impact or avoid addressing it altogether (Center for Substance Abuse Treatment, 2014). This chapter explores Awareness Integration Theory (AIT) as a trauma-informed intervention model, bridging emotional, cognitive, and somatic disconnects to promote mental equilibrium. AIT applies trauma-informed care principles to support healing while preventing re-traumatization. By fostering self-awareness, neuroplasticity, and integration, AIT enables individuals to acknowledge cognitive and emotional patterns, bypass regression, and construct trauma narratives that integrate their emotional, cognitive, and behavioral experiences. Key components of the AIT model include: (a) creating a detailed trauma narrative, (b) identifying psychological disconnects, and (c) reconstructing the story in an integrated framework. Using evidence-based methodologies, AIT empowers individuals to address trauma's impact, restore self-awareness, and advance healing in alignment with trauma-informed care principles.

*Keywords:* awareness integration theory, trauma-informed treatment, trauma-informed care, trauma narrative, psychological integration.

## 1. INTRODUCTION

Clinical research studies strongly believe that individuals who have experienced trauma, especially those associated with early childhood maltreatment, often have a distorted and rudimentary sense of self or fall victim to the formation of a sense of self that does not or did not exist entirely (Lanius et al., 2015). Accordingly, in trauma cases, autobiographical memory-related processes may promote biases towards trauma-related processing among individuals with post-traumatic stress disorder, leading to further distortion of the self while compromising self-awareness and a more precise memory recall (Terpou et al., 2019). Understanding the importance of self-awareness and depth of one's thoughts, emotions, behaviors, and triggers offers valuable insights into how past traumatic experiences influence present reality and are a necessity in creating impactful trauma-informed care. In the aftermath of trauma, significant domains of physical, cognitive, and psychosocial are negatively impacted, and it is essential for healthcare professionals who specialize in trauma care to be informed of the vulnerability of the traumatized individual in all domains of physical, psychological, and somatic, and the in-depth disturbances to the self. Insightful trauma-informed care involves more than treating past traumas; it will also include the recognition and proper response modalities customized to the individual patient's needs. Understanding the importance of self-awareness and depth of one's thoughts, emotions, behaviors, and triggers offers valuable insights into how past traumatic experiences influence present reality. This understanding is the foundation of trauma-informed care, a treatment approach that recognizes the widespread impact of trauma and the potential for re-traumatization and is a necessity in creating impactful trauma-informed care.

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. Although not universally defined, 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). Awareness Integration Theory (AIT) is an evidence-based psychotherapy and psyche-education approach combining ideas from cognitive, emotional, behavioral, and body-mind theories. AIT promotes self-awareness, increases self-esteem, releases past traumas, reduces symptoms of depression and anxiety, and promotes a positive attitude toward implementing new skills for an effective and fulfilling life. The interventions promote the release, followed by integration through interventions that connect core beliefs, emotions, and the body. AIT enhances present-time mindfulness, clears the past, and envisions and creates a healthy future. Studies indicated a 60-76% decrease in depression, a 50- 60%

decrease in anxiety, a 43% increase in self-esteem, and a 20% increase in self-efficacy after taking part in AIT approach.

AIT has been modeled and implemented in various practicum modalities, including in-person, group settings, seminars, and online workshops. The audience comprises professional coaches, licensed therapists, educators, and healthcare professionals interested in a comprehensive, high-efficacy methodology to enhance their profession. The AIT practicum, offered globally with culturally competent modes, is a comprehensive program that can significantly enhance the professional skills of AIT and has been extensively used in various practical settings such as in-person sessions, group settings, seminars, and online workshops. The AIT trauma-informed care certification training is designed for professional coaches, licensed therapists, and healthcare professionals seeking a comprehensive, high-impact approach to enhance patient/client care skills. The certification training is specifically designed to equip participants with the necessary expertise. It offers two types of training: 1) Individual professional trainee and training the trainer, empowering certified participants to train others in AIT principles.

## **2. OBJECTIVES**

This chapter aims to demonstrate how 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 will delve into the 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. Further discussions will entail the construct, antecedent, importance of self-awareness, the somatic impact of trauma, and how an encompassing treatment approach, where the healthcare professional investigates, recognizes, and addresses all areas of deficiencies, is the most effective technique in developing a TIC protocol.

## **3. METHODS**

The methodology used to develop this review/observation chapter was accomplished by using search engines such as PsychINFO, PubMed, Google Scholar, and Web of Science databases to identify relevant articles on topics such as “trauma-informed care,” “TIC philosophy,” “self-awareness and TIC,” “TIC treatment efficacy,” and “holistic approach to TIC.” The authors exercised extreme caution to prevent unintentional bias, duplicity or disuniformity in terminologies, and interference with other contributory factors. This meticulous approach ensures the objectivity and reliability of our review. The initial search for scientific peer review related to research produced 85 similar or relevant articles, which were screened again for inclusion and exclusion criteria. In the final stages of screening, the authors concluded the search by selecting 20 articles that met the criteria for the research objectives of this chapter. Although an in-depth review of a scientific introductory topic, this chapter is NOT a systematic review; as a review methodology, the researchers selected articles with keywords grouped into two main categories: 1) A group of keywords was set to identify articles whose goal of the study was to investigate the efficiency of TIC programs, and 2) The next category was groups of keywords used to describe or highlight the multifactorial and various factors leading to effective TIC treatments.

#### **4. AWARENESS INTEGRATION THEORY EFFECTIVITY**

AIT's effectiveness 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, Jafari, & Forouzes, , 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, Jafari, & Haghghatjoo, 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).

#### **5. 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 & Fallot, 2001).

The AIT Trauma-Informed Care approach aims to understand the pervasive nature of trauma 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 an empowerment-focused perspective to promote resilience. These principles of Trauma-Informed Care work to reduce re-traumatization and promote healing (Zeine, 2016).

##### **5.1. AIT - A Practicum Approach**

Awareness Integration Therapy, AIT is a multi-modality psychotherapy approach that promotes clarity and positive attitudes by increasing self-awareness, releasing past traumas, unblocking psychological barriers, and envisioning a desired future. AIT encompasses interventions from prior models such as Cognitive Behavioral Therapy (CBT), Emotion Focused Therapy (EFT), Humanistic and Existential psychotherapy, Solution Focused Therapy, Rational Emotive Behavioral Therapy (REBT), Mindfulness, and Trauma-informed approaches. AIT has an advantage over other psychotherapy approaches since it is a comprehensive model. It incorporates cognitive, emotional, physical, and behavioral factors as they develop a trajectory leading to their construction of future fulfillment in life, in addition to helping the client deal with the past and the present.

AIT differs from previous models in that it focuses on dismantling false core ideas a person has allocated to herself or others. The person's identity, previously concentrated on trauma, is shifted. Every area of the client's life is infused with neutral or constructive

functional concepts and attitudes. Instead of just disputing beliefs, AIT dismantles the selected and assigned core beliefs to prevent the trigger from being activated by challenging or replacing them with adaptive surface ideas, emotions, and actions. As a result, the client adopts a healthy persona and enjoys long-term changes (Zeine, 2023).

## **5.2. The Nine Principles of the Awareness Integration Therapy**

In a practicum setting, AIT offers comprehensive training comprised of two curricular learning: An in-depth understanding of the nine foundational principles explaining the grassroots of the theory and b) hands-on learning of the six phases that will help the client through the including a certified trainer who is well-versed in teaching AIT's principals will:

1) Reality is the observer's or perceiver's experience. Every human observes, perceives, and creates reality based on their current state of being beliefs, emotions, and behaviors. Human beings are agents of change and, thus, co-creators of their universe.

2) Every human being has the capacity and potential to gain the skills required for a fulfilling, joyful, functional, and successful life.

3) Physical and psychological development, personal experiences, and imitation of parents, teachers, peers, media, and society all contribute to skills acquisition.

4) The human mind interprets and produces meaning for all external inputs internally, resulting in a subjective reality that may differ from actual occurrences and other people's realities. One builds formulas, beliefs, and personal identities that relate to oneself, others, and the cosmos through the imagined reality.

5) Humans preserve their experiences cognitively, emotionally, and physically. The unintegrated experiences are waiting to be integrated. Negative core beliefs, both the feelings they cause and the location of the body experiencing the emotions at the time of the original incident, reappear in automatic thought patterns regularly. These negative fundamental beliefs foster a survival-oriented attitude. This attitude is prompted by an occurrence and results in an outcome that prevents the individual from obtaining optimal performance.

6) Neutral and positive attitudes, beliefs, and emotions can be experienced as the unintegrated belief-emotion-body state is attended to, released, and integrated into the system. The human organism has a self-organizing and self-management mechanism that keeps the system balanced and maintains a homeostatic condition. If this process is overburdened, compartmentalization temporarily restores the system to balance. If these compartmentalized states are merged back into the overall system, the system will be in balance in the long run. As a result, when a traumatic memory is accessible and the system is activated, the information is sent to an adaptive resolution and then integrated.

7) Through self-awareness, integration of one's experiences, and the formation of conscious choices about beliefs, emotions, and behaviors, one can choose a positive attitude to develop a new, positive reality and, as a result, achieve the desired results.

8) In a neutral and positive environment, new skills can be learned and practiced, improving life's capacities, experiences, outcomes, and relationships.

9) Conscious intentionality and picturing a desired result, together with excellent planning and timed action plans, increase the likelihood of achieving the intended results in all areas of life (Zarbaksh & Zeine, 2023).

## **5.3. Six-Phase Ait Intervention**

*Phase I* - This intervention phase aims to raise client awareness of how their perceptions, mental processes, emotions, and behaviors relate to their external surroundings and how those attitudes affect their day-to-day existence. Among the questions being asked

at this level are: What comes to mind when you think about (someone or a particular life idea)? How do you feel about (people or ideas in a specific area of life)? How do you interact with (individuals or concepts in a specific area of life)? How does your attitude toward (individuals or ideas in a specific area of life) impact your life and the lives of others?

**Phase II** - Includes three goals as follows: To A) Increase the client's awareness of how they project other people's thoughts and feelings toward them; B) Improve the client's capacity to observe how other people behave toward them and the meanings they attribute to that behavior; and C) Identify how these constructs affect the client's life. The following

queries are included in this phase: What do other people think of you? What do you think people think of you? What activities do you see from others, and what meaning do you attribute to these actions? How do your assumptions affect your life and the lives of others?

**Phase III** - *Aim* to raise client awareness of their ideas, feelings, and behaviors regarding their identity in each area and how their identity interacts with and reacts to these many areas. The following questions are posed: What are your feelings about yourself in this area? How do you see yourself in this situation? What is your attitude toward yourself? And what about your attitude toward yourself?

**Phase IV** - Directs the experience of connecting thoughts, formulae, and schemas with emotions and the physical parts that preserve and reflect powerful emotions. This procedure is required when the client discovers a negative core belief about themselves or the world with a strong emotional charge. In this phase, the core belief is linked to the emotion held in the body and the associated memory that initiated the belief, releasing negative core beliefs, hidden intentions, shadows, and emotions locked in the body. This technique also makes one aware of one's ability to be with, tolerate, and manage emotions successfully.

**Phase V**—The client commits to living a desired life by thinking, feeling, acting on new and selected values, and developing a healthy, workable attitude and identity. As a result of this new commitment, short—and long-term goals and dates will be set, and detailed action plans will be developed to accomplish the desired result. At this point, the therapist will identify which abilities the client has mastered and which still need to be developed.

**Phase VI** - Attempts to develop a long-term framework that will serve as a feedback loop to ensure the continuation of the action plans and the desired and actualized results. Visual collages, audio recordings, and symbolic rituals are all examples of form (Zarbaksh & Zeine, 2023). AIT seeks to uncover and integrate the fragmented components of the "Self" caused by upbringing or psychological traumas, heal the past, envision the future, and consciously live in the present time. This complex process involves becoming conscious of negative thoughts and damaging mental and emotional coping mechanisms established in one's fundamental beliefs and replacing them with constructive, functional, and positive conceptions (Zeine, 2021).

The AIT training programs are offered at two levels: a) At the professional level, the participant learns the principles and all the phases in a practicum setting, where they can help individual clients; b) The other level is suited for licensed psychologists, who would receive supervised training in addition to the curricular content training. Upon completing the comprehensive and practicum training, an AIT-certified professional feels confident in assisting their clients in their journey and enhancing their client assistance skills.

## 6. 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.

## 7. 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 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).

### 7.1. 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 (Bloom, 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 therapist and client collaborate 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).

## **7.2. 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.

## **7.3. Collaboration**

AIT helps clients learn the importance of collaboration, which can result in more choices and help them positively experience their treatment journey (Keesler, Green, & Nochajski, 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).

## **7.4. Trustworthiness**

Establishing boundaries and consistency can be evident in establishing consistent boundaries and clarifying what is expected regarding tasks. 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).

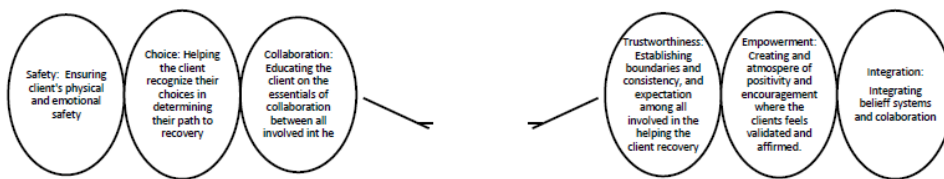
### 7.5. Empowerment

AIT helps individuals identify and recognize their strengths and build vital interpersonal allies (Blum, 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).

### 7.6. 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). See Figure 1.

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



## 8. 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, is vital to exploring the possibilities of dopamine and RDS. 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.

Recognizing and responding in the broader scope of care when treating patients with past traumatic experiences is vital for health care professionals trained in trauma-informed care, which will encompass more than meeting the client's need for safety, alliance, compassion, and empathy. Beyond the foundations of trauma-informed principles, a treatment protocol must address all aspects and domains of the impact of trauma, such as the physical, somatic, cognitive, psychosocial, distorted sense of self, belief system, and lack of self-awareness. This chapter offers an in-depth discussion of the rationale for addressing trauma in behavioral health services and reviews trauma-informed intervention and treatment principles. Adhering to the philosophy of TIC, Awareness Integration Therapy (AIT) utilizes principles that holistically encompass the client's treatment and is successfully implemented in various practical formats, including in-person sessions, group settings, seminars, and online workshops. It offers a global reach with culturally competent modes. This comprehensive program is ideal for professional coaches, licensed therapists, educators, and healthcare professionals seeking a high-impact methodology to enhance their skills.

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