The Strength-Focused and Meaning-Oriented Approach to Resilience and Transformation (SMART): A Body-Mind-Spirit Approach to Trauma Management

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SUMMARY. This article introduces the Strength-focused and Meaning-oriented Approach to Resilience and Transformation (SMART) as a model of crisis intervention, which aims at discovering inner strengths

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through meaning reconstruction. Limitations of conventional crisis management and current findings in post-traumatic growth research are discussed. Instead of adopting a pathological framework, the SMART approach holds a holistic view of health, employs facilitative strategies, and promotes dynamic coping. Intervention components include Eastern spiritual teachings, physical techniques such as yoga and meditation, and psycho-education that promotes meaning reconstruction. Efficacy of the SMART model is assessed with reference to two pilot studies conducted in Hong Kong at the time when the SARS pandemic caused widespread fear and anxiety in the community. Response to potential criticisms of the SMART model is attempted.

KEYWORDS. Trauma, resilience, transformation, SARS, meaning reconstruction, strength-focused intervention, CISD, body-mind-spirit

LIFE AS A SERIES OF CRISES AND TRAUMATIC EXPERIENCES

Life can be compared to a hurdle race with an uneven distribution of obstacles. As medical advances continue to stretch the human lifespan, it is increasingly more likely that we will meet more of these hurdles. Along the ever-lengthening running track, some of the typical obstacles that we might have to leap over are described below.

Personal threats. Over the last century, our victories over many infectious diseases were marked by a sharp decline in death rates (Ray, 2004). Ironically, as people live longer today, incidence of cancer and other degenerative diseases is currently on the rise. Moreover, thanks to earlier diagnosis and more effective treatments, individuals with incurable diseases such as HIV/AIDS can drastically extend their life expectancies. In effect, a growing population is now living with chronic medical conditions. Survivors have to cope with the aftermath of the diseases and of the sometimes invasive treatments.

Relational threats. The loss of a loved one, although inevitable for most individuals during their lifetime, can trigger distress and other health consequences (Parkes, 1996). Bereaved spouses have a higher incidence of heart disease and an increased risk of mortality within the

first year of bereavement (Friedman, 2002; Ray, 2004). In a subtler sense of loss, the dissolution of relationships due to breakup, divorce or job loss can be equally traumatic. Individuals may become trapped in a state of bitterness and rage (Hung, Kung, & Chan, 2003). People grieving for personal losses are posed with the challenge to reconstruct their altered subjective world (Neimeyer, 2000).

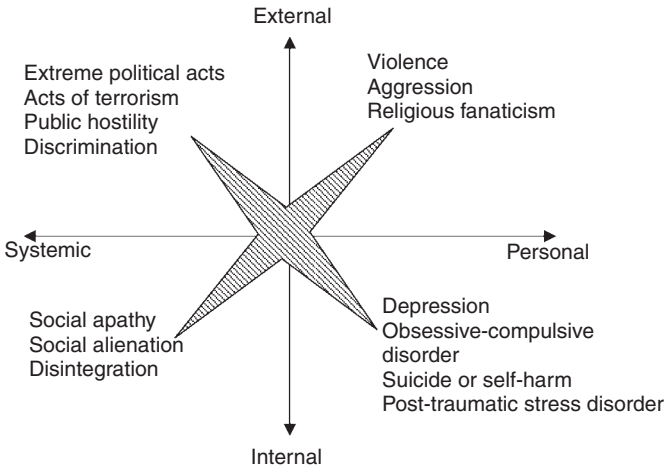
Social threats. Events such as outbreaks of disease, terrorist attacks, or natural disasters not only are destructive in a physical sense, but also can cause invisible damage to public mental health. The anxiety and anger that result from natural forces or human acts do not dissipate quickly. Contributing to this widespread traumatization is the advent of technology that both shortens the delay and broadens the scope of information dissemination, which includes news on disasters and atrocities. As a number of studies on the impact of the September 11 terrorist attacks reveal, prolonged exposure to violent incidents in the media can lead to vicarious traumatization (Schlenger et al., 2002; Schuster et al., 2001). Frequent vicarious observations of atrocities and misfortune can induce a strong sense of vulnerability.

CONVENTIONAL TRAUMA MANAGEMENT

Under the perceived threats of possible traumas, people naturally respond by becoming defensive. On the alert for any signs of harm, people are prone to activate their rigid mechanism of fight or flight. Translated into a social context, that means aggression or isolation. Although such responses are life preserving under imminent threats, indiscriminate applications of the friend-or-foe mentality are likely to generate maladaptive reactions, such as prolonged fear, anxiety and rigidity, which can fuel further conflicts. This negative energy resulted can be expressed either by depression or by aggression. Figure 1 shows the quadrants of the extreme reactions that people might display during crisis situations. Indulging in their suffering, people may isolate themselves or adopt measures such as suicide and self-harm; blaming the world, on the other hand, can lead to religious or political fanaticism.

Social work interventions take on the mission to assist people during their difficult times. In doing so, however, the social work profession–and related disciplines of medicine, psychology, and public administration as well–operates mainly within a pathology-based framework, which is geared toward the removal of symptoms and the revival of functioning to a pre-crisis level. Facing a client in distress, a

FIGURE 1. Extreme actions during a crisis



social worker is often like a handyman with a bag of tools who is looking for broken parts to fix. With a hammer at hand, everything around looks like a nail: a population is underprivileged, a family is dysfunctional, and an individual is vulnerable. The success of social work intervention is then measured by the number of problems that are identified in the client during intake and subsequently solved by the social worker by the time the client is discharged. As a result, short-term, solution-focused intervention models have largely replaced previously long-term, open-ended engagements. Direct practice has become an endeavor of reaching down and salvaging vulnerable people from all sorts of personal predicaments and social injustices. The key objectives are to identify vulnerabilities and to apply remedial patchwork.

CRISIS DEBRIEFING AND ITS APPLICATION

Similar to psychology, which as a discipline saw marked development after World War II, the study of crisis debriefing originated from the concern of stress reactions that were exhibited by Vietnam war veterans. Although the scholarly quest of posttraumatic stress disorders (PTSD) is not one without confusion or controversy (Lamprecht & Sack, 2002), there has been remarkable progress on the appreciation of

human reactions under trauma, the understanding of the causes of PTSD, and the development of prevention and treatment regimes (O'Shea, 2001). With the aim of neutralizing any negative repercussions that may follow a traumatic experience, conventional interventions for traumatized individuals see personal growth after trauma as complimentary at best, irrelevant at worst. For decades numerous psychosocial intervention models have been developed, among which one popular form is the Critical Incident Stress Debriefing (CISD, Mitchell & Everly, 2000). It has been applied to such a broad extent that its use is reported in a wide range of professions and populations, such as healthcare workers (Lane, 1993), firefighters (Mitchell, Schiller, Eyler, & Everly, 1999), murder investigators (Sewell, 1993), mortuary workers (Peterson, Nicolas, McGraw, Englert, & Blackman, 2002), police officers (Carlier, Voerman, & Gersons, 2000), and prisoners (Stoll & Edwards, 2002). Attempts were also made to provide a blanket psychological intervention for every exposed individual within a month of the September 11, 2001 attack (Miller, 2002).

Despite its popularity, recent research on the efficacy of the CISD has produced mixed results (Carlier, 2000; Everly & Boyle, 1999; Rose, Brewin, Andrews, & Kirk, 1999; van Emmerik, Kamphuis, Hulsbosch, & Emmelkamp, 2002). In some of the studies, people who received the debriefing were found to exhibit more PTSD symptoms subsequently than those who did not (e.g., Carlier et al., 2000), which raises concerns about re-traumatization during the debriefing process. Critics of the model argue that applying the debriefing indiscriminately to every individual after crisis may pathologize normal reactions under distress. Unnecessary remedial intervention, as Bonanno (2004) points out, may undermine or interfere with the natural course of human coping. More research is needed to better understand why some benefit from professional intervention and some do not. Moreover, in light of the growing body of literature on post-traumatic growth, it is time for social workers to devise methods to help clients not only to recover from the aftermath of crisis and trauma, but also to thrive in the process.

FROM TRAUMA TO GROWTH

Not everyone reacts to adversities in the same way. Some people are more resilient than others. Whereas one individual may succumb to a morbid state, the other may flourish and grow from painful events (Schneider, 1994). Like other cultures in the world, the Chinese have

developed their own understanding of hardship and suffering. The Chinese word for "trauma" (*chuangshang*) is the juxtaposition of two characters: "creation" (*chuang*) and "hurt" (*shang*). Traumatic experiences can create opportunities for growth by introducing fresh perspectives to one's life. Through this process, a person's emotional and spiritual capacities can be enhanced. Of course the Chinese culture does not deny the presence of pain and distress in people's experiences; rather, it is believed that distress and growth are not mutually exclusive. There is an old Chinese adage that says, "bitterness is the best medicine."

In this vein, people who experience traumatic events can be helped by casting their painful experiences in a more positive light. Once such a shift in focus is achieved, the course of the coping process can be shortened. From our clinical experience, the realization that traumatic experiences may lead to positive gains can be consoling to people in pain.

Although the fact that positive change can come from traumatic experiences has long been recognized in art and literature, it is not until recently that human service professionals saw the need for the scientific study of such a phenomenon. The term *transformation* was first systematically used to refer to positive post-trauma consequences by Tedeschi and Calhoun (1995), who documented numerous accounts of growth after traumatic events. Over the last decade, psychologists begin to recognize trauma as an opportunity for an individual to transform his or her own life. If people can maximize their learning from living through a traumatic experience, they may be rewarded by an increased awareness or even enlightenment (Schaefer & Moos, 1998, 2001). Qualitative accounts have been collated in the literature to provide a clearer typology of post-traumatic growth in various types of crisis. For example, one meta-analysis summarizes the current research in cancer survivors into three areas in which positive changes can occur (Thornton, 2002):

1. *Life perspective*. People reported a greater appreciation of life, a revision of life priorities, and an increased awareness of the importance of emotional and physical well-being.
2. *Interpersonal relationships*. People realized that relationships with others were more important, and reported an improvement in such relationships.
3. *Self*. People reported feeling a greater inner strength and independence, and discovered a greater self-respect and an improved self-image.

Changes in the area of self-conception in particular have attracted debate, because the findings are so far unclear. As Thornton (2002) points out, traumatized individuals may report self-derogation and increased vulnerability, but at the same time they might also describe a sense of mastery and self-esteem during the process of recovery and adaptation. We observe similar self-reports of victimization among our clients, but when they are asked about how they cope, they are able to share stories of their resilience and survivorship.

To investigate the possible pathways that lead to post-traumatic growth, Linley and Joseph (2004) review 39 empirical studies that document positive changes following trauma and adversity. The review indicates that coping styles, positive effects and optimism are all associated with growth. In the long run, people who report and maintain growth are less distressed subsequently (Linley & Joseph, 2004).

PROMOTING GROWTH IN CRISIS AS A SOCIAL WORKER

Despite the promising findings in psychology literature, advocating growth-promoting practices in the hectic world of social work can be confusing at first glance. Part of the reason is that the scope of social work intervention can range widely from the remedial to the transcendental. Many social workers work under immense pressure as they spend most of their time struggling with the problems of their clients at the basic level. Although attending to the psychosocial needs and holistic well-being of clients seems to be vital, some social workers may find it to be a luxury under high caseload pressure.

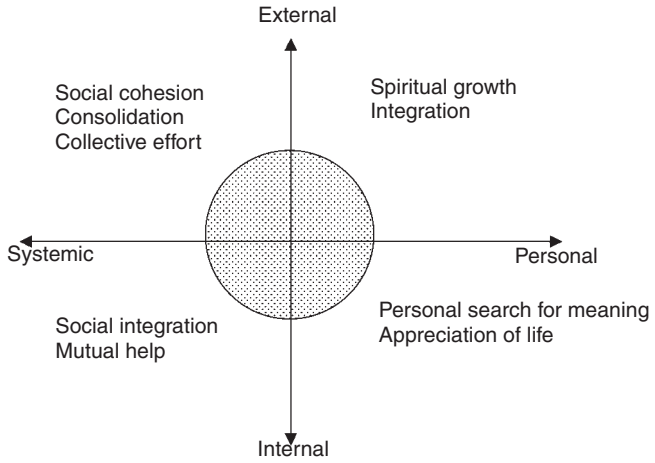
Nevertheless, the past decade has seen the rise of a strength-focused perspective in the social work profession which objects to the obsession with victimhood and psychopathology, and which aims at more than getting everything "back to normal" (Graybeal, 2001; Saleebey, 1996). The *strengths perspective*, of which Dennis Saleebey (1999) is one of the forerunners, shifts the focus from pathology to strength and resilience. A social worker should look for strengths in people and resources in the environment. Of course, the symptoms and problems are very real, and so are the pain and suffering, but, as Saleebey (1999) argues, "it is as wrong to deny the possible as it is to deny the problem" (p. 15). The strengths perspective advocates an evolution in social work practice that puts clients in a more active role toward self-actualization. By working as a collaborator, the social worker not only heals the wound

but facilitates growth and resilience, however dire or debilitating the client's situation may at first glance seem.

The strengths perspective has been applied to different fields of social work practice–gerontological social work (Chapin & Cox, 2001; Sullivan & Fisher, 1994), mental health (Rapp, 1998; Russo, 1999), community (Pollio, McDonald, & North, 1996), substance abuse (Moxley & Washington, 2001; Walker & Lee, 1998), and medical settings (Chazin, Kaplan, & Terio, 2000; Rowlands, 2001). In the area of crisis management, although there have been calls for a more strength-focused reformulation of crisis intervention to help positive changes after trauma (Fraser, 1998), a concrete framework is yet to be established. We envision a model of crisis intervention that will bring harmony for people undergoing crises (Figure 2). When devising a strength-focused crisis intervention, however, some specific questions have to be answered:

- how do we incorporate strength-focused intervention techniques in a time-limited group debriefing setting?
- how do we indigenize our intervention model in working with culturally diverse clients?
- how do we address physical and spiritual well-being, in the face of mounting evidence that confirms the link between physical and mental health?
- how do we know if it works or not?

FIGURE 2. Harmony after crisis resolution



STRENGTH-FOCUSED AND MEANING-ORIENTED APPROACH TO RESILIENCE AND TRANSFORMATION

In this article, we introduce a crisis intervention approach called the Strength-focused and Meaning-oriented Approach to Resilience and Transformation (SMART). Through time-limited contacts (ranging from one whole-day training to six weekly meetings) in a group setting, the SMART intervention attempts to foster growth in people undergoing crisis. The intervention process focuses at the rediscovery of self and the development of inner strength. The purpose of the SMART intervention, as stated in its name, is the attainment of resilience and transformation. The dual goals are two sides of the same coin: resilience pertains to resistance against the disruptions of normal functioning in the face of a crisis (Bonanno, 2004), and transformation describes the ability to grow in the aftermath of it (Tedeschi & Calhoun, 1995).

The emphasis on the meaning-making process partly reflects the latest development in grief research. According to Neimeyer (2001), finding and redefining the meanings of life during a major trauma is not merely a coping strategy, but is also a pathway to positive transformation. As Zebrack (2000) concludes in a qualitative study on the quality of life of leukemia and lymphoma survivors, "[the] quality of life outcomes partially may be a function of the cognitive frame or meaning that survivors attribute to their experience" (p. 39). In order to make sense of the traumatic experience, people often have to adjust their existing worldview. The assumptive world model that is posed by Janoff-Bulman (1989) is useful in explaining the significance of worldview to people experiencing trauma: an individual who is violated by traumatic events has to rebuild their assumptions of the world (e.g., whether it is a just world or not), especially those related to the purpose of life. Reframing a coherent worldview can be seen as a successful coping of the trauma. There appears to be empirical support for this in the study of cancer survivors, which shows that the quality of life of cancer survivors partly hinges on the outcome of the meaning-making process. Survivors who are still struggling to find a meaning in life have a poorer quality of life (Tomich & Helgeson, 2002), and those who have a sense of purpose display less psychological distress and better emotional and social functioning (Vickberg et al., 2001).

THE SARS PANIC: AN APPLICATION OF THE SMART INTERVENTION

To explore how the SMART intervention can be applied in a crisis situation, a couple of intervention studies were conducted by the authors between April and September 2003 when Hong Kong was still struggling with the aftermath of an epidemic. The outbreak of Severe Acute Respiratory Syndrome (SARS) in March 2003 caught the world off guard. The disease, caused by a hitherto unknown strain of the corona virus, affected a number of countries across different continents. Apart from its fatality, currently estimated at about 15%, this new disease was especially threatening in several ways (World Health Organization, 2003). It has no vaccine and no treatment, the initial symptoms are non-specific and common, and the incubation period is long enough to allow both local and international transmission. Being the epicenter of the disease, Hong Kong had the second highest number of confirmed cases in the world (1,755 as of May 31, 2003, resulting in 299 deaths, HKSAR Department of Health, 2003). The outbreak had caused high levels of diffused general anxiety across society. In a community-wide survey that was conducted in May 2003, many respondents reported that they were worried about SARS, had developed sleeping problems, and could not concentrate properly (Hong Kong Mood Disorders Center, 2003a). Seldom was there a large scale crisis that can cause widespread distress and fear in the community. The SMART intervention, as explicated in the subsequent sections, can prove to be effective in helping people to deal with their posttraumatic stress.

PRINCIPLES OF SMART INTERVENTION

The SMART intervention is an adaptation of the Eastern Body-Mind-Spirit (BMS) model that is developed by our research team. The BMS model relies heavily on Eastern philosophies and concepts drawn from Traditional Chinese Medicine to address the physical, mental, and spiritual needs of an individual. Since the 1990s, the BMS model has been widely used in Hong Kong in working with patients who are suffering from cancer, stroke, systemic lupus erythematosis, rheumatoid arthritis, diabetes, with people who are bereaved, infertile couples and divorced single mothers (Chan, Chan, Law, Wong, & Yu, 1998; Chan, Chow et al., 1996; Chan, Ho, Ng, & Chau, 1996; Lee, 1995; Man, 1996). Pilot trials have also been run in other Asian cities such as Singa-

pore and Beijing, where divorced women learn how to cope with marital breakdowns (Chan, Fan, & Gong, 2003).

Based on the BMS framework, the SMART intervention is tailored for people who are undergoing acute crises. The main characteristics of the SMART intervention include the following:

Integrative, multi-modal approaches. The machinery of mainstream psychotherapy is built upon skilled verbal exchanges between client and counselor. Although this is an invaluable part of the therapy, a wider variety of communication models should be explored. This is particularly necessary for clients who are cognitively less sophisticated and verbally less articulate in the sharing of their emotions (Chan & Rhind, 1997). In addition, people coming from a culture which merits controlled emotional expression (e.g., Chinese, see Russell & Yik, 1996; Tsai & Levenson, 1997) often refrain from talking openly about their deepest emotions. Nonetheless, verbal communication is not the only way people cope with their stress; psychologists are becoming increasingly aware of the idiosyncratic and creative ways of coping. Take 'grief work' as an example; the overt expression of sad emotions has been traditionally seen as the key to adaptive coping in the West. The absence of such expression in a grief situation may be regarded as a form of repressed, delayed grief of which the person is in denial. In recent years, however, researchers have looked at bereaved people who do not outwardly express grief and have found no pathological consequences in the long run (Bonanno, Keltner, Holen, & Horowitz, 1995; Stroebe, Stroebe, Schut, Zech, & van den Bout, 2002). Despite the multifaceted nature of the human coping process (Bonanno, 2004), conventional posttraumatic intervention is limited by its over-reliance on the verbal communication of grief. The danger of relying on a narrow set of therapeutic strategies or arrogantly prescribing a single mode of coping to every client cannot be overstated. Non-verbal channels of exchange, therefore, should also be sought, experimented with, and consistently incorporated into regular social work intervention. In crisis management, there have been attempts to introduce art in CISD intervention (Morgan & White, 2003). The use of physical movement (Robbins, 1998) and meditation (Wolfsdorf & Zlotnick, 2001) for people experiencing trauma are also examples of this kind of multi-modal intervention.

The SMART intervention, which is guided by the principle that the mind and body constitutes the synthetic whole of a person, incorporates physical components (movement, breathing, massage, etc.) that can

bring about emotional changes. By borrowing ideas from Chinese forms of exercise (*tai-chi* movements) and Traditional Chinese Medicine (acupressure), the SMART intervention explores the possibility of formulating interventions that best reflect the Chinese holistic view of well-being.

Emphasis on facilitative strategies. To heal bodily symptoms, Western medicine focuses on how to combat the disease, kill the bacteria, and cut out the defective body parts. In its traditional biomedical model, illness (including mental illness) is considered to be an evil object, a threat to life, and an enemy against which patients must fight in order to survive. Any sign of weakness that is found in the patient is considered to be a triumph for the disease.

Similarly, distinct *fight* and *flight* responses are common among people who face trauma: in coping with cancer, we have *fighting spirit* versus *fatalism* (Watson, Law, dos Santos, & Greer, 1994); in dealing with grief, we have *confrontation* versus *avoidance* (Stroebe & Schut, 2001b). However, the use of the fight-or-flight dichotomy in coping research can be counterproductive, especially if it is based on the assumption that the former is adaptive and the latter is not. In Chinese philosophy, such an exclusivity of coping responses is unnecessary. From a traditional Chinese etiological point of view, disease is the manifestation of the patient's inner disharmony of energies. To heal is to strengthen the patient's entire bodily system by restoring the balance between different elements (internal organs) and systems (physical, psychosocial, and spiritual). A recent study shows that Chinese cancer patients use both *fight* and *flight* responses at the same time to cope with the disease (Ho, Fung, Chan, Watson, & Tsui, 2003). By surrendering themselves to the hands of fate, cancer patients gain a renewed sense of peacefulness while still doing what they can to live with the disease. In the realm of grief work research, there is still a lack of evidence that supports the hypothesis that avoiding one's grief is a less effective strategy than confronting it (Stroebe, 2001).

In social work practice, this warrior approach is also not uncommon. When dealing with the grief or fear that is commonly exhibited by people experiencing trauma, the *fight* against the irrational thinking of the client is often pictured as the ultimate battle that defines the outcome of the therapy. Nevertheless, although powerful in disputing maladaptive thinking (killing the bacteria), confrontational strategies (e.g., rational emotive therapy, Ellis, 1976) stop short at providing a nurturing environment in which the client can recuperate and grow (restoring balance and harmony). The SMART intervention does not ask clients to fight against their own belief

system; instead, it fully acknowledges the need of the embattled client to retreat. Restoring clients' mental strength has a higher priority over using it to fight dysfunctional thinking, and this is done by meditation, healing rituals, social support, and philosophical teachings on pain and suffering (Chan, Ho, & Chow, 2001). The use of facilitative strategies rests on the assumption that healing comes from within (Saleebey, 1999).

> *Mrs. A, a middle-aged woman with breast cancer, joined our group for cancer patients two years ago. As a Buddhist, she learnt to be at peace with her cancer instead of fighting it all the time. Mrs. A wrote the following letter to her cancer, "My Dear Cancer, you shocked me. You ruined my plans and peace of mind . . . On the other hand, you reminded me of my mortality. My husband and children have become more caring and willing to express their love for me. My friends and relatives are also extremely helpful and shared with me how much I meant to them . . . Now that I have overcome the shock, I realize that you are actually part of me. You grew out of my cells. Thus, I have given you life and bring you to this world. You are like my children. No matter if my children are obedient or unruly, whether they do well in school or not, I accept them as they are . . . I accept you. As a part of me, I am at peace with you."*

Promotion of dynamic coping. In the Traditional Chinese Medicine paradigm, health and well-being result from a harmonious flow of "*qi*" (life energy) within the internal milieu of the person, and between the person and the external environment (Chan et al., 2001). Fixing our gaze on isolated symptoms and on external stressors is not necessarily the most effective way to heal (Tsuei, 1992; Yin, Zhang, Zhang, Zhang, & Meng, 1994). Neither is it desirable that clients who walk out from an intervention engage in only a single coping strategy, be it fight or flight. In the study of bereavement coping, Stroebe and Schut (2001a) observe a dynamic process of recovery, in which a bereaved person oscillates between internal preoccupation with grief (loss orientation) and external engagement with the outer world (restoration orientation). The purpose of clinical intervention, in this sense, is to remove obstacles to the cyclic flow of healing by encouraging clients to create and re-create their own coping strategies along the process.

COMPONENTS OF SMART INTERVENTION

The SMART intervention incorporates activities that address the need for new sources of strength and meaning for our distressed clients.

The following describes the three aspects of intervention separately, but in practice these components are actually intertwined and integrated.

Exploring alternative meanings through spiritual teaching. The search for new meanings in life and a sense of peace is the essence of spirituality. In a religiously diverse world, we approach spirituality in a non-religious and generic way. "Why me?" "What is the meaning of this suffering?" "Why do bad things happen to good people?" These are the most common questions people ask during trauma or adversity. While not prescribing a particular principle of living, the following traditional Eastern spiritual teachings may serve to introduce new perspectives to clients.

1. Suffering–The Buddhist sees suffering as a necessary path to awakening. According to Buddhist teachings, there are eight types of suffering that are borne by mankind: birth, old age, sickness, death, being separated from loved ones, meeting people one hates, not getting what one wants, and sufferings caused by the senses of the body and the mind. Whereas the first four sufferings are products of nature's forces, the last four are borne out of attachment and expectations. Seeing suffering as inevitable to human existence can be a normalizing and calming process. To move out of suffering, one has to give up material and non-material attachments as well as to abandon unrealistic expectations.
2. Unpredictability–Daoist teaching places high value on the ever-changing reality of life and nature (*Dao*). As its founder Lao-zi described, "it is suffering that gives way to bliss; it is in bliss that suffering reveals" (Lao-zi, 6th century B.C.). To appreciate the unpredictability of life is to let go of intense emotional attachment to people and the material world. Accepting whatever comes in life, one can attain a state of being carefree.
3. Karma–The idea of karma can be seen as a primitive form of token economy. One major departure from the modern idea is that the karma system includes a relational aspect. A good deed of a person can benefit his or her loved ones. Conversely, to various degrees everybody has a shared burden of bad karma committed by mankind. Learning that their decisions on their well-being have an effect on the loved ones, clients are more willing to take charge of their own life, and to commit to a virtuous lifestyle.
4. Perseverance–Confucianism places high values on personal ordeals and see them as a blessing in disguise. "When Heaven is about to confer a great responsibility on any man, it will exercise

his mind with suffering" (Mencius, 6th century B.C., annotated by Tu, 1978). Being humble and filial in the face of hardship is the prescribed approach to coping with adversity.

It should be noted that the discussion of foregoing values appears in almost every major religions in the world. Deciding the most suitable way to present them requires the consideration of the clients' cultural background.

Building strengths through physical expression. There are a plethora of physical techniques in the East that can lead to spiritual growth. Among these, meditation (a Buddhist breathing practice), *tai-chi* (a traditional Chinese sport, also known as *tai-ji*), *qi-gong* (a Daoist form of exercise that incorporates breathing and movement), and yoga (a Hindu exercise) have withstood the test of time and are still popular in the modern world. A common feature of these ancient practices is the emphasis on body-mind-spirit interconnectedness. Under this principle, attempts have been made to adapt or modify these practices to better serve people in modern times. For example, Kabat-Zinn and his colleagues have developed the mindfulness-based stress reduction programs based on Zen Buddhism and yoga (Kabat-Zinn et al., 1992). Participants benefit from these meditation techniques by learning how to move away from their daily cognitive preoccupation, and to become mindful of the total existence of the person in the present moment. Another example is *tai-chi*. Evidence is emerging that this exercise is beneficial to both physical and mental health (Jin, 1992; Sandlund & Norlander, 2000). The *tai-chi* movements promote a disciplined approach to a frugal lifestyle, a healthy diet, and active physical labour. Physical benefits aside, the exercises of *tai-chi* and yoga can boost mental strength by reinforcing attention to bodily sensations and the endurance of pain.

Although it is not possible to teach *tai-chi* or yoga in a time-limited social work intervention, the first author extracted and simplified a set of movements such as body stretching and hand rubbing. Packaged as One-Second Techniques, these simple practices can be inserted into an intervention session (Chan, 2001). Being beneficial to health, these health-promotion practices also serve to distract clients from stress, and help them to regain a sense of control over their conditions as they can now take proactive measures to improve their total well-being.

Consolidating new meanings and strengths through psycho-education. To consolidate the newly acquired meanings and strengths, and to nurture those that already exist, we work on the cognitive, emotional and social well-being of clients to promote growth and transformation. The

SMART intervention addresses these aspects through the following strategies:

1. *Emphasizing growth through pain*. Instead of focusing on the loss that is brought on by crisis and trauma, personal strengths and gains are explored throughout the sessions. Although caution must be exercised to ensure that clients do not feel coerced or alienated, it is therapeutic for clients to be immersed in a positive environment in which they can briefly put aside the victim label that they are accustomed to and concentrate on the opportunities for growth and learning.

   Mrs. B was diagnosed with SARS. She was put into an isolation ward in April 2003. Mrs. B was very scared, and used her mobile phone to communicate with the first author. During the discussion, Mrs. B was reminded to watch out for her personal growth and transformation, and to find ways to cope with her respiration difficulties. With this simple reminder to look out for growth, Mrs. B gained greater strength in withstanding her hospitalization and her days in intensive care.

2. *Teaching the mind-body-spirit connection*. The relationship between spiritual well-being, mood, and body immunity is discussed with clients. When clients know they can improve their mood by taking care of their physical needs, and when they know how to do so by physical movements, breathing practices or massage, this sense of mastery can greatly boost their mental strength. Knowing that there can be things that one can do to help oneself is empowering.

   Mr. C lost his job during SARS, as he worked in a hotel. He was depressed and at a loss as to what to do. As residents in Hong Kong were encouraged to go hiking and to engage in outdoor activities during the SARS period, he regained a sense of pride, confidence, and self-esteem by taking his daughter to country parks and teaching her exercises to strengthen her lungs. He regarded this period of unemployment as a special holiday that allowed him to spend time with his family, and viewed the loss of income a lesson in how to live a simple life.

3. *Developing an appreciation of nature*. Being too self-absorbed with their own miseries, clients are often reluctant to turn their at-

tention to other areas of life. By appealing to the beauty of nature, clients are encouraged to appreciate their own life and appreciate people whom they love. We often start with the innocuous–birds in the sky, fishes in the ocean, and flora and fauna, and proceed to nature and the universe. We help clients to develop the habit of appreciating the small things in life, which slowly but steadily pulls clients away from their indulgence in pain.

Mr. D, a teenager, developed SARS when he volunteered to help relocate an infected housing estate, Amoy Gardens (more than 200 residents of this housing estate were infected with SARS). He was very frustrated because he failed a public examination and lost his physical strength. Homebound, he learnt to pot plants at home. The new life of the small plants helped him to regain his appreciation of life and living.

4. *Facilitating cognitive re-appraisal*. New perspectives can be developed through reflective discussions and sharing. Through the recall of significant life events, participants are reminded of their previous goals and dreams, their resilient experiences in facing other crises, and their past achievements in an attempt to foster a sense of confidence in their capacity of dealing with their present trauma. The positive psychology techniques of downward comparison, positive illusions, and learnt optimism are used to facilitate cognitive re-appraisal and the reconstruction of a new worldview (Taylor, Kemeny, Reed, Bower, & Gruenewald, 2000).
5. *Nourishing social support*. Effective interpersonal communication and a pleasant experience of networking can often nourish an individual's whole-person development, and especially enhances their resilience in difficult times. In a group environment, the participants will experience a sense of acceptance and connectedness with other group members. They are also encouraged to appreciate support from loved ones and to strengthen their social network with family members and friends. Mutual help among survivors with the same problems is an effective mechanism to sustain morale and the energy that is needed for change.
6. *Promoting the compassionate helper principle*. Clients are encouraged to learn from their traumatic experiences through being compassionate both to themselves and to other people. By sharing their knowledge and experiences in coping with traumatic events, clients are urged to consolidate their experiences and to become

sensitive to other people's needs. Being able to be helpful to others as peer counsellors can be very empowering. Selfless devotion to volunteering can move clients out of self-pity and into a path of recovery.

Mr. E is a retired school principal who had a severe stroke soon after his retirement. He was in a coma for two months, and the attending physician described his prognosis as poor with a strong likelihood of permanent wheelchair dependency. With his strong willpower and resilience, he was able to walk again after a few months of active rehabilitation. He participated in mutual help activities for patients and became chair of the mutual help organization for stroke survivors after one year. He felt strongly that his meaning in life had changed, and his volunteering experiences had given him new abilities and strengths.

We adapted these strategies in our intervention program through the use of writing (articles, lectures, books, and personal journals), expressive art (drawings, pictures, photos, and body movement) and multi-media materials (video, audiotapes, and CDs). Knowledge is delivered by showing videotapes of outstanding role models, and by distributing reading materials such as poems, research findings and personal testimonial. Throughout the intervention sessions, participants are encouraged to express their physical, mental and spiritual needs, as well as experiences of growth and transformation.

IMPACT OF THE SMART INTERVENTION

The following is a summary of outcomes of SMART intervention with two groups of people (adolescents and people with chronic diseases) during SARS in Hong Kong, 2003 (Ng et al., 2004; Yau et al., 2004).

Adolescents. Adolescents in Hong Kong suffered from interruptions of normal academic and social life. Schools were suspended for a month for fear that the virus could spread in crowded places. Not only did students find it difficult to keep up with the learning schedule, but they were also excluded from the place where most of their social interaction and leisure activities took place. Without school as a location for social gathering, interpersonal relationships and social support were signifi-

cantly hampered, and adolescents were at risk of becoming isolated and more prone to loneliness.

People with chronic diseases. People with a history of chronic disease faced a different kind of threat. The epidemiological profile of SARS cases in Hong Kong revealed an increased fatality rate in SARS-infected patients with chronic diseases (Drazen, 2003; Karlberg, Chong, & Lai, 2004; Peiris, Yuen, Osterhaus, & Stohr, 2003). Not only were they more susceptible to infection because of their health condition, but once infected, they also had a higher likelihood of death. Fear of infection (Society for Rehabilitation, 2003) and stigmatization (Hong Kong Mood Disorders Center, 2003b) were the two chief concerns among people with chronic diseases. As a result, many people in this group were in a state of fear and anxiety during the outbreak, and some did not dare to leave their homes months after the disappearance of SARS.

Intervention. To remove the adverse effects of SARS, the SMART intervention was applied to 244 Grade Eight students and 24 people with chronic diseases separately in the form of a one-day workshop. The program adopted a body-mind-spirit framework with a strong emphasis on a cognitive redefinition of SARS as *S*acrifice, *A*ppreciation, *R*eflection, and *S*upport. Participants were taught breathing exercises to strengthen their lungs, and skills to maintain a positive mood. Bitter tea and healthy snacks were served, and physical exercises, songs, fun, and positive experiences of growth through pain were shared. Through discussion and the sharing of personal reflections on the SARS experience, participants were more willing to accept the fact that life is not always within our control. SARS, natural disasters, accidents, crime, war, and trauma are all a part of life. What is more important is the reconstruction of meaning to reflect on what is most important in life. Participants were encouraged to attain a sense of mastery through letting go of control, and by so doing, regain control. The framework and rundown of the program are shown in Tables 1a and 1b, respectively.

Outcome. In an intervention program for adolescents at junior high school (Yau et al., 2004), it was found that the sense of social commitment, mastery of life, and learning and growth among the participants increased significantly after the intervention, and that their sense of social disintegration and loss of security decreased significantly. In a similar intervention for people with chronic diseases (Ng et al., 2004), participants reported a significant decrease in the Depression subscale scores of the Brief Symptom Inventory (BSI, Derogatis & Melisaratos, 1983), although changes in the Anxiety, Somatization, and Hostility

TABLE 1a. Framework of the SMART Intervention

	Foster awareness	Develop strength	Discover meaning
Body	Anxiety symptoms, lack of energy, appreciation of body, nurturing of body, importance of exercise	Physical exercise (e.g., movements, breathing exercises, tai-chi, acupressure), dietary advice (e.g., Chinese nutritional drinks, simple diet)	Acknowledge mind-body-spirit interconnectedness (e.g., somatization, optimism boosts immune system), physical exercises to foster total well-being
Mind	Fear, anxiety, anger, euphoria, frustrations, aggression, positive mood	Cognitive reappraisal relaxation and meditation, coping skills, learnt optimism, downward comparison	Recognize that issues of excess motions, both positive and negative emotions could be used in a constructive way to maintain harmony
Spirit	Lack of purpose, vulnerability of life, meaning in life, Eastern philosophy on perseverance	Life planning, goal setting, mindfulness, adoption of a Zen lifestyle to enhance inner strength and peace of mind, appreciation of life and nature	Appreciate the unpredictability of life, live for the moment, accept loss and mortality, selfless devotion to helping others, loving-kindness

TABLE 1b. Structure of the SMART Intervention During the SARS Crisis

Session One	Factual recapture: - Brief recapture of the SARS pandemic - Cognitive reappraisal: positive and negative impact of SARS Revisiting symptoms: - Discussion of impact on individuals and society - Meditation on love for all Coping with fear: - Body-mind link: discussion of somatization - Physical exercise: simple tai-chi, acupressure, massage - Dietary advice: Traditional Chinese Medicine-derived health drinks to strengthen body - Appreciation of life: Zen and Daoist teachings
Session Two	Emotional well-being: - Chinese teachings: balance of emotional state - Coping skills for excessive emotions Creating meaning: - Growth through pain, turning crisis into opportunity, finding creativity through trauma - Life ahead, return to the basics, appreciate life and people - Goal setting and action planning

scores were not statistically significant. It was found that the drop in depression level was sustained in the intervention group but not in the control group at the one-month follow-up.

Despite the limitation of small sample size in the chronic patient intervention study, the preliminary data that is presented here shows that the SMART intervention can improve psychological states, and its effects can be maintained after one month. It is hypothesized that such an improvement was due to an increase of personal positive appraisal after the intervention, although further research is needed to confirm such a link.

POTENTIAL CRITICISMS OF SMART INTERVENTION

As a novel attempt to incorporate the strengths perspective into trauma management, naturally there are reasonable suspicions about the SMART intervention.

The SMART intervention is irrelevant in acute crises. The primary goal of psychological debriefing is to alleviate distress through time-limited contact with a counselor. Although the promotion of growth and the building of strength in such settings might seem irrelevant at first glance, we found that the breathing and relaxation techniques activated self-confidence and inner strength, and promoted a sense of calmness and peace of mind within a relatively short period of time. Recent evidence indicates that although the alleviation of distress does not promote growth, the experience of growth does act to alleviate distress in the long run (e.g., Davis, Nolen Hoeksema, & Larson, 1998).

The SMART intervention might alienate clients in distress. When facing clients who are absorbed in turmoil and emotional distress, it is natural for individuals to contemplate whether it is appropriate to discuss growth and transformation with them. However, our clinical experience suggests otherwise. A supportive attitude and an invitation to grow through pain actually help to open a window of hope and optimism for clients who are engulfed by their sufferings. The delicate issue here is that instead of a Pollyanna denial or a direct confrontation of negative thoughts, a realistic and empathetic acknowledgement of the emotional pain of clients is required before any invitation to grow can be offered.

The SMART intervention is a time-costly business. Spiritual questing is known to be long and arduous. Pondering on the core values of the clients and making an appeal to their inner strengths is likely to be associated with the idea of intensive, long-term individual counseling that is

far beyond the capacity of social workers with tight schedules. However, we believe that even in a single-session group, as we have demonstrated, social workers can work as catalysts and enablers of positive growth.

The SMART intervention requires highly specialized experts. Social workers may feel daunted by the prospect of investing time and effort in learning yet another set of intervention techniques. The model we are proposing here, however, is more of a set of guiding principles than of a list of step by step instructions. The creative use of techniques to work toward the right goal is more important than the acquisition of an arsenal of techniques without a target.

The SMART intervention lacks empirical support. One of the biggest limitations to strength-focused intervention is the lack of supporting empirical research. An early review of the research literature on using the strengths perspective for people with mental illnesses reveals a shortening of hospitalization time, improved social functioning, and a decrease in symptoms (Rapp, 1998). Although this early evidence cannot be translated into prescriptive recommendations, it is our hope that through rigorously designed experiments, future studies on strength-focused intervention may shed more light on its efficacy and applicability in various settings, including trauma management.

CONCLUSION

This article argues for a holistic re-thinking of social work intervention in trauma management. Instead of being symptom-focused, we propose a strength-focused approach to help our clients to grow from suffering, to turn curses into blessings, and to promote creativity through pain. In addition to the enhancement of coping and problem solving abilities, social work intervention can expose clients to new horizons through the promotion of resilience and transformation through the reconstruction of meaning. Following traditional Eastern wisdom, we advocate an alternative to coping that is neither fight nor flight, and that encourages clients to accept and live through traumatic experiences with peace of mind, and to achieve a harmonious body-mind-spirit equilibrium. The use of integrative, multi-modal approaches, the emphasis on mind-body-spirit connectedness, and a dynamic view of coping form the backbone of the SMART intervention model. We believe that the proposed model can facilitate and

catalyze such posttraumatic changes, although the emphasis on evidence-based practice in mainstream medicine and the social sciences requires a more methodologically sound research protocol (i.e., randomized control trial) and scientific indication. We therefore encourage social work practitioners and researchers to adapt the therapeutic elements of SMART to their respective cultural settings, and to carry out scientific research on the efficacy of SMART among different populations.

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