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LINKING HUMAN SYSTEMS: STRENGTHENING INDIVIDUALS, FAMILIES, AND COMMUNITIES IN THE WAKE OF MASS TRAUMA

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This article presents an overview of the philosophy and practical principles underlying the Linking Human Systems Approach based on the theory of resilience in individuals, families, and communities facing crisis, trauma, and disaster. The Link Approach focuses on tapping into the inherent strength of individuals and their families and emphasizes resilience rather than vulnerability. It has been successfully used in combating critical public health problems, such as addiction, HIV/AIDS, and recovery from major trauma or disaster. Also, three specific models of Link intervention aimed at the individual, family, and community levels are discussed, with special emphasis on the family-level intervention. These interventions are directed toward mobilizing resources for long-term physical, emotional, psychological, and spiritual healing.

The impact of natural disasters in our past and their threat in the future has made a tremendous impact on our evolutionary and developmental trajectories. On the other hand, human-made disasters, such as war and organized violence, are historical and current realities that shape our experience but can be prevented in the future. Irrespective of the type of disaster, the magnitude of these events often leads to mass traumatic consequences for the afflicted populations. Mass trauma challenges the integrity of a society (and our global community) at multiple levels and exposes us to the bare bones as we struggle to survive, heal, and rebuild, which often takes several generations.

In these times of crises, communities are in danger of losing both their intrinsic structures and protective factors. Families, as the integral unit of the community and the major support of our children, are of vital importance in determining how communities recover in the aftermath of mass trauma. This article proposes a framework to help families cope with the consequences of natural and human-made disasters. Also, regardless of the level of trauma, families are the core of all healing. The approach described offers an ecological and multilayered lens for understanding how different levels of a human system—individual, family, and community—might be mobilized and activated to enhance the family's potential for recovering from the experiences of mass trauma. The transmission of the effects of mass trauma across communities, generations, and time can be radically reduced by timely intervention in the family.

The specific aim of this article is to provide an overview of the Linking Human Systems or Link Approach based on the theory of resilience in individuals, families, and communities

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facing crisis, trauma, and disaster (Landau, 2002; Landau-Stanton, 1986). The Link Approach focuses on tapping into the inherent strength of individuals and their families, emphasizing resilience rather than vulnerability. This is achieved by mobilizing natural change agents as Family and Community Links to create a bridge between outside professionals and affected families. The following vignette highlights the first author's experience with using Family Links for the first time and the lessons learned through the process.

The South African Amputee

The resilience of the individual and family was brought home to me very vividly many, many years ago. I was a very young and naïve medical student, and one of my first cases was a young man in his late 20s who had had a leg, an arm, and half of the other arm amputated because of gangrene resulting from long-standing addiction to alcohol and nicotine and infection from diabetes. He had fashioned a couple of rings attached to his remaining arm stump so that he could continue his addictions. He refused to have his other leg amputated and said he'd "rather die than be a living body with no limbs." He claimed to have no family or friends but, with some encouragement, the unit social worker found his brother, who came to talk with us. I worked with the brother to return to his family and tribe, who had expelled my patient because of his addiction and being in prison for theft. The chief and elders along with his parents agreed to accept him back provided he agreed to the amputation and to live "clean and sober." The amputee went on to become the official storyteller for the tribe and became a legend as he taught generations of children how to appreciate stories of the ancestors and to live clean and productive lives.

This story made me aware of the resilience in families and how a member of the family can serve as a bridge between the family and an outside professional to achieve something the professional cannot do. Later, as a psychiatrist, I realized that working with Link Therapists, or Family and Community Links, would allow us to work with a member of the family and/or natural support system who would serve as a therapeutic link for serious physical or emotional illness and in cases where either patient or family was inaccessible because of cultural or geographic considerations. In this way, families can serve as the best translators of their own culture, not just the broad identifiers of culture, e.g., language, religion and behavior, but also the microculture of each family that they clearly know and understand better than any outside professional. Working with Links allows us to cross all cultural boundaries.

This article first describes the impact of mass trauma and how people cope with the resulting stress. It then explores the need for evidence-based systemic interventions and proposes a theoretically driven approach based on mobilizing natural change agents as Family and Community Links. We present three specific intervention models of Link Approach aimed at individual, family, and community levels, respectively, with special emphasis on the family-level intervention. These interventions are directed toward mobilizing resources for long-term physical, emotional, psychological, and spiritual healing.

PSYCHOSOCIAL, EMOTIONAL, AND RELATIONAL IMPACT OF MASS TRAUMA

The scope of damage to the family following mass trauma is often vastly underestimated. We tally the number of people killed or injured, number of homes lost, and dollars spent on emergency aid. Seldom do we measure the more subtle costs, such as increases in depression and anxiety, substance abuse and addiction, risky sexual behavior, child abuse, and couple violence. And rarely do we mention the impact of these factors across extended families as their neighborhoods and urban setting suffer an increase in poverty, kidnapping, street and orphaned children, bank robberies, rapes, armed assaults, and car robberies.

In exploring how families cope with stress, a number of researchers studying normal families and their life cycles and transitions have found that multiple stressors occurring within a brief period of time can throw individuals and families off balance (Boss, 2001; Carter & McGoldrick, 1999; Garmezy & Rutter, 1983; Holmes & Rahe, 1967). Landau-Stanton, Griffiths, and Mason (1982) found that three or more stressors—normal life cycle events, normal transitions—within a short period of time could cause a disruption of the system that resulted in asynchrony in pace and direction between a subsystem and the larger system. If resources were insufficient to balance these stressors, symptoms almost inevitably resulted. For each episode of mass trauma, the number of people and families impacted is multiplied. Results of a longitudinal study of a past trauma—the Oklahoma City Bombing 10 years ago in the United States—shows that for every one person directly impacted by the trauma, five now show symptoms of stress or posttraumatic stress disorder (PTSD; Brom, Danieli, & Sills, 2005). Psychological stress can also be a trigger for other illnesses (McCubbin & Figley, 1983).

In the 60 days after September 11th, 2001, acute myocardial infarctions increased by 35% and cardiac arrhythmias by 40%. Also, the abuse of drugs and alcohol rose by 31% within a year (CASA, 2003; M. Sullivan, Deputy Commissioner of Mental Health, NYC, personal communication, 2002). A series of earthquakes and floods in Taiwan since 1999 spurred a 60% increase in rates of depression and suicidality (M. B. Lee, personal communication, June 17, 2002). These kinds of outcome after mass trauma usually are not measured.

Not only does trauma impact family members, but also family support can moderate the effect of trauma on family members, even when the traumatized family members' experiences continue to influence the family (Catherall, 2004; Herman, 1992; Hobfoll, 1989, 1998; van der Kolk, 1996; Matsakis, 1998). There is empirical evidence that social support provides a posttrauma coping resource for families. A 1-year follow-up of 383 Israeli solders suffering combat stress reactions showed that family support was related to lower PTSD levels (Solomon, 1990). Brewin, Andrews, and Valentine (2000) found that trauma severity and social support were among the strongest predictors of adjustment and PTSD symptomatology in various civilian and military samples. These studies highlight the importance of family resources in dealing with the impact of trauma.

NEED FOR SYSTEMIC EVIDENCE-BASED INTERVENTIONS FOR FAMILIES AND COMMUNITIES POSTMASS TRAUMA

A recent report of the National Institute of Mental Health (2002) summarizing current evidence-based interventions for mass trauma supported a critical need for empirically based systemic interventions. The global context of mass trauma resulting from war and organized violence encompasses an array of historical, social, economic, and political contexts. These must be carefully understood for professionals to develop meaningful programs of intervention with communities exposed to traumatic events and the related mental health consequences. Psychotherapists must respond to the increasing needs of traumatized families around the world by developing preventive and clinical interventions that are evidence based, culturally relevant, and context specific.

Currently, there are few evidence-based treatments directed at family and/or community levels for treatment postmass traumatic events. There are a number of highly effective preventive interventions focused on such issues as refugee mental health and HIV/AIDS. However, there is little work directed toward better understanding how to intervene effectively with families in their communities affected by mass trauma. The body of work presented in this article represents one of these approaches. Landau's work has been implemented across different trauma contexts and with different populations around the world. The Linking Human Systems Approach is an example of intervention and research that is ecologically based, is grounded in

people's generative inner strengths and experiences, and cuts across all levels of a system that might be tapped into as a potential resource for rebuilding personal resiliency and strength after mass trauma.

Below we provide a brief introduction to the philosophical underpinnings of the Linking Human Systems (Link) Approach, including a visual representation of the Approach, followed by a descriptive explanation of the different specific methods of intervention that have been developed out of the Link Approach and its associated methodologies for assessment.

THE LINKING HUMAN SYSTEMS OR LINK APPROACH

In times of stress or upheaval, people tend to disconnect from one another and from their "transitional pathway"—the fragile but essential line connecting individuals' and families' past, present, and future (Landau-Stanton, 1990). Within families and communities, different people tend to adjust to losses or major transitions in different ways or at different rates. This asynchrony can trigger symptoms of "transitional conflict," especially when the upheaval is rapid or severe, or when insufficient resources are present to balance the stresses (Horwitz, 1997; Landau-Stanton, 1990; Landau-Stanton & Clements, 1993). Unaddressed, transitional conflict can lead to a variety of problems, including substance abuse and addiction; violence; depression and suicidality; posttraumatic stress; and risky behavior that can lead to HIV/AIDS (Landau-Stanton, 1990).

The goal of the Link Approach is to engage the extended social support systems that can help empower and inspire individuals, families, and communities to reconnect and identify resources for healing (Landau, 2002, 2007; Landau-Stanton, 1986). These systems can include immediate and extended family members, friends, neighbors, schools, employers and work colleagues, clergy and other members of the religious community, healthcare providers, and ancillary sources of social support such as legal aid and social service providers.

The core philosophy underlying the Link Approach is the notion that enhancing human connections and building a sense of continuity with both the past and the future help reconnect people's transitional pathways through the present, bolstering their inherent resilience to trauma and loss (Landau, 1981, 2002, 2005; Landau-Stanton, 1986; Landau-Stanton et al., 1982; Landau & Saul, 2004; Landau-Stanton & Clements, 1993; Landau, Cole, Tuttle, Clements, & Stanton, 2000; Main, 1995; Suddaby & Landau, 1998).

Secure connections with extended family, community, and natural support systems can foster resilience in several ways (Bell, 2001; Bowlby, 1969; Johnson, 2002). First, by reminding people of how their forebears have weathered difficulties, strong connections with their family or culture of origin can reassure them of their intrinsic competence to overcome their own troubles (Seaburn, Landau-Stanton, & Horwitz, 1995). Second, enlarging and mobilizing natural support systems provides people with resources—tangible and intangible—to access their resilience (Chemtob, 2002; Hobfoll, 1989, 1998). Finally, a strong sense of connectedness promotes a sense of solidarity among family or community members, eliminating counterproductive "we/they" dichotomies (Landau & Saul, 2004; Landau, Garrett, et al., 2000).

Recent research illustrates how connectedness with one's family and culture of origin can provide protection against health threats. Landau and colleagues found that knowing stories about one's grandparents or great-grandparents and having at least monthly contact with extended family members were strongly associated with lower levels of sexual risk-taking (Landau, Cole, et al., 2000a). This finding was particularly strong in a sample of women who had sought diagnosis or treatment for a sexually transmitted disease at a county health clinic; the same trend was observed among women receiving services at a community organization serving Hispanic women, children, and families.

In a similar subsequent study involving adolescent girls attending a mental health clinic (their diagnoses included depression, anxiety, and sexual abuse), the intergenerational

family stories were analyzed identifying themes of resilience (i.e., overcoming adversity) versus vulnerability (i.e., depression, family violence, addiction; Tuttle, Landau, Stanton, King, & Frodi, 2004). The results indicated that knowing any story, even if it contained themes of vulnerability, was more protective than knowing no story at all. These findings suggest that being able to draw on the resilience of past generations helps people explicate and reconnect their transitional pathways, enabling them to make informed choices about where to go and how to get there.

Family and Community Links—Natural Change Agents

A central component of the Link Approach—whether it is enacted at the level of the individual, family, or community—is the recruitment and coaching of an individual family member or subset of community members who can act as natural agents for change. This ''Family Link'' (where the focus is on individual or family prevention or public health work), ''Link Therapist'' (focus on individual or family physical or mental illness), or ''Community Link'' (community interventions) provides a bridge between professionals and families and communities, particularly closed communities, such as highly educated and sophisticated groups or traditional extended families and clans, where outside intervention is neither invited nor welcomed. The Links help in the healing of communities by allowing the tradition, strength, pride, and privacy of the group to remain intact, capitalizing on group resilience, while respecting its capacity for healthy change and survival. For more information on selection and training of Links, please refer to Landau (2007).

Link Assessment

In order to assess the practical aspects of resilience we need to examine family and community resources, including their presence or absence, whether or not people are aware of available resources, and how they are accessed and utilized. We need to determine the overall level of stress within the system and the balance between stressors and resources (Garmezy & Rutter, 1983; Hobfoll, 1989, 1998; Landau-Stanton, 1990; Rutter, 1987, 1993). We also need to assess whether connectedness and continuity of the transitional pathway have been disrupted (Lan-

Table 1
Link Approach Visual Model

Natural change agents	Intervention methods	Transitional assessment tools
Link Approach		
Family links	ARISE (A Relational Intervention Sequence for Engagement)	Transitional Genogram Transitional Field Map
Link therapist	LIFE (The Link Individual Family Empowerment Intervention)	Transitional Field Map Multisystemic Level Map Transitional Strategic Polarization Map
Community links	LINC Community Resilience	Transitional Field Map Multisystemic Level Map Transitional Strategic Polarization Map Structural Pyramid Map

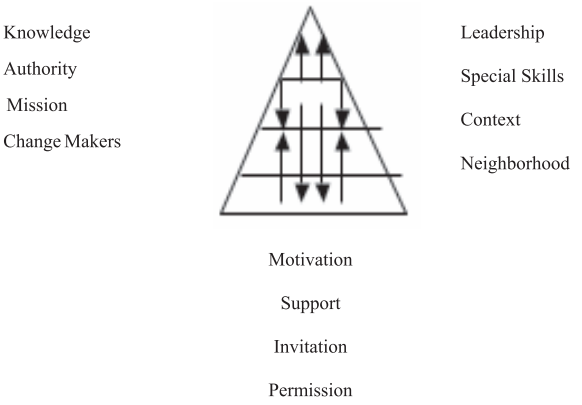

Figure 1. Structural Pyramid Map.

dau, 2002, 2005; Landau-Stanton, 1986, 1990; Watson & McDaniel, 1998). For example, do families and communities know stories about past adversities and how they were overcome? Finally, we need to evaluate whether strengths and themes of resilience, rather than vulnerability, are being mobilized (Tuttle et al., 2004). Toward these ends, the Link Approach draws on a variety of assessment techniques designed to identify families' and communities' structures and histories and help elucidate resources. These include geographic maps, sociological maps, and maps that describe or elucidate family and community transitions.

In addition to the mapping methods mentioned above, the Link Approach also uses five Transitional Maps during the assessment phase. They are as follows: Transitional Genogram, Transitional Field Map, Multisystemic Level Map, Transitional Strategic Polarization Map, and Structural Pyramid Map. *Transitional Genograms* (Landau-Stanton & Clements, 1993), based on the original genogram work of McGoldrick and Gerson (1985; also see McGoldrick, Gerson, and Shellenberger, 1999), provide a detailed view of biological, life cycle, cultural, and geographic transitions over time, allowing one to identify intergenerational patterns of transitional conflict. The *Transitional Field Map* (used in both family therapy and community interventions) aims at mapping the biopsychosocial individual, family, and community across time (Landau-Stanton & Clements, 1993). It developed from Lewin's (1939) field theory, Engel's (1980) biopsychosocial system, and Landau's Transitional Family Theory. It is a schematic representation of a family or community's members, problems, resources, events, themes, and histories within every level of the network, including biological and individual psychosocial systems; natural and ancillary (artificial) support systems; and cultural and ecosystems. Saul's (2000) *Multisystemic Levels Map* (used in community interventions) examines in further detail the community events, sources of resilience, and potential response to loss or trauma (Landau & Saul, 2004). The *Structural Pyramid Map* represents all members of the family or community, including target individuals, family members, extended family groups, schools, neighborhoods, local authorities, political leaders, and professionals. Designing both the invitation to intervention and the interventions themselves with the use of this map helps ensure that everyone across the system is informed, that there are no secrets, that authority is given where needed, and that the intervention includes all potential change makers, capitalizing on their special skills and leadership (Landau, 2004).

The Structural Pyramid Map can also be used to illustrate how the three Link interventions (discussed in the next section of the article) specifically targeted at individuals (ARISE), families (LIFE), or community (LINC Community Resilience) are connected within the community and serve to build on one another. During the assessment phase, and in consultation

with the change makers and leadership of the community, the Structural Pyramid Map is drawn. Questions that are focused on in this phase include whether there is a clear invitation and who issued it, the preliminary goals and objectives of the invitation, and who is likely to be most helpful in implementing the intervention(s). The mission of the varying levels of the community is assessed and where the maximum motivation and support can be found. In some instances the Structural Pyramid has its peak at the top, and in others, the permission, authority, and invitation for the intervention emanate from the majority of the community members and the base is drawn at the top. In either case, it is essential to design the intervention(s) in a way that ensures permeation through all levels of the community.

It is rare for a community to identify a single goal, and generally the goals vary across the different strata or sections of the community. The aim is for the Links to create a matrix of interventions, support, and healing across the community. While constructing the Structural Pyramid, the goals usually become clear, along with which intervention is most appropriate for which goals and which levels of the community. In some instances, all three are implemented at one or different levels of the Structural Pyramid. For example, it might be necessary to work with Individual Family Links targeting individual community leaders to ensure their involvement and support if they are not yet motivated for a larger scale intervention, or Individual and Family Links might initially access the majority of a community whose culture dictates privacy and who would not welcome an outside consultant. These Links, working in a more private setting with individuals, families, or groups of families, are able to negotiate preliminary goals and achieve agreement about larger scale interventions. Implementing either the ARISE Model or Link Individual Family Empowerment (see below) can help in achieving these goals. In cases where the goals are agreed upon across the community and the requirements of motivation, support, invitation, authority, and permission are met, the larger scale LINC Community Intervention can be used from the beginning. In this instance, the other levels of intervention might follow as required and be selected by the community as a whole. In other words, the Structural Pyramid Map allows us to follow the needs and culture of the community to decide whether to start small (with ARISE and/or LIFE) or whether to start from the beginning with LINC Community Intervention. In this way, the Links are able to permeate the entire community, ensuring a matrix of healing and recovery.

LINK INTERVENTIONS: INDIVIDUAL, FAMILY, AND COMMUNITY LEVELS

Family Links—Targeting the Individual Level: A Relational Intervention Sequence for Engagement

Invitational Intervention: The ARISE Model can be helpful in working with families struggling with getting a loved one into treatment (or to continue with treatment or medication). ARISE is designed to work with families whose members are dependent on alcohol or drugs or are struggling with chronic or life-threatening illnesses, self-destructive behavior, or process and behavioral addictions, such as gambling, internet, sexual acting out, eating disorders, or compulsive spending (Landau, Garrett, et al., 2000; Landau & Garrett, 2006; Landau et al., 2004; Garret, Landau-Stanton, Stanton, Stellato-Kabat, & Stellato-Kabat, 1997; Garrett et al., 1998, 1999; Garrett & Landau 2006b; Stanton, 2004). Since the empirical study was done with substance abusers, this discussion will be limited to that population.

An ARISE Intervention begins the moment a concerned person phones or physically contacts an ARISE Interventionist or treatment program to request help in motivating a resistant loved one to enter or maintain treatment. During this first call, the ARISE Interventionist reassures the caller that there is a method designed for such situations and that he or she need not confront the situation alone. The Interventionist serves as the coach for this ''First Caller,'' or Concerned Other member of the substance abuser's extended support system, who serves as the Family Link. The goal of the First Call is to help the First Caller (Family Link) invite as many

significant others from his or her support system as possible (and the substance abuser) to a First Meeting designed to help motivate the substance abuser to enter treatment. By expanding the system to include other family members and natural sources of support, ARISE Interventions capitalize on the strengths and resources of the broader social network.

Similarly to other Link interventions, the ARISE Interventionist strives for treatment entry with minimal time and effort on his or her part and the majority of the work performed by the extended support system. If the substance abuser does not enter treatment during Level I of the ARISE Intervention (The First Call), the effort intensifies, with Level II (Strength in Numbers) sessions devoted to setting strategy, designing action plans, and determining others who might assist. If the substance abuser still does not enter treatment after a number of Level II sessions, a more formal Level III ARISE Intervention is undertaken. During a Level III Intervention, the network enacts specific, serious consequences for the substance-abusing person's behavior,

Table 2
Outcomes With the ARISE Method

		No. of cases	Percentage of total *N*
(a) Engagement ($N = 110$)			
Engaged in treatment		86	78
Engaged in self-help		5	4.5
Total engaged		91	82.7
	Stage	No. of cases	Percentage of total *N*
(b) Level of engagement ($N = 110$)			
Engaged	I	60	54.5
	II	29	26.4
	III	2	1.8
Not engaged*		19	17.3

*Includes three up-front refusals of ARISE.

(c) Length of time to engagement in treatment or self-help		
Days between Concerned Other's call and substance abuser's engagement in treatment or self-help	Median	7
	Mean	13.7
	Interquartile range	2–14
	Range	1–137
Cumulative engagement, by week, for those who engaged in treatment or self-help	1 week	50% ($n = 45$)
	2 weeks	76% ($n = 69$)
	3 weeks	84% ($n = 76$)

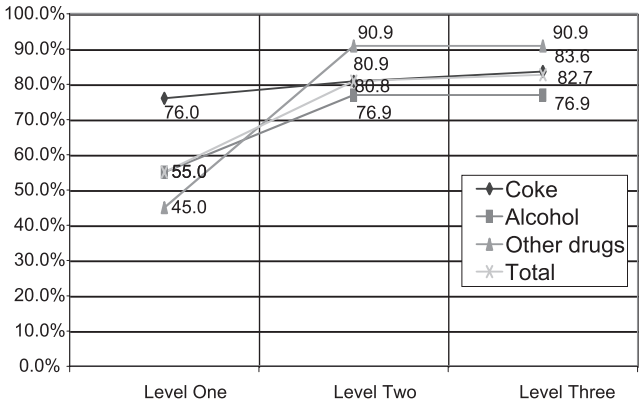

Figure 2. Cumulative engagement rates at each stage of ARISE, by primary substance abused.

Table 3
Link Intervention at the Community Level

Philosophy
- Involve all systems (individual traditional and nontraditional families, natural and artificial support systems, entire community structure)
- Engender belief in inherent competence of family and community
- Build an effective prevention/management context by collaborating across all systems
- Consider ethical and policy issues
- Achieve negotiated goals across entire prevention/management context
- Explicate and reconnect the transitional pathway
- Resolve transitional conflict and its consequences: achieve strengthening, trust, healing, continuity, and recalibration

Principles
- Involve all components of the community and as many people as possible
- Ensure representation of each layer of the Transitional Field Map
- Relate program directly to goals, future directions, and best interests of community
- Lead the process and help community to take responsibility for content and goals
- Ensure there is an invitation, authority, permission, and commitment from community
- The team is peripheral to the success of the program and the community
- Turn goals into realistic tasks and those into practical projects
- Build on existing resources

and lovingly, but firmly, insists on treatment entry. Unlike its predecessor, the Johnson Intervention, ARISE Level III Interventions, although very seldom needed ($< 2\%$ of ARISE cases), have a high level of success because they are invitational, gentle, and loving, and there has been no secrecy at any time. The substance abuser is fully informed and aware of exactly what will happen, or has happened, throughout the process. Unlike other forms of Intervention, the substance abuser remains connected with the family, thus enhancing the chances of a positive treatment outcome (Landau, Stanton, et al., 2004).

A recent trial of the ARISE Intervention through the National Institute on Drug Abuse (NIDA; Landau, Stanton, & Brinkman-Sull, et al., 2004—see Table 2) showed that 83% of substance abusers enrolled in treatment or attended self-help meetings following the Intervention. Half of those who entered treatment did so within 1 week of the initial call from a concerned family member or friend, and 84% did so within 3 weeks. ARISE Interventionists spent an average of less than an hour and a half coaching concerned friends and family members to mobilize their networks to motivate addicted subjects to enter treatment.

Preferred substance of abuse did not have any impact on engagement rate, or on the level of the intervention at which engagement occurred (see Figure 2; Landau, Stanton, & Brinkman-Sull, et al., 2004). The engagement rate did not differ across demographic variables, such as age, gender, or race.

Link Intervention Targeting the Community Level: LINC Community Resilience

The LINC Community Resilience model is a method for initiating and sustaining change in communities that have undergone rapid, untimely, or unpredictable transition or loss (Landau, 2002, 2004, 2005; Landau & Saul, 2004). A critical step in nurturing community competence is to help them find the resources that are naturally available (Hobfoll, 1998; Klingman & Cohen, 2004; Kretzmann & McKnight, 1993; Laor, 2004; Papadopoulos, 2002; Rojano, 2004). These include both tangible assets, such as community members who can contribute time, materials, skills, knowledge, or money to community-strengthening projects, and more intangibly, a sense of connectedness with one another, with the people who came before them, and with the daily patterns, rituals, and stories that impart spiritual meaning (Imber-Black & Roberts, 1992; Reilly, McDermott, & Coulter, 2003; Sluzki, 2003). LINC Community interventions deliberately highlight scripts and themes of resilience and connection, rather than of vulnerability and disconnection. The LINC model honors the resilience and competence of families and communities, while extending our limited professional resources, and reducing professional burnout.

Building community resilience is a three-stage process. The community is first brought together to share their transitional pathway, and then they select community links that can lead them to establish clear goals. These are turned into small workable tasks with committed work groups. Finally, the community completely takes over the process.

10,000 leaders for a change (Buenos Aires Province, Argentina): A case example. Following a lengthy period of severe political unrest and economic upheaval in Argentina in the late 1970s and early 1980s, a wide-scale survey showed an increased prevalence of addiction and HIV/AIDS and violence in Buenos Aires Province (urban and rural population 12 million). To combat these problems, health officials invited the first author to help develop a province-wide, community-based prevention and intervention program.

The first author and colleagues initially trained 36 Argentine professionals and paraprofessionals to use the assessment and intervention protocols of the LINC Community Resilience model. The team then developed pre- and postprogram surveys and applied the series of maps discussed earlier to assess demographics, attitudes and customs, family structures, and important community events.

Following this assessment, community forums were organized, each representing a comprehensive cross-section of the population (sometimes comprising as many as 6,000 people). Following LINC protocol guidelines, members of the community divided into small discussion groups, each representing a cross-section of the community. The groups identified strengths, themes, scripts, and resources available within the community, and discussed what the concept of resilience meant to them individually, and to their families and community. Subsequent analysis revealed that the words that emerged with the greatest frequency were *trust*, *faith*, *confidence*, *hope*, *loyalty*, *spirituality*, and *survival*.

Each group then developed overarching goals for the future, generally embracing those set by the ministry but also adding several of their own, linking their goals to the resources that they had identified and specifying how each resource would be applied to a small and easily achievable task devised from one of the goals. The groups then worked as collaborative teams to select their Community Links, people from within their own group that they trusted and with whom they could easily communicate, whom they thought would make good leaders, or links between their community and us as outside professionals. The number of Links depended in part on the size of the community. Smaller communities (i.e., those with a population of fewer than about 50,000 people) selected, on average, three or four Links, whereas larger cities (i.e., with a population of up to 1 million people) selected eight to ten Links, each of whom coordinated multiple projects.

Members of the collaborative teams then identified workable tasks from their goals and arranged work groups to achieve them. Some of the activities and groups catalyzed by Links in different communities in Buenos Aires Province included the following: a partnership of police, school personnel, parents, and community residents to expel drug dealers from the neighborhood; support of a preexisting formal organization, Padré a Padré, serving parents of children struggling with issues of substance abuse or addiction; an evening education program for literacy, business skills, and handcrafts; and a social group for children and families of the military to become integrated into the communities in which they were stationed. As just one example of the many indicators of positive system change, within two years, there was a 400% increase in the admission to treatment of young people struggling with alcohol or drug abuse, most of whom were brought to and supported in their treatment by family members. Follow-up 15 years later revealed that of the original 43 community programs in one community (La Matanza—1 million people), 37 still remained active. The mayor, who had only been in office for a few years, claimed responsibility for this. Neither he nor the community was aware of how the programs had actually started. Success belongs to the community, not to the outside consultant(s). Although the tools might be introduced from outside, the design and ownership of the program belongs within.

Link Intervention Targeting the Family Level: The Link Individual Family Empowerment Intervention

Link Individual Family Empowerment Intervention is an eight-session intervention directed at harnessing resilience by increasing positive connectedness to family and culture of origin, with the objective of reducing risk-taking behavior. It capitalizes on a belief in the inherent competence of individuals, families, and communities. The biopsychosocial perspective upon which LIFE is based provides a rationale and schema for considering different levels of human systems, stretching from the individual biological through the family to the community.

Based on Link Therapy (Landau, 1981; Landau-Stanton et al., 1982; Landau-Stanton, 1990), this model, similarly to Szapocznik's One Person Family Therapy (Szapocnik and Kurtines, 1989; Szapocznik, Kurtines, Foote, Perez-Vidal, & Hervis, 1986), employs a single family member to create a link between the counselor and the family. The target of the intervention is a family member, or members, who, under typical circumstances, would deny a counselor adequate entry into the family. The intervention was devised, in part, to enable counselors to work with families of multiple cultures, languages, structures, and those dealing with the process of transition from one to another.

Link Therapy is based on the assumption that the family knows more about itself and its culture than any outside intervener and that the family may not choose to admit outside helpers because of cultural or other barriers. Involving a family member not directly caught in the issues allows the outside professional to intervene effectively across diverse circumstances, given even limited knowledge. The professional can combine his or her conceptual schemata and

operational principles with the specific historic/personal and cultural information provided by a family. The collaborative system is, therefore, composed of two subsystems of "experts"—the family (expert on their structure, history, culture, and goals for change) and the counselor (expert on theory and means for bringing about change).

The LIFE intervention involves scanning the family system and working closely with them to select a change agent or Family Link (Landau et al., 1996). The change agent is rarely the person with the presenting problem. It also avoids the family's de facto self-selection process of nominating a symptomatic member, or a member most "upset" by the problem. The Family Link is selected through discussion between the counselor and the person who contacts the program (and occasionally, similarly to LINC Community Resilience, the extended family). The two of them construct a diagram of the entire extended family system, mapping not only biological ties but also subsystems and coalitions. Once these components are identified, they explore which individual(s) within the system is (are) (a) connected to all or most of the coalitions, and (b) respected by those coalitions. The Family Link needs to have the authority and flexibility to be able to contact and effectively communicate with different factions and members of the natural support network, while being regarded as not likely to get caught in, or polarized by, any of the family coalitions or arguments. The Family Link is in a far more powerful position than the professional, since he or she is already joined with the members of the system and is well informed about, and competent with, its values and culture, hopes and ambitions, fears and anxieties, and long-term goals. This process circumvents suspicion and mistrust, creating a pragmatic shortcut to effective intervention. This model is particularly effective in primary prevention, since the Family Link is able to monitor and encourage whatever directions and behaviors are selected for endorsement.

The Family Link is invited to meet with the professional to talk about what is happening in the family and to determine what might be needed to assist him or her in helping the family sort out its difficulties. The Family Link is usually relieved to know that he or she is regarded as competent. During the first Link session, a contract is negotiated with the Family Link to attend all eight sessions. Preceding each appointment with the professional, the Link is encouraged to conduct an extended family network meeting as well as a meeting with individuals and subsystems of the family to get a clear sense of where to head in the next network meeting. The professional provides consultation to the Family Link. The professional walks a fine line in working out the balance between consultation and investing the Family Link with confidence and authority. The use of a one-down position, humor, positive encouragement, and reframing diminish the professional's authority while elevating the position of the Family Link. Clear communication is critical.

Overview of LIFE procedures. As mentioned earlier, LIFE comprises eight sessions. The first six focus specifically on enhancing positive connectedness (Landau, Cole, et al., 2000; Tuttle et al., 2004), re-storying (see White & Epston, 1990), exploring intergenerational stories of vulnerability and resilience, and recreating ritual and celebration (Imber-Black & Roberts, 1992). The central idea is to change the themes of vulnerability in the family to themes of resilience. The last two sessions focus on the specific request, need, or problem of the individual, family, or community, or a prevention of a specific problem. The original pilot of LIFE was conducted with HIV-positive women serving as Family Links with the goal of reducing sexual risk-taking and HIV infection in their family members and support network (Landau, Mittal, Wieling, Tuttle, & Clements, 2006).

An outline of the LIFE sessions is as follows:

Session 1: Come join us: Show us your strengths—Rapport is established with the participants of the session. Goals for the intervention are identified. There is discussion on roles of family members and others in the support system; family strengths, resources, and values; belief systems; and cultural context/history. Lastly, a Transitional Field Map (see description above) is constructed.

Session 2: The Who's Who? Family maps—Following a review of the last session, a transitional genogram incorporating blood relationships and family structure is developed. The Family Link's homework is to collect family photographs and stories about earlier generations and bring them to the next session.

Session 3: Let Me Tell You the One About…Family storytelling—Information from the previous session is reviewed. The Family Link then shares the photographs and stories with the participants. Additions are made to the Transitional Field Map and the transitional genogram. Participants are encouraged to notice stories of family strengths and achievements such as overcoming obstacles, loving through difficult times, and using faith to survive through adversity.

Session 4: The Story Continues—Positive themes brought up in the previous session are reinforced. The Family Link then pursues conversation about stories of parenting and grandparenting and the support system's positive contribution to raising children. Participants then focus on identifying a particular event important to the family (happy or sad), exploring how things happened, how they felt about it, and how they would rewrite the story if they could. As homework, the Family Link is instructed to talk with as many members of the extended family as possible to get their perspective on whether they saw the event as positive or negative.

Session 5: Finding Our Way: The Paths Between People—The homework is reviewed and it is helpful to expect that it may be only partially completed. The Family Link should be congratulated on whatever is achieved and asked to describe the experience with particular emphasis on which members of the family saw the event as negative or positive. For those who were not asked, the Link is asked to imagine what might have happened had they been asked and how they would have reacted to being asked at all. These reactions are then diagrammed on a flip chart using the Transitional Strategic Polarization Map (Landau, 2007). This schematic represents the different positions of each member of the network, as well as the extent to which he or she would be prepared to shift his or her view to be able to reach, or understand, the perspectives of the other members.

The Family Link is then asked to discuss all this with absent members. The Family Link needs to explain that it is healthy for families to have multiple perspectives, because the balance between similarity and diversity provides the breadth to help families get through tough times, holding them together and making them strong. Homework also includes the Family Link's trying to connect all family members with one another. They are encouraged to choose a way of connecting past generations with future generations, for example by using photo albums, music, letters, seeds of plants handed down through the family, and other family treasures.

Session 6: Pass It On: The Family Story Continues—The focus of this session is to start developing a new family story that needs to acknowledges past struggles and successes and builds on the resilience that the family has shown through all the family stories that have come before. Participants are helped in choosing the best of the past and developing strategies for transmitting the information to future generations through themes of positive continuity and connectedness.

Sessions 7 and 8: These two sessions focus on the specific need or problem of the particular individual, family, or community that requested help. For example, as mentioned above, in the original pilot of LIFE, Sessions 7 and 8 focused on safe sex behavior and reduced sexual risk-taking and HIV prevention. They also included how family members and friends could participate in the enhancement of preventive interventions among other members of their support system and in the community as a whole.

The LIFE intervention has since been used in a number of situations, including HIV prevention, child abuse, domestic violence, addiction, cultural transition, and recovery from community violence and economic upheaval. The Links may function as individuals or groups. LIFE can take the form of a single-family, multifamily, or community intervention.

CROSS-CULTURAL CONSIDERATIONS FOR IMPLEMENTATION OF LIFE

LIFE can be applied cross-culturally with relative ease. However, culture-specific family rules and roles need to be considered. For example, in one of the first LIFE studies, the sample consisted of primarily Latina/o women and men. The goal of the LIFE intervention was to prevent the spread of HIV/AIDS in the immediate and extended family, and the neighborhood. However, considering Latina/o culture where family rules prohibit discussion of sexuality and sexual issues in mixed gender groups, these issues were talked about in gender-segregated groups with, for example, women Links being chosen to talk with women about sexual issues. Another example is of a LIFE intervention designed for use in Kosovo. In the Kosovo culture, children hold a special place in the society. Therefore, the LIFE intervention was focused on children to engage the adults in the community.

Typically, focus groups are conducted in communities before programs or interventions are developed. Some of the questions asked include (a) What issues are you concerned about with regard to families? (b) What are your goals for the future? (c) If you were making efforts toward meeting your goals, for whom would you be doing it? (d) How do you define families and social support in your community?

CONCLUSION AND FUTURE IMPLICATIONS

The Link Approach and the specific methods that developed from it provide examples of ecologically based, culturally informed, multilevel, and multi-informant systemic interventions to assist populations affected by mass trauma. These populations are vulnerable to developing a host of psychological, emotional, and relational disturbances, including the increased incidence of risk behaviors often associated with traumatic events. As described earlier, systemic interventions incorporating comprehensive biopsychosocial dimensions to assist communities after mass trauma are virtually nonexistent. Link is powerful in its ability to promote healing and reconnection by accessing inherent strengths within families and communities. We would argue that if more mental health professionals and paraprofessionals were prepared to assist families in identifying their own strengths and resilience posttrauma, the escalation of maladaptive behaviors, emotional and relational disturbances, and severe psychological symptoms could be prevented and/or ameliorated.

The authors are working collaboratively with an international group of scholars involved in communities affected by war and disaster, and with the resulting situations of mass trauma. We are currently designing a small-scale study to implement and test LIFE in some of these countries in order to develop solid and empirically based support for this approach. We know of no other group of family therapists currently undertaking this type of research with mass trauma. Our long-term vision is to collaborate with this team of scholars to develop a multiphased and multicomponent tiered system of intervention that integrates (a) an individual PTSD evidence-based intervention (b) a parenting intervention, (c) a family-level intervention(s) and (d) a community-level intervention. We believe that Link offers promise as the overall approach for guiding the family and community interventions.

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