One only needs to turn on the TV or radio to hear of yet another natural disaster or heart-breaking story. Thousands are impacted every day by traumatic experiences either first hand or by repercussion. Many of these individuals do not have the proper resources and support that would enable them to achieve healing and restoration.

We are on a mission to change this with MNRI.

**What is Post-Trauma and PTSD?**

*General overview of Trauma and PTSD:*

According to American Psychiatric Association, PTSD is defined as “a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, rape or other violent personal assault.” APA also states that PTSD is reported to effect on average 1 out of every 11 people in their lifetime. In addition, individuals suffering from PTSD may not have experienced trauma first hand: “PTSD could occur in an individual learning about the violent death of a close family. It can also occur as a result of repeated exposure to horrible details of trauma such as police officers exposed to details of child abuse cases”.

*Common Symptoms*

According to APA, there are four primary categories of symptoms:

1. Intrusive thoughts such as repeated, involuntary memories; distressing dreams; or flashbacks of the traumatic event. Flashbacks may be so vivid that people feel they are re-living the traumatic experience or seeing it before their eyes.

2. Avoiding reminders of the traumatic event may include avoiding people, places, activities, objects and situations that bring on distressing memories. People may try to avoid remembering or thinking about the traumatic event. They may resist talking about what happened or how they feel about it.

3. Negative thoughts and feelings may include ongoing and distorted beliefs about oneself or others (e.g., “I am bad,” “No one can be trusted”); ongoing fear, horror, anger, guilt or shame; much less interest in activities previously enjoyed; or feeling detached or estranged from others.

4. Arousal and reactive symptoms may include being irritable and having angry outbursts; behaving recklessly or in a self-destructive way; being easily startled; or having problems concentrating or sleeping.

*Recovering from Post-Trauma and PTSD*

For those who have suffered from a traumatic life event or experience, they understand that healing from such an experience is often as difficult as the experience itself. There is a saying that “time heals all wounds” but we know that this is not always the case nor is it often the best approach to achieving restoration.

The good news is that there is hope! Many have been able to achieve restoration through the support of loved ones and the aid of professional programs and specialists.
MNRI – A New Approach to Healing

The MNRI® method for addressing Post-Trauma and PTSD is a gentle, rapid and effective intervention modality that restores the integrity of the primary motor reflex patterns1 and drastically improves the course of recovery from traumatic stresses.

What does this mean? We utilize a non-revictimizing treatment approach that aims at re-establishing nervous system resilience for handling stress. As current research on PTSD has demonstrated, stress damages the subcortical structures of the brain resulting in automatic behaviors which cannot be affected by conscious processes like thinking and talking about thinking. Improvement in the control of impulsive reactions and overall resilience of the nervous system is less likely without direct work on the function of the Fear Paralysis Reflex pattern (the reflex most affected by trauma). The Fear Paralysis Reflex pattern, when serving for protection, helps to alleviate overactive territorial and self-preservation responses by reducing overwork in midbrain functions. Also called the Startle Reflex, the Fear Paralysis Reflex pattern is triggered by a sensory stimulus such as a sudden or loud sound, unexpected flash, or uncomfortable touch.

MNRI® is a tool that helps a person emerge quickly and safely from post-traumatic stress while at the same time ‘teaches’ the neurophysiological circuits how to maximize long-term survival and brain potential. This intervention modality is effective in changing neurophysiological issues that result in automatic responses like increased heart rate and blood pressure that are found in those affected by PTSD.

MNRI® has been successfully utilized by many individuals who have experienced Trauma including:

- Military personnel – Finding His Way Home: The Story of a Soldier Returning from War
- Police and Fire men and women
- Survivors of abuse and human trafficking
- Survivors of shooting massacres
- Those who have experienced natural disasters
- Those who have lost a loved one
- Adopted children

The MNRI method, which is non-invasive and does not re-victimize, has impacted both human and natural disasters including the:

- Chernobyl nuclear disaster 1986-1996;
- Baku conflict 1990-91;
- Earthquake in Armenia 1989-1999;
- Double train explosion in Ufa, Russia, 1998;
- Chechen War 1996-1999;
- Conflicts in Israel 2001-2005;
- Sandy Hook Elementary School Shooting
- Philippines earthquake and typhoon 2013
- Boston Marathon bombing 2015

MNRI videos:
Everyone’s a winner
PTSD video

Journal articles of MNRI addressing PTSD and the science behind it:

Flood Trauma Survival and Recovery Using MNRI Reflex Neuro-Integration Therapy
Post-Trauma Recovery in Children of Newtown, CT using MNRI Reflex Integration
MNRI offers effective interventions based on practical applications for the use of natural, genetic sensory-motor resources, that each person is innately born with, and affect the neurosensorimotor development which affects physical, motor, emotional and cognitive development for successful learning. The MNRI® Program is frequently called the ‘missing link’ by professionals from around the world when addressing neurologically based challenges. It synthesizes information on reflex integration, and places it in the frame of both higher and lower nervous system activity. These MNRI® concepts replace the traditional theory of reflexes as primitive survival responses that can become inhibited with normal development.

The MNRI® program is structured around the concept of reflex patterns as protective responses to stress and danger, as well as being the basic unit and the neuro-physiological foundation for higher level growth and development. The neurophysiology of a healthy nervous system is such that each reflex integrates on the sensorimotor level; a specific sensory stimulus causes a corresponding motor response. This precise link between the sensory and motor aspects of a reflex circuit through brain processing is genetically based.

The one effect that MNRI intervention approach to the treatment of post-traumatic stress offers is an approach that comes from the naturally given primary motor reflex circuits which offer each individual protection. Dr. Svetlana Masgutova, founder of the MNRI® programs, describes working with reflexes is like activating the underlying net system that serves as the infrastructure of a leaf or a building. A reflex is the informational unit for positive survival and gradual physical, emotional and cognitive development. In life-threatening situations these physiological circuits are blown out like a fuse meant to protect electrical wiring from too much current. To fully resolve post-traumatic stress, these non-invasive, non-revictimizing interventions allow the reflex circuits to function properly again. This intervention program can also be used with the spouses and children of the veteran suffering from PTSD.

The MNRI® Team.
Foreword

Charles Beadling, MD, FFAFP, IDHA, DMCC
Director, Center for Disaster and Humanitarian Assistance Medicine,
Uniformed Services University of the Health Sciences, Washington, DC, USA

I was deeply honored when Dr. Svetlana Masgutova invited me to write the Foreword for their most recent book, Reflexes: Portal to Neurodevelopment and Learning. It was also very humbling, as I am certainly a novice regarding Masgutova Neurosensorimotor Reflex Integration (MNRI®). My clinical background is primary care, military medicine, and, for the past 15 years, disaster medicine. That led to my introduction to MNRI® as I was organizing an international conference on disaster risk reduction. An experienced communication science and MNRI® Specialist, Marie-France Renaud (Canada), provided input to our Psychosocial/Mental Health and Building Community Resilience work group.

I had the opportunity to observe Dr. Masgutova and her team of Core Specialists in action during a Conference for children with a variety of neurodevelopmental challenges. Hearing the first-hand experiences of Shannon Desilets, Core MNRI® Specialist (USA), that provided therapy for the families victimized by the Sandy Hook school shooting in Newtown, Connecticut, was incredibly transformative. Shannon exuded a level of compassion often missing in traditional western medicine. It was such a privilege to meet and learn from Shannon and also Pamela Curlee.

Watching children break through walls of isolation and engage with their therapist during the MNRI® Family Conference was remarkable. More remarkable was watching the parents exuberantly express the joy and relief they felt when they witnessed these changes in their children. These parents traveled cross country to get the only therapy that helped their children. I live in a world of evidence-based practice and welcome this book as a step in providing that for MNRI®.

The book begins with the theory of reflex integration. Dr. Masgutova developed this program over decades, beginning with helping traumatized children following the Ufa train catastrophe and then the nuclear disaster in Chernobyl. The understanding of normal reflex integration, and reflex integration disorder, evolved by her treating victims of a series of other disasters. The first section ends with a discussion of the neurophysiological basis of MNRI®.

The second section captures scientific research, or the evidence base, for MNRI® therapy. The effectiveness of MNRI® with functional disabilities like cerebral palsy (CP), and genetic disorders such as Down syndrome, is discussed. Studies that examined a variety of diagnoses, from dyslexia to immunological problems provide depth to this evidence base. The third section examines the systemic application of MNRI® and the exploitation of technology in a computerized assessment.

The diverse application of MNRI® is demonstrated in the fourth section, a compilation of case studies by
Core Therapists and Core Specialists in Training. Common and uncommon problems, from autism to selective mutism, are covered. Even the use of MNRI® following stroke is discussed. This section brings out the unique perspective of each therapist and their individual application of the theories of MNRI®.

Medicine is often described as ‘Art and Science.’ The first sections address the science showing clear evidence that MNRI® is effective for a variety of issues from Down syndrome to autism to CP. Section five is the heart and soul, or ‘Art’ of MNRI®. These last sections provide the perspective of the “Winners:” children, parents, and specialists. The difficulty with this perspective is it is ‘anecdotal.’ One success is not predictive of success in other patients. However, when coupled with evidence from the scientific research given, we see from these stories how this therapy impacts real people. As a primary care physician, I see the challenge before us is to get enough trained specialists mainstreamed to work in hospitals, schools, prisons, the military, and homes where these people need the help. The stories of these parents and MNRI® specialists are impressive and it is the science behind it that shows that it is clearly effective. We need to spread the word of the restoration available through the MNRI® program and continue to capture scientific data to prove its effectiveness.