

MANUAL FOR TRAUMA-COUNSELLING

Dr.in Christa Pölzlbauer

Vice-President of the Austrian Association of
Psychologists and Psychotherapists (2000)

AFRICAN WOMEN'S ORGANIZATION



AFRICAN WOMEN'S ORGANIZATION
against female genital mutilation

Prepared by the African Women's Organization
as the Austrian partner organisation
for the EU-AMIF Project
„LIREA - Life is reborn from the Ash“



AFRICAN WOMEN'S ORGANIZATION

Schwarzspanierstraße 15/1/2
1090 Vienna
Austria
office@help-africanwomen.org
www.help-africanwomen.org



MANUAL FOR TRAUMA-COUNSELLING

Dr.in Christa Pölzlbauer

Vice-President of the Austrian
Association for Psychologists and
Psychotherapists

(Vienna, 2020)



„Manual for Trauma-Counselling”

Background information

Content:

I. Introduction	5
II. Goals	6
III. Geneva Refugee Convention	6
Asylum application in Austria according to oesterreich.gv.at	7
IV. Traumatization	11
What is a trauma	11
Trauma - manifestations	12
Trauma Consequence Disorder (PTSD)	13
What circumstances or conditions can mitigate traumatising experiences	14
Depression	17
V. Psychotherapy	20
What traumatised refugees need in advance or additionally	20
Dealing with one's own resources - self-care	26
Exercises for refugee workers	26
VI. Bibliography	30



I. Introduction

If we want to understand refugees, we have to consider many aspects of their sad history. Not all behaviour is due to cultural and religious differences, but is often an expression of the trauma they have suffered on their terrible journey to reach us. Children lost parents, were often abused, young people had to watch friends being abducted, sometimes experienced violence themselves, women were fair game for rape and many men lost their homes, farms and families under dramatic circumstances.

We, the post-war generation in Austria/Germany, cannot imagine the extent of this suffering. Perhaps this is also the reason why it is possible for some parties to make political change with fear-mongering and incitement – on the backs of the poorest of the poor. It is outrageous when we consider, on the one hand, the horrors of flight and, on the other hand, the injustice of the populist sayings.

However, the strong refugee movement in 2015 and 2016 also brought many volunteers on the scene. Particularly committed people are still there and stand tirelessly by the side of desperate people. They are the heroes of our time, they have to endure a lot of headwind, but above all they have to bear the despair and powerlessness of the homeless.

Based on their experiences and various reports, this manual lists some aspects of traumatisation and ways of dealing with them sensitively for those who want to help refugees in the future. The most important thing is a respectful encounter at eye level – always bearing in mind that these are people who have largely been through hell.

Sometimes it helps to think about how we would want to be treated if we were – for whatever reason – in the same situation. Or – how would we want our children to be treated in case of flight.



II. Goals

The description of the Geneva Refugee Convention is intended to recall the humanitarian care of the post-war period. Under the shock of the two world wars, humanitarian intentions were strong and resulted in the international treaty.

The description of the process of applying for asylum in Austria brings home to us the difficult journey of refugees who think they are in a safe country but still have the arduous journey of bureaucracy ahead of them. The agonising uncertainty of whether they will be allowed to stay accompanies them for the following months, often years.

The description of the traumatisation that, according to various specialist literature, between 40 and 70 percent of refugees suffer, runs as a red thread through the manual.

It is important to be able to distinguish whether a mentally impaired refugee can cope with counselling and care or whether psychotherapy is indicated.

With the help of exercises and theoretical considerations, helpers should be given a tool to cope with their often difficult task. The empathy exercises and the conversation exercises are offers for the helpers to sharpen their ability to empathise. The relaxation exercises, on the other hand, can be useful in working with the refugees, depending on their needs and understanding of the language.

Finally, vigilance should be directed towards one's own strength, the danger of burnout and the possibilities of relaxation.

III. Geneva Refugee Convention

Article 1 of the *Geneva Refugee Convention* of 1951: In the spirit of the *Universal Declaration of Human Rights* of 1948, this international treaty explicitly uses purely personal and social reasons as legitimisation for flight, namely „persecution on grounds of race, religion, nationality, membership of a particular social group or political opinion“. However, this does not include all external circumstances, such as natural disasters or war, and material personal hardship, such as famine or serious economic problems.



Today, however, different ecological, economic and also political aspects can play a role in the motives for migration or flight.

„Economic refugee“ is often used as a pejorative term for refugees from poverty or misery and is one of the frequent linguistic devices to deny refugees the necessity to flee and to accuse them of abusing the right to asylum.

- Since the amendment „Asylum for a limited period of time“ (in force since 1 June 2016), persons whose asylum application has been positively decided (persons entitled to asylum) are initially granted a limited right of residence for three years. If the conditions for initiating a revocation procedure are not met, the right of residence is unlimited by law.
- However, if there is a significant, permanent change in the specific, in particular political, circumstances in the country of origin of the person entitled to asylum, or if there is another reason for withdrawal (e.g. final conviction for a serious crime), a withdrawal procedure must be initiated immediately and the status of the person entitled to asylum must be withdrawn by means of a decision.
- Persons entitled to asylum are legally recognised as refugees and have full access to the labour market as well as the possibility to apply for a convention passport. A foreigner is considered to be an asylum seeker during the asylum procedure from the time of application until the final decision.

Asylum application in Austria according to oesterreich.gv.at

An application for international protection („asylum application“) can only be filed domestically and, as a rule, only in person.

People applying for protection in Austria can file an asylum application

- at any police authority or
- any police officer.

As a rule, the following are used

- fingerprinted and checked for previous asylum applications.
- a search of the person is carried out and any evidence is seized.
- an initial interview is conducted.

As soon as an asylum application has been filed, there is usually de facto protection against



deportation, which means that until a decision is made on this application, residence in the federal territory is permitted.

Initial recording

- People who approach a police authority or a police officer to apply for asylum are first interviewed by the police officer. On the basis of this initial interview, the staff of the BFA will make a prognosis decision. Depending on the decision, the asylum seeker is either brought to an initial reception centre or is allowed to travel free of charge to a specific federal care facility (distribution centre). The asylum application is deemed to have been submitted with the decision on the prognosis.
- Subsequently, the admission procedure begins or, after the admission procedure has been completed, the substantive asylum procedure.

Temporary asylum

- Since the amendment „Asylum for a limited period of time“ (in force since 1 June 2016), persons whose asylum application has been positively decided (persons granted asylum) are initially granted a limited right of residence for three years. If the prerequisites for initiating a revocation procedure are not met, the right of residence becomes permanent by operation of law.
- If, however, there is a significant, lasting change in the specific, in particular political, circumstances in the country of origin of the person entitled to asylum or if there is any other reason for withdrawal (e.g. final conviction for a serious crime), a withdrawal procedure must be initiated immediately and the status of the person entitled to asylum must be withdrawn by means of an official decision.
- Persons granted asylum are legally recognised as refugees and have full access to the labour market as well as the possibility to apply for a convention passport. A foreigner is considered to be an asylum seeker during the asylum procedure from the filing of the application until the legally binding decision.



Subsidiary beneficiaries of protection (subsidiary protection)

- Subsidiary protection is granted to persons whose asylum application has been rejected for lack of persecution, but whose life or integrity is threatened in their country of origin. They are therefore not entitled to asylum, but receive temporary protection from deportation.
- Persons eligible for subsidiary protection have a right of entry and residence in Austria. In particular, they are allowed to stay in Austria, have full access to the labour market and the possibility to apply for an alien's passport if no passport of their own country of origin can be obtained.
- The status of the beneficiary of subsidiary protection can be extended (under certain circumstances also several times) if the prerequisites for it continue to be met when the time limit expires. When subsidiary protection is granted for the first time, it is granted for one year; when it is renewed, it is granted for two years. Under certain circumstances, the status can be withdrawn (e.g. because of a crime).
- A later change to permanent residence – EU is possible if all conditions for granting the status are fulfilled.

Legal advice

- In the asylum procedure, it is possible to take advantage of free legal advice. In the case of certain decisions, legal counsellors are provided ex officio to assist, for example, in lodging complaints.

In the admission process:

- Every asylum seeker must be provided with a legal counsellor free of charge during the admission procedure, in principle in case of a planned rejection or dismissal of the asylum application. With regard to unaccompanied minors, the legal advisor is the legal representative of the minor until the end of the admission procedure and is present at every interview of the minor or may be required to repeat the initial interview in the presence of the legal advisor.



In the admitted procedure:

- There is no entitlement to legal advice in the admitted asylum procedure. Within the framework of funded projects, however, advisory support has been set up at the regional directorates. The legal counsellors working there advise asylum seekers free of charge within the scope of the agreed weekly hours and provide support in the involvement of interpreters.

In appeal proceedings before the Federal Administrative Court:

- In all appeal proceedings against decisions of the Federal Office for Migration and Refugees – with the exception of cost decisions or the submission of files in the context of a default appeal – legal counselling is provided ex officio.



IV. Traumatization

Most people do not like to leave their homes. In uncertain times, people cling to their own supposedly protective environment for a long time, full of hope. Only when the circumstances in one's own home become threatening, one experiences violence or has to fend it off, is the departure inevitable. But this does not end the danger and the traumatization – the journey and the arrival in a safe country also cause many physical and psychological wounds.

Traumatization thus takes place:

- BEFORE THE FLIGHT
Experiences in the home country; war, violence, expulsion ...
- DURING THE FLIGHT
Dramatic experiences of flight
- AFTER THE FLIGHT
Uncertainty, devaluations, fear of deportation, inactivity

What is a trauma

Definition of traumatic event according to DSM IV

The traumatic event involves the direct personal experience of a situation involving death or threat of death, serious injury, or other threat to physical integrity, or witnessing an event involving death, injury, or threat to physical integrity of another person, or witnessing the unexpected or violent death, serious suffering, or threat of death or injury of a family member or loved one. The person's reaction to the event must include intense fear, helplessness or horror.

Definition of traumatic event according to ICD 10

A distressing event or situation of extraordinary threat or catastrophic magnitude that would cause deep distress in almost anyone. This includes a disaster caused by natural or man-made events, an act of combat, a serious accident or witnessing violent death or being a victim of torture, terrorism, rape or other crimes oneself.



In a traumatic situation, it is usually not possible to escape. The traumatic situation triggers powerlessness and intense fear. A traumatic event is beyond what people expect and exceeds the coping strategies we have at our disposal. It therefore also shakes our trust in the world and other people, changes our world view and self-image.

There are different types of traumatic events. The effects vary depending on whether it is a natural disaster or man-made violence, whether the event is one-time or repeated traumas.

Trauma - manifestations

Traumatising experiences are differentiated into two types:

- Type I trauma: one-off traumatic experience, such as accident, natural disaster, etc.
- Type II trauma: frequently ongoing or repetitive traumatic experiences, such as torture, abuse and so-called „man-made disasters“, they often result in profound and severe disorders or psychological problems.

The following objective situational factors can occur individually or in combination – classification according to Bonnie L. Green (1993):

- Threat to life and limb
- Serious physical harm or injury
- Exposure to intentional injury and harm
- Confrontation with mutilated human bodies
- Violent or sudden loss of a loved one
- Observation of or information about violence against a loved one
- Information about being (having been) exposed to a harmful environmental stimulus
- Being at fault for the death or serious harm of others



Emotional consequences of psychological trauma

Subjective reaction tendencies as a consequence of trauma – Five dimensions of psychological trauma

1. Negative intimacy: after experiencing sexual violence, after torture. Feeling of humiliation, defilement, disgust, nausea
2. Near-death: recurrent fear of death
3. Fear and arousal: certain triggers are reminiscent of trauma, trigger strong fears
4. Loss or robbery – through violence – particularly traumatising
5. Victimisation: victim no longer trusts himself or herself to do anything

Particularly severe damage occurs with the following characteristics

- Long duration
- Frequent repetition
- Violence by other people, esp. sexual violence, torture
- Violation of physical integrity

Trauma Consequence Disorder (PTSD)

Type and frequency

- Not every traumatic event results in a trauma sequelae disorder (PTSD) (PTSD = post-traumatic stress disorder).

The likelihood of suffering post-traumatic stress disorder varies according to the type and frequency of the following experiences: War, abuse as a child, rape, dramatic flight experiences, torture, displacement, etc.

Four monsters of degradation according to Baer and Frick-Baer

Part of the emotional consequences after trauma is the degradation of those affected. Often these are people who have lived a completely normal everyday life and are suddenly – as if out of nowhere – confronted with violence, displacement, loss. There is no possibility of escape, one is exposed to the fate of horror. This powerlessness in the face of the



perpetrators of violence and subsequent helplessness in a foreign country also causes a feeling of humiliation and degradation.

- Shaming – Violent transgression of the intimate sphere = violation of the dignity of the victim of violence
- Degradation, humiliation, violent oppression
- Violence – physical and emotional injury; wounds heal only slowly; sexual experiences of violence – act of humiliation
- Falling into emptiness – Emotional and social emptiness; being alone afterwards

Result: Degraded self-esteem

What circumstances or conditions can mitigate traumatising experiences

- Stable history of the affected person
- Psychological strength
- Only single or short traumatising experience
- Adult versus childhood experience
- Supportive environment
- Social recognition
- Meaningful everyday life

Empathy exercises: Association - Information - Empathy

Empathy exercises to sense the worries, the feelings of powerlessness and the dramatic issues of the refugees' past and to increase the understanding and sensitivity of the lay helpers.

Empathy exercise on the topic: **Before the flight**

Exercise (1)

- Collect associations of the participants about the possible situation in the countries of origin (harmful traditions, persecution, war etc.) from reports of experiences, information;
- Flipchart – collect short version – should be visible for all;



- Comprehension questions and time for discussion; supplement with information;
- Empathy exercise – one of each of the situations collected – „I imagine ... how it feels, what do I see, what do I hear, what do I fear, how do I feel ...“

(Fantasy journey - if bearable for the group)

Empathy exercise on the topic: During the flight

List reports, associations, information – flipchart

Memories of escape bring strong feelings: mistrust, anger, hatred, grief, paralysis, restlessness and shock after the struggle for survival. Depending on the experience, they are so profound that in many cases they have to be repressed. Many victims are exhausted and disoriented for a long time.

Empathy exercise: How would I feel – what could help? What measures would I need to make memories more bearable:

- **Fantasy exercise (2):** we put ourselves in dramatic situation ... crossing the border, hiding, hunger, thirst, violent experiences ... fear of the other refugees, fear of being discovered; then finally in a safe country – how am I doing - **what do I need?**

List:

Security, quiet understanding, patience, always being brought back to the here and now; no questioning, no patronising, calm and relaxed encounters. Attention and empathy are tangible for the suffering person, even without words.

Empathy exercise on the topic: After the flight

List fears of everyday life; devalued, misunderstood, disoriented; everything is foreign; existential fears, fear of deportation; worry about relatives; discuss testimonials.

Empathy exercise:

Exercise (3): What feelings would I have if I were a refugee in a foreign country – (ranking: 1-10... disorientation, insecurity, fear, etc.)?

How would it feel to have lost everything, perhaps even loved ones;



How would it feel to be dependent on help from others?

How would it feel to be speechless?

How would I like to be treated?

If possible, do three exercises at intervals to avoid emotional exhaustion.

Symptoms of post-traumatic stress disorder (PTSD)

Avoidance of trauma-like stimuli in action and thought

Re-experiencing the traumatic event in the form of uncontrolled thoughts, images (so-called intrusions or flashbacks)

Numbness to other people and sensations (numbing, depersonalisation, derealisation)

Over-excitement (hyperarousal): trembling, sweating, racing heart, jumpiness

In addition to PTSD, the following complaints may occur:

(often with a time delay)

- Adjustment disorder (e.g. excessive demands in everyday life)
- Anxiety disorders
- Depression
- Dissociative disorders (e.g. blanking out, „being beside oneself“)
- Somatoform disorders (physical complaints without physical causes)
- Burn out
- Substance abuse
- Eating disorders
- Sleep disorders, nightmares

Since depression is the most obvious complaint of the refugees, it will be discussed in more detail below.



Depression

Depression is an illness that prevents individuals to handle situations in their daily life. It affects their feelings, actions and thinking which includes their family and social life , jobs and all other social relations.

Depression has a lot of symptoms which occur regularly and frequently daily. These include: depressed mood and deep sadness, emptiness, hopelessness, lack of interest, sleeping trouble or over sleeping, lack of energy, feeling of worthlessness, lack of concentration, isolation, discouragement, feeling of uselessness or remorseful, easily distracted, and in extreme cases contemplation of suicide.

Depression has a variety of causes. *In our context, we are talking about depression as a consequence of traumatic experiences before, during and after the flight. The great emptiness after the loss of home, friends, family and job and the impossibility of finding a foothold in the new country can trigger a feeling of powerlessness and even depression.*

There is no age limit for depression. It can start in childhood. One reason may be that the child did not grow up in the right atmosphere at home or the community, for example, missing parents. The child may have encountered uncomfortable and discouraging situations in school such as poor grades, bullying, poor teacher's attention. When a child suffers from depression, one symptom can be that he won't talk about his problems since he cannot articulate what he is suffering from and at his age he will probably think that there is no treatment to his problem. In such cases the child needs treatment depending on the degree and type of depression.

Older people may have a depressed mood for various reasons, for example, unemployment, marital problems, poverty, low self-esteem, comparing oneself with others who are well off, etc.

Depression Treatment

When people suffer from depression, they often believe that they are the victims and helpless as well as believing that depression cannot be treated and cured. They also believe that everything in life is pointless and this world is not good for them and everything is dark for them. They worry a lot. A depressed person ignores others and also quarrels with others without causes including those close to him. If the consciousness of a person with depression dictates him to do something dark , he will. Criticism or arguments by family or community members may spark depression.



Understanding the character of depression and controlling it from the onset is fundamental to treating depression. Therapy is one treatment which helps to understand the problem and help solve it through the change of thinking – positive thinking. If a person accepts voluntarily that he is depressed and seeks treatment with family and community support will help to reduce the depth and frequency of the depression.

A person who is depressed must be assisted to analyse the problem and to present appropriate measures leading to a solution of the problems. Additionally, they must see what a depressed person's condition are and what they are going through. They should be assisted to get all alternatives leading them to normal life. They should be provided with professional advice and necessary assistance. Especially, they must be assisted by psychotherapists, medical doctors and their family members.

In general the treatment of depression includes various options. The first one is medication, that is then use of anti-depressant as instructed and controlled by medical doctor. One should not be totally dependent on medication. The other treatment is psychotherapy consists of understanding the core problem and finding the appropriate solution to change the individual's way of thinking about himself and others. In addition to these treatments the individual must help himself, for example the following are some of the things he may try out.

a) Social activities

One symptom of depression is that the depressed person doesn't interact with others and does not participate in social and family activities. He often isolates himself. When a person is depressed he worries about everything in life. For example, if his friends notice that he is depressed, he tries to avoid them as much as possible. This may lead to worsening of the depression. A depressed person should not be left alone, and should not be treated as an outcast or be isolated. When a depressed person spends time with his true friends, it helps to do away with depression or greatly reduce the gravity of the problem. A depressed person cannot endure or handle difficult situations. Therefore, friends and family members can help in facing the problem.

b) Sleeping and depression

Most of the time, a depressed person is negatively affected by over-sleeping or under-sleeping . Instead of sleeping during regular resting hours, a depressed person cannot sleep because of over-thinking and worries. If he does not sleep well , he gets concerned that he won't be able to handle the next day. Sleeping cannot be forced. To be able to sleep one must be relaxed, free from mental burden and worries about life. The lack of sleep will lead to physical weakness, headaches, etc.



c) Family and friends support

One of the non-medical treatment is the support provided to a depressed person by family members and friends. Severe depression makes a person unable to help himself and therefore he feels hopeless. In addition, he thinks that he can never recover from the depression and that there are no treatments. A depressed person feels lonely and rejected and therefore isolates himself. It is under these situations that the support of family members and friends have a major role to play. He must be shown that he is part of them and encouraged to get treatments. It is also necessary and important to give him attention and listen to him, and approach him with empathy and friendliness. Depressed people have the possibility of committing suicide in extreme cases. It is essential to encourage them to consult professionals for appropriate treatment.

Depression can be treated with medication and psychotherapy. The support given by family members and friends is also important. It creates confidence in the individual.

Distinction between volunteer help and psychotherapy

The distinction between the areas of work is particularly important with regard to the effects for the people being cared for. This means that for severely traumatised refugees, psychotherapeutic treatment would be necessary and hopefully also possible. Volunteers can do good preparatory work, but should also be aware of their limits so as not to open up deep wounds and injuries.

Volunteering or psychoeducation:

Provide valuable help, language courses, visits to authorities, give support, are available for respectful contact and discussions; are appreciative, give security, stabilise, reassure and much more.

They explain – if necessary – traumatising, symptoms, possible consequences.



V. Psychotherapy

Coming to terms with the traumatic experiences

Dimensions of treatment

- Sense of security
Requires a lot of patience; good preparatory work by lay helpers of great benefit; shortens this phase;
Affect regulation – suicidal thoughts, autoaggression, explosive or inhibited anger; resource activation
- Processing of traumatic memories (trauma confrontation)
- Integration, mourning for lost things, reorientation

Goals of psychotherapy

- Regaining self-esteem
- Stability and security
- Saying goodbye to the past, looking to the future
- Confidence in being able to cope effectively with crises
- Feeling upgraded because trauma has been overcome
- Feeling closer to the community
- Creating own goals, priorities and values
- New sense of purpose

The important help of volunteers What traumatised refugees need in advance or additionally

Safe accommodation, social environment, language course, work. Safety, protection, security, information, orientation, human encounters at eye level ... as well as:

- Structural clarity
- Security
- Sensitive handling
- Successful encounters and good conduct of conversations



Structural clarity

- **Binding rules** – after the dramatic months and years, clear rules are like handholds;
Exercise (4) – Movement exercise: wandering around with eyes closed, looking for orientation
- **Clear responsibilities** – reinforces feeling of security; can rely on promises; also orientation aid
- **Time structure** – brings order, stability, feeling of sense orientation, task fulfilment
- **Daily structure** – rhythmic security, possibly anxiety reduction
(but be careful – friendly information about structures, no arrogant paternalism)

Security - from person to person

- **Creating an atmosphere of appreciation**
How do we create a natural, open, respectful encounter?
How would I like to be treated in his/her place?
Exercise (5): „In each other's shoes“ - two persons each
- **Showing feelings** – affection, concern, silence, tears
- **Authenticity** – honest attitude; good and bad feelings, stress, tiredness, no falsehoods; refugees are highly sensitive;
„How are you, how am I“
- **Talking and being heard** – active listening; **Exercise (6)**



Sensitive handling

- Respectful treatment – we are dealing with traumatised people; **they are normal, the circumstances were and are not normal**; they have experienced more than our imagination allows;
- Accompany them, don't leave them alone – dramatic circumstances have made them very insecure; sometimes they need explanations, not paternalism;
- Take seriously, do not trivialise; if there is a need to talk, openness and empathy are important; if appropriate, explain trauma sequelae;
- Understand mistrust; if necessary and possible – offer referral (e.g. to psychotherapist);
- Understand the increased stress level while waiting for the asylum decision;
- Look for stabilisation possibilities together - sports, learning, cooking, making music, other activities – Exercise: brainstorming, report on experience.

Successful encounter

Traumatisation can affect many areas of everyday life. Traumatisation could be the cause of many disruptive behaviours. Irritating and annoying reactions or concentration problems and forgetfulness in language lessons as well as unpunctuality can indicate trauma-typical symptoms. For others, incomprehensible behaviour and different priorities can be explained by cultural differences.

In any case, it is our task to allow the homeless people their dignity and to treat them with respect.

Accordingly, we want to take an interest in them and be particularly empathetic, non-presing and respectfully curious about the culture of the person we are talking to.

Meeting person to person, as we would wish for ourselves in such an uncertain situation.

Showing empathetic behaviour that is borne of sincere and empathetic humanity.



Being genuine also means: If I feel helpless in a situation, I can also communicate this to my counterpart.

Focus on the present and the future – important! The past is often an emotional minefield.

Conversation management

What should we pay attention to?

- Interpreter – how do we get along, how much is trust possible or disturbed?
- Active listening – is a basic prerequisite for understanding dialogue.
Exercise (7) – verbal and non-verbal signs of active listening; two-way exercise – narration – active listening; feedback
- Understanding body language; using body language actively will be needed more often when verbal communication is not possible due to language problems. Body language is much better understood than assumed. Benevolent or negative attitudes can be sensed and understood.
- Positive and negative body language signals: facial expressions, gestures, eye contact, attention

Good versus bad conversation

- Brainstorm: Field report; examples, stories
- **Exercises (8)** Analysis of unsuccessful conversation situations (picking at wounds, persistent questioning, disinterest, demands, inappropriate joviality, vehement demands for performance etc.)
- Which communicative situation does good, which hurts / examples?
- What matters – list small gestures of friendliness, unfriendliness
- What exactly did not go well in a bad conversation?
- What was felt, how was the body language?
- What do I need, what can I give?



Stay in the here and now

Avoid stressful topics; only when there is a basis of trust will some refugees want to talk about their terrible experiences, if their language skills permit. Respectful listening is a matter of course in this case.

Otherwise, however, we as helpers must remain in the here and now in order to avoid flashbacks. In this way, we want to convey that at least now and in everyday life everything is fine and there is no acute danger. With this feeling of current security, we want to let them gradually feel their own strength again and accompany them in taking small steps towards self-confidence.

We can offer different activities and pay sensitive attention to which ones might suit whom:

What can the person need, what can I give as a refugee helper, what possibilities are there in our environment at all?

Discuss with the person being cared for - honestly and in an explanatory way.

Body-oriented activities (sports, yoga, dance, hiking...). Young people in particular need sporting activities.

Supra-cultural activities (cooking, making music) – in this respect, a lot can be organised in the environment; there is more willingness to help than assumed; cooking and joint celebrations are particularly helpful for cultural rapprochement and reducing fear.

Exercises that can help to stay in the here and now or to master everyday life.

Respect for fellow human beings demands that the meaning of exercises be explained as far as language allows. But the body language explanation – perhaps with a little humour – is also appropriate.

In the case of flashbacks (the emotional immersion in remembered dramatic experiences from the past), it is useful to respond patiently to the person in the sense of reorientation. We need to gently bring the person **back to the present**:

Address them by name, call their own name, ask if they can hear me, if they know where we are, what they see in the room. Ask if touch is allowed, if not, perhaps put an object in the person's hand; explain what it is; gradually get up, walk around the room, drink water;



topical questions: what day is it today, where are we, etc.? Always think, the head knows, but the feeling may not yet know.

Exercise (9): 54321 – Bringing attention back to the present

Further exercises for relaxation and to release stressful memory images:

Exercise (10): Breathing exercise

Exercise (11): Relaxation exercises

Exercise (12): Movement exercises

Exercise (13): Mindfulness exercise (describe perceptions in the here and now; what do I see, what do I hear, what do I feel etc., meaning of exercise must be explained: Training to focus on the present

Exercise (14): Finding resources

Content orientation

Conversations on the following topics are always necessary in the sense of **supervision or intervention**:

- The limits that are set for us
We help according to our possibilities and are aware of the limits that are set legally and politically. How are we doing with them?
- Beliefs, attitudes
Our imprints, our way of coping with everyday life, everything that has socialised us, is often in contrast to the priorities we experience in the refugees; for example: how important is punctuality or cleanliness for a person who has escaped hell?
- Religiosity – What are our attitudes towards it; what about our own religiosity; what is tolerance?
- Cultural differences – Which ones have we noticed? Which ones are helpful, which ones can be disturbing in everyday life here – how do we deal with them?
- Future orientation, plans, own motivation
Discussion – **Exercise (14)**



Dealing with one's own resources - self-care

Recharge your batteries (discuss various possibilities)

Where can I relax, with whom can I exchange; what sources of strength can I find for myself in everyday life (walking, sports, coffee house, music, various hobbies, etc.); in order not to burn out, it is especially important for people who work extensively with refugees to consciously look for sources of strength. No one is helped if we succumb to burnout.

Being able to let go: In the interest of one's own mental hygiene, care must be taken to consciously block out the dramatic fates in one's private life. This is not easy, but it is important. We must remember that we also have our own private life and that this should also be a source of strength – but only if I can switch off.

Exercise (15): Gain distance, establish rituals, let go consciously

Exercises for refugee workers

At the beginning of each exercise or afterwards, it is useful to explain to the participants why the exercise is being done.

E.g. the empathy exercise is about us helpers (only rudimentarily) thinking ourselves into to think and feel our way into the situation of refugees – in order to internalise the necessity and importance of a sensitive approach.

1. Empathy exercise

Collect reports and experiences of refugees in the group; summary on flipchart; **discussion**;

Course leader must assess whether additional **empathy exercise** is appropriate. Consideration for particularly sensitive course participants or if most of the helpers were once refugees themselves.

Empathy exercise: Selection of a report for empathy exercise

With the eyes of the seminar participants closed, the leader speaks monotonously and slowly about one of the previously discussed reports: „I imagine that I am sitting in my living room in a war-torn environment; excited voices are getting louder and louder ... i know that these are aggressive people who could come and get me. How does it feel, what do I fear, how do I feel ...“



Then open your eyes again, we are back in the here and now, consciously stripping away the anxiety-provoking situation.

Ask each participant in turn how they felt and how they feel now.

2. Fantasy exercise

Like exercise (1); topic: experiences **during the flight**; collect reports and experiences; The trainer can do an empathy exercise on the dramatic situation of crossing the border, fear of being discovered, hunger, violence; „I imagine...“.

Then feedback on sensations in turn.

3. Fantasy exercise

Like exercise (1) and (2). Topic: Experiences **after fleeing**; collect reports, discuss; fantasy exercise on the topic – arrival in a foreign country, disoriented, insecure, daily fear of deportation.

Afterwards, discussion in turn about feelings.

4. Fantasy exercise

The purpose of the exercise is to re-create the feeling of disorientation in a foreign country when everything is unknown;

Preparation – larger room without obstacles; participants are instructed to close their eyes and slowly move in certain directions as instructed. „Move slowly forward, now turn to the right, take five steps and turn around ...“ etc.

End after about 5 minutes and briefly discuss perceptions and sensations.

5. In the shoes of the other person

The purpose of this exercise is to put oneself in the shoes of the other person and possibly empathise with their needs and wishes.

Assignment of roles; two people each – a refugee and a counsellor in conversation. Before the conversation begins, each person puts him/herself in the role plus experiences; then lead the conversation (possibly also take on the role of an interpreter). The counsellor starts the conversation ...

Afterwards, exchange – what else would the respective role have needed; what was good, what was disturbing?



6. Active listening

The purpose of the exercise is to actually listen to the other person and report back what they have heard.

Two people agree on a topic (job description, experiences, current problems); person A talks, after a few sentences person B repeats what has been said in a short version („You mean“); then the next sentences and repetition by person B. Then role reversal.

These exaggerated feedbacks do not occur in everyday communication; however, they should make it possible to feel how important listening is for good and empathetic communication.

7. Verbal and non-verbal active listening

Exercise like (6), but accompany the conversation with exaggerated body language; turn away, turn away, nod, deny, doubtful facial expressions, happy facial expressions; disinterest, frightfulness, etc.

Purpose of exercise: to feel how well the body language is understood.

8. Analysis of unsuccessful conversations

Exchange of experiences; which conversation situations are particularly difficult; how could they be mastered. Depending on the size of the group, two to four people – then feedback to the group.

9. 54321 – Bringing attention back to the present

Purpose of the exercise: To concentrate on the here and now in order to detach oneself mentally from traumatising memory images.

Exercise for two: partner is asked to name 5 things she sees here in the room; then she is asked to list 5 things she hears (voices, vehicle outside, etc.); then 4 things she names still in the room, then concentration again on what she hears, etc. At one, attention and concentration should be consolidated in the present.

10. Breathing exercises

Stress and tension can affect breathing. Conscious breathing exercises can have a relaxing effect; be careful – not all traumatised people find breathing exercises pleasant. Therefore, try out deep breathing in and out together beforehand.

Slow and deep **belly breathing** has a calming effect: place your hands on your belly and breathe in deeply, make a round belly, then slowly breathe out until the belly goes back in. Repeat several times.



11. Relaxation exercises

Relaxation exercises such as autogenic training are **not** suitable for traumatised people. They are alarmed and alert and do not want to go into deep relaxation, certainly not with their eyes closed. Better suited is:

Progressive muscle relaxation according no Jacobson: tense and relax all detectable muscles one after the other - from head to toe, three times each.

Relaxation concentration exercise 10 – 0: Focus on an object in the room, breathe in and out slowly and count backwards from ten with each breath. Repeat with the next object if necessary.

12. Movement exercises

Swinging arms, squats, pressing palms together, stamping feet; extensive walks ... For young men push-ups, squats, football etc. Exercise and sports are particularly helpful in reducing stress. Look for exercises together that suit each person.

13. Mindfulness exercise

These exercises should help to consciously focus attention on the present; this should be explained to people beforehand so that the exercise does not seem banal or is rejected.

Simple exercise: while walking, tell each other what they see, hear and feel;

Or when eating: describe how it looks, how it tastes, how it smells;

Or taking an object in the hand and grasping and describing it with all the senses.

These exercises should be repeated several times; they are then still available to traumatised people in difficult situations for the purpose of calming and distraction.

14. Seek out resources

Going on a joint search for what they do well and enjoy doing; finding activities in which the respective person experiences themselves as effective or creative. Everyday work, sport, challenges such as finishing school, meaningful engagement, keeping in touch, artistic activity, etc. strengthen and stabilise people.

15. Gain distance, establish rituals, consciously let go

Reflect on how we can switch off the problems; which rituals could help to let go of stressful situations of everyday life or refugee work in leisure time.



VI. Bibliography

Baer U., Frick-Baer G., 2018: Flucht und Trauma. Verlagsgruppe Random House

Green Bonnie L., 1993: Identifying Survivors at Risk – Trauma and Stressors across Events. In: Wilson, J.P., Raphael, B. (HG.): International Handbook of Traumatic Stress Syndromes, New York: Plenum Press, S. 135 – 144

Ochberg, F.M., 1988, Post-Traumatic Therapy and Victims of Violence, New York: Brunner/Mazel

Schneck Ulrike, 2017: „Psychosoziale Beratung und therapeutische Begleitung von traumatisierten Flüchtlingen“, Psychiatrie-Verlag

Dima Zito, Ernest Martin, 2016: Umgang mit traumatisierten Flüchtlingen. Beltz Juventa

<https://www.sbp.m.de/> Standards zur Begutachtung psychisch reaktiver Traumafolgen (in aufenthaltsrechtlichen Verfahren)

