



Preamble

In 2015 officially more than 65 million people worldwide were refugees.

Many of them must be considered complexly traumatized by starvation, war, deep personal loss, torture, rape and other stresses of migration.

In the western countries, triage and treatment facilities after disasters are already common, in order to prevent post-traumatic stress disorders.

The following booklet is intended to explain scientifically-based standards of trauma first-aid. It could be used as well to train local first aid trauma-helpers, for instance in refugee camps.

We hope that information and education about the effects of traumatic exposure accompanied by appropriate primary help will contribute to dissolving the traumatic shock of so many people more quickly, so that it does not end in despair or violence. And that among the migrants themselves in the long run resources can be set free to help prevent humanitarian catastrophes of this dimension. May we all continue to believe in humanness and healing.

FIRST AID KIT for traumatized people

A support for helpers in refugee camps

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1. Introduction/Resources

Trauma is an experience that causes an emergency reaction in the whole organism. As in other animals our nervous system reacts to fear with reflexes either of attack or of flight; if these are not possible, the vagus nerve induces a freezing reaction with a break in perception and an emotional numbness.

Therefore first aid measures will always include the body to rebuild bodily self-regulation and flow, in order to support realistic orientation of the traumatized person as quickly as possible.

Migration often is a cataclysmic life event that would cause a shock reaction in almost everybody. Its effects may differ to some extent: *children* are for instance more vulnerable than adults, and the *duration* of shocking experiences influences the traumatizing effects. Traumas caused intentionally by other persons or tolerated consciously by others, are worse than natural disasters. They fundamentally challenge trust in human relationship.

Some people, due, to a good constitution or other good circumstances, may be able to experience and handle a trauma without getting sick. But in most people the experience will persist and cause disorders. If the person remains without support, in the long run severe symptoms may manifest and cause a limitation of health-related quality of life.

Resilience is the ability to feel consoled under severe circumstances. It depends a great deal on the resources a person can mobilize.

These are **RESOURCES**:

Family, friends and partners

Bodies' capacity to rearrange and restructure

Hobbies and skills

Music and art

Animals, nature

Helping others

Religion/spirituality

The discovery and activation of resources is an important intervention, if we want to support traumatized people.

Some terms that describe trauma and its results

Trauma: The person experiences or observes an event that threatens death, severe injury or loss of integrity for himself/herself or someone else; and reacts with intensive fear, shock or horror.

Stress: a reaction of body and soul in adapting to a provoking stimulus.

Distress: overwhelming stress that causes sickness

Post-traumatic stress disorder: lasting disorder of our psychic or bodily regulation due to trauma.

Singular traumatization: it is one event that causes the trauma.

Complex traumatization: there is a mixture of different traumatic impacts, that intensify each other.

Dissociation: A deep disturbance of functions of the personality that normally mesh.

Trigger: an experience in everyday life, an experiential detail (for instance a smell, or a sound, or a harmless action) that restimulates the trauma as if it were happening now, including all the symptoms (for instance pain, horror, fear, confusion, etc.).

Coping: a strategy to deal with life events.

Resilience: psychic strength under difficult circumstances.

Direct effects of traumatic events

There will be a general impairment of our way of BEING along with an emotional numbness, a sense of unreality, confusion, of not knowing who I am, maybe hidden under merely-mechanical functioning. Bodily dysregulation may affect body temperature, food intake and the rhythm of sleeping and being awake.

Almost always the **perception** of one's body sensations is weak or lost; and the person, without noticing it, will only perceive intense sensations (for instance strong pain).

Therefore the most important goal of the helper is to support bodily self-awareness and regulation:

BODY FIRST!

First observe and support bodily awareness and regulation!

Trauma is a massive overstimulation and overexcitement of the whole nervous system, that cannot be regulated and contained. Because of overwhelming stimulation the defensive system is shocked. Various states can follow as an attempt of the organism to restructure itself: hypervigilance, fatigue, irritability, suicidal tendencies, dissociation, and grief.

3.1 Hypervigilance

Hypervigilance means being too constantly awake, and unable to rest or sleep enough.

Sometimes it is difficult to calm down a traumatized person, although this is what is most needed: **silence, retreat, laying down, warmth, sleep, being cared for**. A warm dim nest, with a pot of warm water on the table, and a door that can be locked – this would be the ideal condition for restructuring.

But the circumstances often do not allow this.

And there is another problem: a person who comes out of traumatic danger can accept this comfort only in small doses. After initially "playing dead" the organism is going full speed again; and when the person begins to relax,

threatening images may appear. S/he is not “up-to-date.” The past is still present. Traumatic stress has raised the detection threshold, which can cause an addiction to strong stimuli in order to feel oneself still alive. Helplessness and fear may push one towards abreaction and activity. Therefore we say: **allow rest as much as possible, but don't enforce it.** Some traumatized people cannot sleep well, and urgently need drug therapy; without sleep it is difficult to recover. Some people replace medicinal drugs with alcohol or illegal drugs. This can hurt one and cause addiction; it is better is to get medical help!

Walking around and sport are good options to get accustomed slowly to the new situation. Movement helps the body to realize that it is not captured, but now has the choice to walk away from a dangerous scene. But it is also OK to lie down in bed at this stage, as often and as long as the person prefers.

In this stage the trauma-helper can help to support the containment of tension. S/he can do this by explaining what trauma is and how it works, and by supporting a middle course in the process of calming down. The helper should not ask what has happened in the past, but s/he should observe images and emotions, that start coming up within her- or himself (= active listening). This can give information about how the affected person may feel in the moment.

In any case avoid exposing the person to traumatic memories. As a trauma-helper do not ask what has happened; but if the person wants to talk, listen carefully and show your compassion. If someone cannot stop talking about what has happened, and is repeating it again and again, together with the arousal of fear and excitement, you may ask kindly: *“I see that it is difficult for you to leave the traumatic events for a little while. What could be helpful to let you rest a little bit? In this moment you need all your strength to recover!”*

Supporting measures can be: drinking warm water, having a warm footbath, being wrapped in a soft blanket, and even having a soft cuddly toy.

As a trauma-helper you should know that perhaps the trauma did cause something like a break in perception, and the person is not capable of remembering details or the chronology of a past traumatic situation. This can be so agonizing that the person tries again and again to reconstruct the events, because s/he is afraid of losing her or his sanity. (It can be even worse if they are questioned by government agencies about something that they can only

remember in fragments.) It is helpful to explain that these blackouts are due to trauma, and should not cause shame or feelings of guilt.

3.2 Chronically tired

This state is another way to deal with overwhelming stress.

The organism breaks down, the adrenal glands are worn out, they can no longer produce enough stress hormones like cortisol, adrenaline/noradrenaline and others. These are very important for the nervous system and for the balance of fluid and sugar and electrolytes in the body. The person is apathetic and always wants to stay in bed; and obviously the energy has collapsed.

Very important: Accept the huge need of the body to rest. It is okay to sleep or nap also during the day, if the body demands. Don't exert pressure on the person, don't be disappointed when the person refuses your invitations. Support his/her need to answer the necessities of the body. Be patient.

Important also is good food with enough vitamins, with fruit, salad and vegetables. Also good are: ginger in hot water, ginseng, ashwagandha.

3.3 Chronically nervous

This state is very exhausting as well. The person does not feel balanced and well within their own skin, and does not know what to do. This state is very uncomfortable. The organism is working hard to adapt as soon as possible to new life conditions, but this big change will take time!

Waiting makes it worse. You wait for the next train, the political decisions, food, the doctor, the inquiry etc. Waiting is agonizing, and keeps the strained organism in further tension. Waiting can intensify the feeling of senselessness. It is important to let the person know that the body is running at high power, working very hard to adapt to the new life conditions, although it may not be visible from outside.

Try to find out what lessons are waiting for the person. For the nervous system, it feels helpful to remember old structures, old skills and capacities. Activating resources can help the person to feel more familiar with the situation.

For the trauma-helper: It is better to regulate tension and help people to keep their countenance; simple abreaction like screaming and collapsing is not so beneficial, because it can mean another traumatization for the organism.

4. Basic Rules for First Aid Trauma Helpers

FIRST AID

What you can do in an urgent situation to build resilience

1. Observe with clarity.

Your main motivation is to help this person.

The most important thing is protection: check if the person is dangerous to him- or herself or to others. You might need help, from neighbors, a doctor or even police.

2. Care for children who may be present.

Maybe they feel the fear, but small children cannot understand what is going on. Give them safety, if possible.

1. Make kind contact and stay close.

Only someone who experiences compassion and understanding can develop it for her- or himself.

4. Try to establish calm and privacy.

5. Give practical support, and teach primary care:

Ease, rest, a lot of hydration, warmth. These will let the body feel more safe.

6. Show empathy, respect and authenticity.

7. Accept feelings and name them.

8. Support choice-options and control.

9. Active listening.

10. Give information about trauma.

11. Support body awareness.

12. Find the resources the person already has.

13. Connect to loved ones, outside and inside.

14. Instill hope, take the long view.

4.2 Do no harm

- 1. Do not break the rule of confidentiality.**
- 2. Do not act as a psychotherapist.**
- 3. Do not expose to trauma, do not use techniques of fantasy or imagination.**
- 4. Do not make promises that you cannot keep.**
- 5. Do not treat people differently because of their color, religion, or gender.**

5. Warning signs of suicidal tendencies

Check if the person is no longer able to care for themselves, or is dangerous to themselves or others.

1. Warning signs of suicide

Someone is openly talking about death, or saying: *“Everyone would be better off without me.”*

Someone expresses intensive feelings of hopelessness or of being trapped

Someone takes risks, as if s/he has a death wish (for example speeding through red lights.)

Someone is saying goodbye to all their friends

Someone is switching from extreme depression into the opposite: calm and happy.

What to do?

Best is to ask openly: Do you sometimes plan to end your life? And how you would do it?

Sometimes it is a relief for the person that he/she can talk about such fantasies or thoughts, because those thoughts can be quite obsessive. You can try to make a plan with the person about what he/she can do in such moments, and how to ask for help or to divert from such impulses.

If the person is not able to promise you not to hurt themselves, you have to get medical help.

6.Symptoms of post-traumatic disorder

6.1 Aggressive behaviour due to traumatic experiences

Aggression after traumatic experiences may have different sources. Maybe the person is enacting his/her experiences of violence unconsciously, experiences that they dare not to talk about, or even have forgotten. Or exhaustion and frustration may have reduced the capacity to endure more strain, so that the person goes up the wall quickly. Or maybe the person takes feelings of grief and shame and helplessness as anger, because they believe they cannot afford to be “weak.” Or maybe the person takes over the anger and rage from others; especially in groups that share traumatic experiences, feelings can spread out quickly, because everyone is on edge.

You cannot quickly discover the reasons for rage. But you can try to apply the following strategy to calm down the situation:

Keep your distance. Don't touch the person bodily, as this can be felt as threatening.

1. Address the person with her/his name.
2. Name the actual emotion: for instance *“You are really furious now!”*
3. Try to speak out what you conceive the person is dealing with: for instance you could say: *“I see no progress here, the situation is terrible and humiliating, to wait without information.”* Or: *“You are so worried because of your family, and you do not know at all what more you can do to help them.”*

Sometimes you may observe a person who suddenly shifts and seems not to be accessible any more. The eyes seem to look somewhere else, as if lost in reverie, and maybe the person will not remember this state afterwards. We call this state “dissociation”. You can try to get the person out of it, by saying something that is surprising, for instance:

“Yesterday I met a person who was looking for a house for his elephant!”
Or: *“Do you hear this tinkling noise of the heater?”* Or *“Do you smell this rare aroma of cake?”* although there are no noise or smell at all.

Sometimes you can bring the person back when you mention surprising sensory perceptions, that make her/him take notice again.

6.2 Other symptoms of post-traumatic stress disorder

Although the trauma-helper is not a therapist, s/he should be able to recognize trauma-based diseases.

If someone has been exposed to a devastating traumatic event or to a series of such experiences, this can afterwards cause severe chronic diseases. For the following symptoms trauma maybe a probable cause, but they can also have other sources (therefore a doctor always has to analyze the specific case)

1. Fear to be touched bodily: therefore victims of rape or torture will often refuse to accept medical treatment.
2. Maybe they attempt to treat themselves by taking alcohol or drugs to calm themselves down, with the danger of becoming addicted.
3. Sometimes cloudiness of consciousness, dissociation or flash-back.
4. Chronic feelings of being guilty or shame; the impression of being worthless, the feeling of having done everything wrong. The victim takes over the contempt of the offender. Or the victim is unconsciously taking over the aggression of the offender and attacks others as if he/she were the offender (= offender/victim diffusion).
5. Excessive fantasies of revenge or excessive glorification of the offender
6. Inhibited or obsessively raised sexuality.
7. Psychosomatic diseases, chronic pain, sleep disorders, eating disorders, indigestion, a disposition to infections.
8. Loss of softness in emotional expression, a tendency to fits of rage.
9. Or the tendency always again to be victimized. Excessive glorification or degradation of the host country can lead to misjudgement of reality and bring people into another victim role.
10. Offender and victim cannot be discriminated: the concerned persons may mistake a facial expression of fear in another person as the expression of aggression and hate.
11. Chronic depression, not finding any more sense in life.
12. Loss of religion and spirituality, or quite the contrary: ruthless religious fanaticism.

Post-traumatic stress disorders demand psychotherapy!

In psychotherapy we find different approaches, which all can be helpful: There are neurological body-referred techniques (for instance EMDR), also cognitive behavioral therapies as well as psychoanalytic approaches. They all have the goal of restructuring the coherence of memory, perception and expression, which have been disrupted by trauma. Their goal as well is relaxation, realism, better autoregulation, good relationships and a flourishing of the person's active life formation.

Psychotherapy is bound to a situation of security and privacy. An uncertain residence permit, linguistic problems, bad health, and living in detention camps are not good conditions for a longer-lasting psychotherapy.

But what we attempt, by these measures of first help, is to eliminate or to lessen the development of severe post-traumatic disorders and give hope to the concerned suffering people.

Burnout prevention for first aid helpers

The work of the first aid trauma helpers is very important, and this work is a true challenge. A helper meets so many people after devastating experiences, who may try to tell what has happened by restaging it. Or they seem unable to accept help, or they cannot show gratitude. A lot of patience and trust and knowledge is needed to stay with them.

Also it is possible that the first aid helper's own traumatic experiences can be touched or activated.

Therefore here is a small list of tricks you can use to care for your own psychic health. Take a long deep breath ---- your strength, your humor, your mindfulness and creativity are in demand.

1. **Wishing well:** you cannot help everyone, but wishing well is a strong practice, just to be compassionate and kind without imaging the next step.

2. Whatever you get to know about the shocking previous history, do not forget: **the situation has passed, and the concerned person has survived!**
3. **Let trauma not be everywhere!** The post-traumatic narrowing of consciousness makes it difficult even to imagine a world beyond trauma, a world in which again there can be ways out and change, in which there exist beauty and pleasure! Practice estimating the good as well, with the help of easy bodily-skills (see attachment) to uncramp your attention. Care for your friendships, resources and hobbies.
4. **Practice looking for signs of change.** The post-traumatic world sometimes seems to be very heavy and without a way out. Show to yourself and others the tiniest signs of progress, to prove that this difficult situation also is bound to pass.
5. **Don't take rejection personally!** Try to stay clear and compassionate if possible. Traumatized persons are often confused and not always able to distinguish help from threat. But sometimes after many years they still talk about one compassionate intervention, that they cannot forget and that produced hope. Even if you do not see much direct success, your intervention is extremely important and lasting.
6. **Always try to care for your bodily wellbeing.**

8.Grief

Grief means: sad emotion, longing, missing someone or something, suffering mental pain. There are many different signs of grief:

Depression

Restlessness

Sleeplessness

Headache

Disbelief

Problems of concentration

Fatigue

Crying

Feeling anger

Estrangement

Grief is an appropriate reaction to loss or disappointment: Loss of loved people, of friends, of your native country, of your possessions. Loss of hope and illusions about mankind, and grief about badness of people. Grief is a holy and salutary process, which has many aspects; and it takes time and is strenuous. Therefore in Germany we call it “grief labor.” It includes a lot of change and learning.

The psychological changes caused by trauma are irreversible. The inner world of a traumatized person will never be again as it has been before.

The outcome of “grief labor” could be a realistic appreciation of one’s many experiences. A refugee has won a huge horizon of experience and can grow into deep feelings and insight – and this is a rich qualification for a successful bi- or multi-culturalism.

9.Addendum:

Simple bodily practices that help the body to restructure more easily.

They can be used for traumatized persons, and for the helpers as well, to come back to body sensations and to ease the restructuring of the nervous system.

1. **Drink** warm water, apply **warmth**.
2. **Sigh** and **moan**. Say **Ah!**
3. **Rock** and shake the whole body.
4. **Move around**. Give the information to the body: "I am free, I am able to escape if necessary." It helps against fear.
5. **Stretch** the whole body, all joints, muscles, ligaments.
6. **Tap** the whole surface of your body, to intensify the perception of your bodily boundaries.
7. **Yawn**: yawning induces the production of serotonin and stabilizes the mood. It massages the vagus nerve to resolve the traumatic freezing reaction and integrate it. It wets the mucous membranes and lets liquids flow again in the body. It stimulates the mirror neurons in the brain and lets us feel contact and compassion: it allows us to feel the same as someone else. It interrupts senseless brooding circuits. While yawning or moaning or sighing or saying AH thoughts stop for a moment - what a release this can be!
8. Let your eyes **look all around**: In the whole room, or even up to the edge of the horizon, if you are outside. This helps against fear, especially together with the
9. **FIRE BREATH**, a breathing pattern that is very effective against fear. You put one hand on your diaphragm and breathe out intermittently with the help of the diaphragm, that you can feel contracting under your palm.
10. A **concentration practice** that removes all kinds of diffuse discomfort:
 - a. You put your hands with the palms up on both thighs, and try to sense the air touching the skin of your palms. Visualize all the uncomfortable sensations rising up like black smoke and leaving the body out of the palms.
 - b. Sense the soles of your feet in your shoes or on the ground, and visualize small roots growing out of them into the earth, anchoring you stably on the ground.

- c. Finally try to sense your palms and the soles of your feet simultaneously. Sigh AH, to make it more easy.
11. Move the beads of a mala, a rosary, a tesbih, between your fingers. This is an intercultural practice; we call it: “to go without going”. It reminds us that everything is changing steadily, and gives hope. And you can put a wellwishing in each bead.

References:

The following texts inspired this booklet:

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