

# TRAUMA RESPONSE TRAINING WORKBOOK

ADDRESSING REFUGEE PSYCHOLOGICAL  
TRAUMA - FOR NONMEDICAL PERSONS



2018



# TRAUMA

## RESPONSE WORKSHOP

### REFUGEE MENTAL HEALTH RISK FACTORS

Refugees are at higher risk for the development of mental health concerns.

#### *Pre-migration Risk Factors:*

- Forced displacement
- Violence
- Persecution
- Family separation
- Social disruption
- Poverty

#### *Migration & Post-migration Risk Factors:*

- Difficulty meeting basic needs
- Lack of protection
- Violence
- Fear for survival
- Overwhelming uncertainty about the future
- Family separation
- Difficulty adapting to a new culture
- Social exclusion
- Financial difficulties

### MENTAL HEALTH

"A state of wellbeing, in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"

*WORLD HEALTH ORGANIZATION*

### MENTAL ILLNESS

A recognized, medically diagnosable illness that characterized by alterations in thinking, mood, and behavior or some combination thereof

*U.S. DEPT. OF HEALTH AND HUMAN SERVICES*

#### **Mental Health Barriers**

- Stigma
- Distrust
- Economic and language barriers
- Difficulty identifying their own mental health symptoms

# TRAUMA

## TRAUMA

“Direct exposure (as a victim, witness, or learner) to actual or threatened death, serious injury or sexual violation.”

*AMERICAN PSYCHOLOGICAL ASSOCIATION*

## POST-TRAUMATIC STRESS DISORDER

A disorder lasting more than one month following a trauma, characterized by four types of symptoms:

1. Re-experiencing the event
2. Avoidance of reminders of the events
3. Negative changes in mood or thoughts
4. Hyper-arousal of the nervous system

## SYMPTOMS OF TRAUMA

- Persistent negative feelings
- Exaggerated negative beliefs
- Disinterest in activities
- Emotional numbness
- Inability to remember the traumatic episode
- Avoiding reminders of the trauma
- Inability to concentrate
- Irritability
- Recklessness
- Restlessness, hypervigilance

### Addressing Trauma in Children

- Don't separate children from loved ones
- Establish routines
- Let them stay close if they're afraid/ clingy
- Pay them extra attention
- Remain calm and soft-spoken
- Listen to their perspective
- Allow them to make small decisions and practice agency

### Addressing Trauma in Adolescents

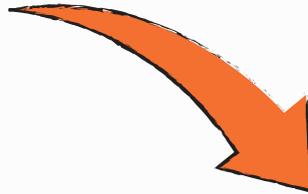
- Pay them extra attention
- Establish routines
- Take time to explain situations
- Validate their feelings
- Be clear about rules
- Encourage participation in activities
- Allow agency when possible

# MANAGING ANGRY OUTBURSTS

Anxiety and fear may present as aggressiveness and anger, especially in men and adolescent boys.

## 1. ASSESS

- Assess your safety and the surroundings
- Keep a safe distance
- Do not block exits
- Try to move to a semi-private space but do not be alone with the individual
- Involve as few people as possible and communicate one-on-one

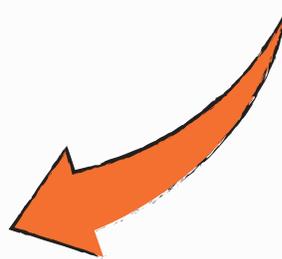


## 2. COMMUNICATE

- Remain calm
- Adopt non-confrontational, open body language
- Speak gently, calmly, slowly, and confidently
- Repeat yourself and set boundaries if necessary
- "Please do not shout"
- Use simple sentences and vocabulary
- Be respectful
- Do not make negative comments

## 3. WIND DOWN

- Allow them to express their feelings and encourage them to elaborate
- Listen actively
- Validate and mirror their thoughts/concerns
- When the individual becomes more amenable, use assertive (but positive) language to get them to start winding down
- When the individual has started settling down, work with them to find a solution to their concerns



# ACUTE STRESS CRISES

Stress can cause people to become overwhelmed with disorienting emotional and physical symptoms. If you see someone visibly overwhelmed, consider these guidelines:

## 1. APPROACH THEM

*Assess the situation*

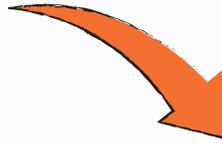
- Should you call 911 (or your local mental health crisis line)? Remember to specify that there is a mental health concern so they send out their mental health crisis team.
- Are there any safety concerns for the individual or yourself?
- Can you move somewhere quieter/less stimulating?

*Introduce yourself*

- Be mindful of cultural/religious communication guidelines. For example, unnecessarily touching someone of the opposite sex can cause discomfort
- Ask how you can help
- Offer them water or otherwise make them comfortable

### ANXIETY REDUCTION

- Deep breathing
- Muscle relaxation
- Blocking out environmental stimulation (i.e. closing your eyes)
- Mindfulness



## 2. HELP THEM BECOME GROUNDED

- Don't leave them alone
- Remain calm and soft-spoken
- Convey safety
- Involve as few people as possible
- Practice anxiety reduction techniques



## 3. LISTEN

- Don't pressure conversation. If they choose to speak, actively listen
- Do NOT ask them to elaborate on their traumatic experiences as it may worsen the situation

# ONGOING PSYCHOLOGICAL STRESS

Through your interactions, you may feel that although a person is not experiencing an urgent mental health crisis, they are struggling with their trauma or otherwise distressed.

## 1. BUILD TRUST THROUGH YOUR INTERACTIONS

- Use open, welcoming body language
- Practice non-judgemental, active listening
- If someone's thoughts or behaviours suggest trauma/distress, ask about their feelings
- Try to understand how their feelings are impacting them

## 3. IF SOMEONE TELLS YOU ABOUT THEIR STRESS OR TRAUMA:

- Practice nonjudgmental, active listening
- Allow them to share their story with you, without cutting them off
- Remain calm and grounded. Appearing uncomfortable conveys that you don't want to listen
- Validate their feelings
- Practice empathy instead of sympathy as the latter can convey pity

## 2. DO NOT PRESSURE ANYONE TO DISCUSS THEIR TRAUMA

- Do not ask for details about the trauma
- Do not tell the individual that they are traumatized

## 4. FACILITATE CONNECTIONS

- Help the individual identify their social support structure
- Encourage participation in the community
- In case of severe distress, connect them with a mental health professional

# COMMUNICATION GUIDELINES

When speaking to an individual about a sensitive issue, your verbal and nonverbal reactions convey interest, willingness to listen, and safety. It is important for the speaker to feel comfortable expressing themselves without fear of judgement or having their experiences and feelings sidelined.

## VALIDATION

Remember to validate the individual's feelings and opinions, to reassure them that they are worthwhile and valid. Validation can be shown through active listening and verbal responses (e.g. "that sounds stressful and it makes sense that you're upset").



## EXAMPLES OF VALIDATION

"It's normal to feel X way after what you've been through"

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## PITFALLS

- Giving easy answers or telling the person everything is going to be okay
- Stopping the person from talking about their feelings
- Offering unsolicited advice or telling the person what he or she "should" do
- Invalidating, minimizing, or denying the person's experience
- Telling the person to "get over it" or "snap out of it"
- Making the person feel weak because they aren't coping as well as others
- Telling the person they were lucky it wasn't worse
- Talking over them with your own personal experiences or feelings





**TABLE 1: COMMON EXPRESSIONS AND IDIOMS OF DISTRESS IN SYRIAN ARABIC**

Arabic term or phrase	Transcription	Literal translations	Emotions, thoughts and physical symptoms that may be conveyed through these expressions
متضايق كثير هالفترة حاسس حالي متضايق ضايح نفسى مخنوقة	- Meddayyek ketir hal fatra - Haassess haalii meddayyek - Dayej - Nafsi makhnouka	- I am very annoyed these days - I feel annoyed - To be cramped - My psyche is suffocating	- Rumination tiredness, physical aches, constriction in the chest, repeated sighing - Unpleasant feelings in the chest, hopelessness, boredom
حاسس روحي عم تطلع	- Hassess rouhi 'am tetla'	- I feel my soul is going out	- Dysphoric mood, sadness - Inability to cope, being fed up - Worry, being pessimistic
قلبي- مقبوض انعمى على قلبي	- Qalb maqboud - In'ama 'ala kalbi	- Squeezed heart - Blindness got to my heart <sup>1</sup>	- Dysphoria - Sadness - Worry, being pessimistic
تعبان نفسياً- حاسس حالي تعبان- حالتى تعبانه- نفس تعبانه	- Taeban nafseyan - Hassess halii ta3ban - Halti taebaneh - Nafs ta'bana	- Fatigued self/soul	- Undifferentiated anxiety and depression symptoms, tiredness, fatigue
-ما قادر اتحمل الضغط على كثير- مو قادر ركز من الضغوطات -	- Ma ader athammel - El daght 'alaly ketiir - Mou kaader rakkezz men el doghoutaat	- Can't bear it anymore - The pressure on me is too much - Can't concentrate because of the pressure	- Feelings of being under extreme stress or extreme pressure - Helplessness
فرطت-	- Faratit	- I am in pieces	- General state of stress, sadness, extreme tiredness, inability to open up and to control oneself, or to hold oneself together
و الله مو شايف قدامى-	- Wallah mou shayef odzaamii	- By God, I can't see in front of me	- General state of stress, feelings of loss of options, loss of ability to project into the future, - Confusion, hopelessness
-حاسس الدنيا مسكرة بوشي ما فى شي عم يربط معى -	- Hases eddenia msakkra bwishi - Ma fi shi 'am yizbat ma'i	- I feel the world is closing in front of my face - Nothing is working as planned with me	- Hopelessness, helplessness, state of despair
- شو بدى إحكى...الشكوى لغير الله مثله - الحمد لله	- Sho baddi 'ehki... el shakwa le gher allah mazalleh -Al hamdullillah	- What am I supposed to say... it is humiliating to complain to someone other than God. - Praise be to God.	- Reference to shame in asking for help - State of despair, surrender
ما يعرف شو بدى إعمل بحالى	- Maa ba'ref shou beddi a'mel be halii	- I don't know what I am going to do with myself	- General state of distress - Feeling upset, edgy, helplessness -Hopelessness, lack of options
متوتر	- Mitwatter	- I feel tense	- Nervousness, tension
خيفان حاسس بالخوف مرعوب	- Khayfan - Hases bil khof Mar'oub	- I am afraid - I feel fear - Frightened, horrified	- Fear, anxiety - Worry - Extreme fear
مُعصب	M3asseb	- I feel angry	- Anger, aggressiveness - Nervousness

Sources: This table is based on suggestions by Arabic speaking mental health professionals, including: Alaa Bairoutieh, Tayseer Hassoon, Ghayda Hassan, Maysaa Hassan, Hussam Jefe-Bahloul, and Mohamed el Shazli.

Taken directly from: Hassan, G, et al. *Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: A Review for Mental Health and Psychosocial Support staff working with Syrians Affected by Armed Conflict*. Geneva: UNHCR, 2015

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