PRESENTPAST

PRINCIPLES
WORKING WITH EXTREMELY TRAUMATIZED INDIVIDUALS AND POPULATIONS

PREAMBLE

Trauma is often used as a metaphor for something terrible that has happened. Thus, the term runs the risk to be exploited for political purposes. It is also used to delineate a well-defined syndrome and classification as a disorder. Which wounds do we actually want to describe with this word in the context of man-made violence? And what inevitable consequences can we identify in treating traumatized persons and supporting them in dealing with their trauma?

Collective violence, war, genocide and social destitution have the potential to be traumatic events in which individuals will often experience sequential traumatization. Learning from the past, Holocaust survivors are still suffering the traumatic experiences of violence and persecution more than 70 years after WW II. In terms of recent humanitarian crisis, wars, loss of family members or on-going insecurity in a country of exile have the potential to be traumatic events which affect the mental health of individuals and families.

A group of Israeli and German experts with clinical and scientific research backgrounds in the field of trauma – clinical psychologists, psychotherapists, consultants and social workers – shared knowledge, experiences and insights from their work with traumatized persons and populations in both countries. The goals of these meetings were to determine a common understanding of trauma among survivors of collective violence, a common ground for psychosocial work with traumatized persons and the conditions that are necessary for effective and sustainable treatment.

The aim of these meetings was not to discuss instruments, specific guidelines or methods, as there is a need for flexibility of interventions and adaptations to various circumstances. Rather, the objective was to define common goals and principles for understanding trauma and shaping psychosocial interventions.

We defined two key necessary elements: Recognition and Community.

Recognition of suffering and harm afflicted on the victims and survivors of man-made violence is of utmost importance for their recovery from these traumas. The evil and harm done must be recognized. And the person, who suffered these traumas, must be recognized, acknowledging his or her individuality, unique personality, cultural and ethnic background, beliefs, and hopes, spiritual and religious beliefs.

Community is needed to heal the traumatic past, especially when caused by man-made trauma. Establishing, promoting and maintaining a framework of communities is a necessary underlying condition for the provision of mental health care and intervention. And Community is needed for the Helpers as well, to counteract feelings of isolation, burnout, pessimism and vicarious traumatization.

These are the underlying conditions for making interventions and therapy useful and effective and recovery and healing possible. Our work is critically dependent on the existence of, or the constant struggle to create and maintain these basic principles and conditions.

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lukas.welz@amcha.de

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1. Trauma is a process, not a single incident
2. The *moral* society: societal responsibilities, not only not only pathology focused approaches in treating trauma
3. (Re-) Affiliation of traumatized persons in the (host) community
4. Immediate, long-term response and low-treshold support for traumatized persons
5. Re-establishing a sense of continuity
6. Recovery from trauma is a long-time process: age and trauma
7. Promote Safety: Creating protected spaces for trauma processing and developing communities of fellow traumatized persons and helpers
8. Promoting self-help and empowerment
9. Promoting psychosocial aspects in treating extreme trauma
10. Qualifying helpers, supporting professionalization

PARTICIPATING INDIVIDUALS FROM THESE INSTITUTIONS:

AMCHA Israel
AMCHA Deutschland
Berlin Treatment Center for Victims of Torture (bzfo)
Network of psychosocial centers for refugees and victims of torture (BAfF), Berlin
Office for Psychosocial Issues (OPSI) Berlin
International Psychoanalytical University Berlin
Israel Center for the Treatment of Psychotrauma
Israel Trauma Coalition
Mahut Israel
Sigmund Freud Private Universtiy Berlin

A PROJECT BY:

AMCHA DEUTSCHLAND
Markgrafenstr. 32
10117 Berlin, Germany

info@amcha.de

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I. RECOGNIZING SUFFERING AND NEEDS, DEVELOPING AN UNDERSTANDING OF TRAUMA

1. Trauma is a process, not a single incident

(1) Trauma does not pass; it lasts for the rest of one's life. It is not limited to a single event, but is to be seen as a process, that has on-going impact on one's life - sometimes more severe and sometimes less. The sequences following violence and persecution, such as life in exile, and also the consequences on the cognitive, social, emotional and physical/neurobiological levels – are as influential as the initial trauma itself. Therefore, a post-traumatic state is rather an ongoing, evolving, fluctuating and possibly even cumulative process.

(2) To develop a comprehensive understanding of a traumatized person´s life experience it is not only important to know the circumstances of the initial trauma itself but also to enquire what happened after it. The course of the later phases is as important for the trajectory of trauma recovery as the severity level of the initial traumatic events.

2. The *moral* society: societal responsibilities, not only not only pathology focused approaches in treating trauma

(1) The *moral society* acknowledges and integrates traumatized persons. The awareness and willingness of the society to recognize and treat traumatized persons and populations is a precondition to alleviate the burden of trauma in a person's life.

(2) Trauma resulting from collective violence or collective social destitution and displacement, caused by political and social factors, affects the political and societal space. It is the society who has the responsibility to treat traumatized persons and populations and to enable them to re-integrate into society.

(3) What follows the initial traumatic experience has a deep impact on the trauma trajectory. The healing process is not only a challenge for the traumatized person but is also a responsibility for society and everyone who is dealing with the survivors of trauma. Therapists, helpers, state and society become part of the trauma recovery process – for the better, or worse.

3. (Re-) Affiliation of traumatized persons in the (host) community

(1) Collective recognition is a precondition for the (re-)integration of traumatized persons and populations from two perspectives:

— In legal terms, there is a need to acknowledge **the right for seeking justice** and for **recognition of their victim or refugee status.**
— From a cultural-historical perspective, it is important to grant recognition as being **survivors,** who have been impacted by trauma, but at the same time, also having the abilities to recover and gradually build a way back into a normal life.

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(2) In order to strengthen social participation it is of utmost importance to provide access to the acquisition of the new language, provision of work and the inclusion in the health and education system. This is the key for the social re-affiliation.

(3) In contrast to this, a demand for "cultural integration" in terms of abandoning or marginalizing the original cultural background, denying recognition of individual identities and cultural background, is harmful.

(4) Therefore, the (host) society

— has a responsibility to **identify and correct any of its own tendencies** of lack of recognition, racist exclusion or "othering" of affected individuals or groups.
— should increase its empathy towards traumatized persons and populations, by making its own collective and individual suffering subject to reflection and recognition.
— should reflect on mechanisms of inclusion/exclusion and develop culturally sensitive adaptations of health- social- cultural- and educational services.

II. ENABLE ASSISTANCE AND AID, DEVELOP SAFETY AND SPACE FOR PROCESSING

4. Immediate, long-term response and low-treshold support for traumatized persons

(1) The subjective effects of traumatic experiences are **diverse**. Symptoms and late effects may appear on many, physical, social and psychological levels. Likewise, psychosocial care and societal treatment of those concerned has to be individualized and to be comprehensive.

(2) **Immediate support** for traumatized persons and populations should be provided. For some traumatized persons, non-disclosure of being a victim and avoidance of dealing with their traumatic past may initially be a protective mechanism and should be respected. It is important to allow access to professional help at an early stage for those seeking it, in order to reduce long term negative effects and reactivation of post traumatic syndromes at a later time. Social withdrawal may be one of the consequences of the delay in provision of professional care.

(3) **Low threshold access and multi-layered care** may increase willingness to get involved in and make use of self-healing, empowering processes through psychosocial support for those affected. This is an important element in order to prevent chronification or development of trauma related disorders. Low threshold access to support and multi-layered care should include legal and social support, and inclusion into social networks, if needed.

(4) After victims overcome the barriers and are ready to seek psychosocial support, resources have to be in place to allow **immediate and long-term therapy modalities**. It is important to secure easily accessible, culturally sensitive professional help at whatever stage the survivors are ready to engage in this process.

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(5) To serve individual needs, therapeutic services and professional support systems have to be easily accessible:

— providing the options to use services at fixed hours, and at flexible times as well
— providing culturally sensitive and linguistically diverse care, including the help of interpretation, if needed
— being based at local counselling / therapy centres, and also allowing for the option of home visits, and providing care through the help of internet-based portals, social clubs and other locations.
— providing a range of options for group and community activities.

(6) **Specialised centres** that can provide a wide variety of therapy options should be supported.

5. Re-establishing a sense of continuity

(1) Trauma and its sequences **break the sense of continuity**. It is in the nature of mass violence, that people are forced to respond to events that threaten their lives, their relatives, or the things they most deeply value. Child survivors or unaccompanied minors have to deal with additional, profound challenges, such as the fear of abandonment, struggles with identity, and feelings of detachment.

(2) **Neglect** or non-recognition of traumatized persons and populations after the initial trauma may cause negative long-term consequences. Isolation, lack of clarity of the legal status, or a ban of activities in refugee populations have destabilising effects and do not support the individual's recovery from trauma. It is important to help build an increasing sense of security, re-establish basic trust and encourage positive perspectives for the future, as a basis for successful psychosocial help

(3) An understanding of the **sense of discontinuity and broken identity** as part of the trauma consequences is of critical importance.

(4) While understanding that recovering from trauma is a life-long process, it is at the same time important to maintain a positive outlook on life. **Life review methods** can help to

— establish a sense of holistic perspectives on a person's life,
— (re-)build continuity,
— highlight both negative and positive experiences and integrate the traumatic experiences into one's life-story and biography.

While it may be painful and burdening to listen to the stories of survivors, it is a very important role and task of helpers and therapists to bear witness to the survivors' sufferings. This is an essential element in the healing process. However the helper needs to have the necessary knowledge, skill-set, professional support and experience to handle the impact of the traumatic experiences one has to listen to (see *10. Qualifying helpers*).

(5) The **establishment of communities** for traumatized persons and populations, including the necessary ongoing **financial and professional support of** their operations is one of the most important elements to help to re-establish continuity, to promote empowerment and resilience and break isolation and (forced) passivity (*see 7.4. safe spaces*).

(6) **Continuity of care and support** is important, especially when traumatized persons may need long-term support in processing their trauma, or are facing old age.

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6. Recovery from trauma is a long-time process

(1) Survivors of man-made trauma may need **multimodal support** (i.e. psychotherapeutic, social, juridical, and medical) **over their life cycle. Psychosocial needs might emerge in different periods of life and in response to various (developmental or traumatic) life events.**

(2) Traumatized individuals of all ages have the right to seek psychosocial and psychotherapeutic services. Special consideration should be given to the needs of older adults, who were exposed to traumas during their early years and may have significant difficulties facing the challenges of old age, necessitating specialized psychotherapeutic treatment.

(3) In working with **elderly traumatized persons, accessibility to psychosocial services** is of critical concern. Psychosocial work at home, online or in special seniors- homes is one emerging challenge.

(4) Special qualifications in the work with elderly people are needed due to specific physical and social challenges, as well as rigid images of age and trauma in society.

(5) Some traumatized persons only seek help after decades. In order to offer psychosocial support even years after the initial trauma, resources have to be kept in place.

(6) Transgenerational transmission of traumatic experiences can influence a society even decades after the traumatic events.

7. Promote Safety: Creating protected spaces for trauma processing and developing communities of fellow traumatized persons and helpers

(1) Aiming to (re-)affiliate people and populations with traumatic experiences into society and taking them out of their social isolation, protected spaces can function as bridges to ease and support this process.

(2) Traumatized persons who share a similar trauma can come together to find space **to create a community for self-help** in dealing with their trauma, breaking isolation and finding recognition, therefore breaking the *conspiracy of silence*. The conspiracy of silence relates to the difficulties experienced by survivors to share their life stories, coupled by society's lack of interest or ability to hear these troubling accounts.

(3) These spaces provide opportunities

— for **trust and protected interactions** between traumatized persons and helpers,
— to find a language of **containment,** that can contain the horrors, and at the same time the beauty, power, value or (new) meaning of life,
— for **symbolization and for the establishment of a culture of mourning** for expressing sadness and sorrow and to commemorate losses, to recognize the other and recognize oneself.

(4) These safe spaces also help those who work with traumatized persons

— to deal with their own specific needs and vicarious stress or trauma related burnout
— to recognize transcultural dimensions.

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III. STRENGTHENING PSYCHOSOCIAL ASPECTS IN TRAUMA PROCESSING

8. Promoting self-help and empowerment

(1) Providing resources (financial, professional staff etc.) and supporting the creation of spaces and communities for socializing and psychosocial activities is needed in order to institutionalize care and encourage empowerment of traumatized persons and populations. Not providing these spaces and resources is counterproductive and even demoralizing.

(2) Population vulnerability factors influence the individual abilities for empowerment and self-help. Preconditions for self-help and empowerment are for instance:

— **provision of clear information** on the legal and social status of vulnerable/traumatized refugees for instance (*future perspective*),
— the **sharing of information** and knowledge about the traumatic experience (clarity of a person's situation),
— the **provision of social security and low-threshold services/activities** that allow self-determination
— and the **recognition of cultural characteristics** that may influence the process of empowerment and self-help (for instance religion and beliefs, social networks etc.).

(3) The successful empowerment of those affected, by breaking the isolation and strengthening them will enable them to reach out to and provide peer-support to additional traumatized persons in need within their community or in other communities.

9. Promoting psychosocial aspects in treating extreme trauma

(1) Considering trauma processing in a broader and non-pathological context and acknowledging the potential of individual and communal self-organization and self-help, **psychosocial and multimodal approaches** (i.e. psychotherapy, creative approaches, social support, juridical support, medical support) are becoming ever more important.

(2) **Psychosocial aspects** would not only include counselling and psychotherapeutic treatment but a range of social activities that are tailored to the individual needs of traumatized persons, for instance:
— group encounters
— social gatherings/activities at safe spaces allowing individuals to speak about their traumatic as well as non-traumatic experiences, at appropriate times, within a safe and accepting environment.
— intergenerational programmes that support the recognition of the individual fate and promote the (re-)integration into society.

(3) **Creative group activities/workshops** which allow individuals to work through feelings, caring for their body, reconnecting to the environment and nature in mindfulness practice and social activities, such as singing and painting, yoga classes, trips into nature.

(4) **Integration of volunteers and contact to the host society** will reduce barriers and prejudices between the survivors and refugees and their communities and the host society.

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10. Qualifying helpers, supporting professionalization

People that have experienced extreme violation of their (intimate) life spheres may be especially vulnerable for further violations. Any intervention or treatment models need to recognize this and take protective action. Short term symptom reduction or exposure modules should be contained in a broader safe and supportive context and combined with empowerment and/or self-supportive aspects and stable and secure life perspectives.

(1) Psychosocial work in this regard demands a **high standard** of transparency, information, authenticity, and context-specific knowledge about the initial trauma and the following sequences.

(2) **Qualified therapists and helpers** should be trained and hold knowledge of various approaches. They must receive the necessary support, conditions and space to care for traumatized individuals, as well as for themselves.

(3) **Professionally funded and supervised centres** are necessary, including expert supervision and support.

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