

Trauma induced disorders and Post-Traumatic Stress Disorder (PTSD)

Causes – Consequences – Assistance



A multilingual guide for migrants and refugees



Das Gesundheitsprojekt
Mit Migranten
für Migranten

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**Traumafolgestörungen und
Posttraumatische Belastungsstörung (PTBS)
Ursachen – Folgen – Hilfen
Mehrsprachiger Wegweiser
für Migranten/-innen und Flüchtlinge**

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Welcome

Dear reader,

sometimes people experience such terrible and shocking things in their lives that they become mentally ill. When humans are exposed to events where they experience their own or someone else's life as endangered, illness can arise that very negatively impacts day-to-day life.

This guide aims to inform about these illnesses - so-called 'trauma-induced disorders' - in general and 'post-traumatic stress disorder' (PTSD) in particular. It is also designed to offer support in finding treatment and counselling options.

It is of particular importance to us to relieve affected persons of the fear of accessing such assistance. We would like to show you and your loved ones ways of recognising health problems early.

Many people with a migration background live in our society. This brochure is directed in particular (but not exclusively) to this group of people, as they are often affected. Not a small number of migrants who live here have been traumatised by terrible events that occurred on their way to Germany as asylum seekers or refugees, and they need fast and efficient help.

I hope that this guide can be helpful to both those affected and their loved ones and I would like to take this opportunity to thank all who have contributed to the development of this guide.

Yours

A handwritten signature in black ink, appearing to read 'R. Salman', with a long horizontal stroke extending to the right.

Ramazan Salman

Executive Director, Ethno-Medical Centre
and overall leader of the MiMi health project

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Introduction

An accident, experiencing or witnessing violence, sexual harassment or very severe illness are examples of turning-point events that can severely stress a person.

Many people who had to live through these or similar things, find it hard to continue living as usual afterwards. Because of their experiences, they often feel very insecure and they need time to rebuild trust. If they don't manage to do this, trauma induced disorders can develop. These can manifest in the form of various symptoms such as *depression, anxiety or panic disorders*, or as *psychosomatic complaints*.

If assistance is not sought or comes too late, these problems can get worse. Some of the affected persons suffer from intrusive, terrible memories (intrusions), nightmares and so-called flash backs, meaning the constant reliving of the traumatic event in form of images, noises and feelings. Day-to-day situations that trigger the memories of the trauma (cue stimuli) can lead to massive psychological stress in conjunction with psychosomatic reactions, e.g. pain, nausea etc. Affected persons try to avoid thoughts, people or places that could remind them of the trauma. Moreover, they experience a wide range of negative feelings and are constantly very tense. These symptoms point to a particular form of trauma induced disorder, which is called *Post-Traumatic Stress Disorder (PTSD)*. In the case of refugees who have experienced warfare (torture and other severe violence), it is assumed that around 40 -50% will become ill with PTSD. In these cases, the impact on day-to-day activities can be so severe that participation in nor-

mal life is not (or no longer) possible. The affected persons isolate themselves from their loved ones and retreat more and more from their social environment. Some of them try to numb their painful experiences with alcohol or medications.

During a traumatic experience, people experience existential fears, loss of control and great despair. For this reason, people who are traumatised often feel helpless even after the events, and suffer from severe fears and negative moods.

However, they are certainly not 'crazy', but have great difficulty coming to terms with their experiences and dealing with their terror. Their friends and relatives also often don't know what to do when they witness how the affected persons change and suffer. In many cases they suffer with them.

This is why this guide is directed on the one hand to the people who are themselves affected. On the other hand it also serves to support their loved ones. It provides information about what trauma is and why trauma induced disorders can develop. Moreover, it explains which symptoms are parts of a trauma induced disorder or of *Post-Traumatic Stress Disorder*. It details the main treatment methods used in Germany to help those affected. Furthermore, this guide offers an address list where contact details for e.g. self-helps groups (for affected persons and their relatives) can be found.

Words shown in italics in the text are explained in more detail in the glossary.

1. What is trauma?

The term “trauma” (plural: traumata) originates in ancient Greek and means “injury” or “wound”. An injury can be physical, but it can also affect a person’s *psyche*. This guide restricts itself to psychological injuries.

We talk about trauma when a sudden, single, repeatedly occurring or long-lasting major event leads or has led to a deep psychological injury. An important marker of trauma is that almost everyone, were they in the same situation, would experience deep despair because it is experienced as an immediate threat to their own life or someone else’s.

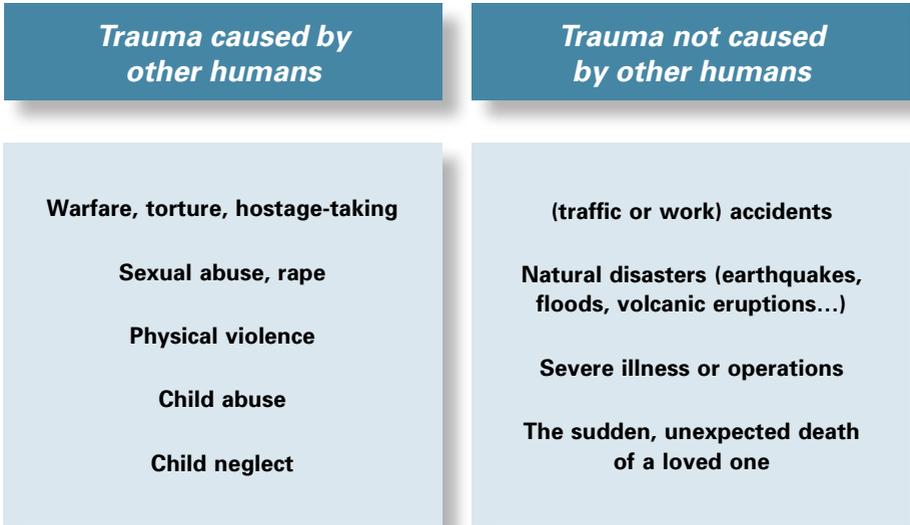
Types of trauma

Several types of trauma are differentiated in medicine. This differentiation can be important for the correct diagnosis and treatment. For example, there are individual events of short duration, such as severe accidents or a single rape. Then there are those that occur repeatedly and persist for longer. Examples are being taken hostage, torture or sexual abuse that takes place over a longer period of time.

Experts also divide trauma into that which is ‘caused by humans’ and that which is ‘not caused by humans’. In general, trauma that is caused by other humans has more severe consequences than trauma that is not caused by other humans. If a person injures, tortures or abuses another, the victim may lose trust in humanity in general (*basic trust*), because, as a rule, we do not expect that people can be so cruel to other people. An earthquake or other natural disasters can traumatise a person, but it can be dealt with differently because no other person is implicated.



The following illustration shows which events belong to which category:



However, not all trauma automatically leads to a mental illness and not every person with traumatic experiences develops a trauma induced disorder such as Post-Traumatic *Stress Disorder* (explained in Chapter 3). Many people who had to experience one of the events listed in the diagram deal with it over time without becoming ill. Others don't succeed in the same way. Basically, every person deals with such a severe and disturbing event in his or her own individual way.

Many different factors play a role. Some of them are described in the next chapter.

2. What are trauma induced disorders?

When people experience life threatening and traumatising events, psychological disorders – trauma induced disorders – can develop or already existing mental illness can be exacerbated.

Trauma induced disorders can manifest in a range of ways. The following complaints often occur:

- Loss of basic trust and great general mistrust in fellow human beings
- Loss of values, beliefs and attitudes
- Feelings of shame and guilt
- Being easily startled
- Feelings of helplessness and deep grief
- Feelings of hopelessness and *disorientation*
- *Social isolation*
- Feeling “different” or “crazy”
- Emotional numbness
- Suicidal ideation
- In case of sexual harassment: loss of female or male identity
- Difficulty falling asleep, interrupted sleep, waking early
- Lack of concentration
- Alcohol and/or drug abuse

Physical complaints and diseases (psychosomatic complaints)

Some people – very often the victims of physical violence - also develop physical complaints (e.g. strong pain) or even diseases after traumatic experiences. When psychological stress affects a person’s body, it is called a psychosomatic complaint. In most cases however, the affected persons are not aware of this connection. The following diagram aims to provide a brief overview over possible diseases that can be part of a trauma induced disorder:

psychological disorders e.g.:

- *Depression*
- *Anxiety*
- *Psychotic disorders*
- Post-Traumatic Stress Disorder
- Acute stress disorder
- *Eating disorders*

physical (psychosomatic) complaints e.g.:

- *Migraines*
- *Stomach ulcers*
- Diseases of the uterus
- *Asthma*
- Sexual disorders

Influencing factors

A range of factors can influence the severity of a trauma induced disorder: among others, the age of the affected person and their previous experiences play a role. However, particularly important is also the living situation after the traumatic event, e.g. whether support from loved ones and a secure environment are present. Negative effects can be, for example, the complete absence of help from other people or when the feelings of the affected person and the illness are not recognised by those around him or her. Additional circumstances, such as separation from people of trust, language problems, social isolation or an uncertain residency status can mean that working through the trauma, and therefore a recovery, can, without professional help, occur only very slowly or not at all. Post-Traumatic Stress Disorder (PTSD) – a particular form of trauma induced disorder – may develop. This particularly common and severe trauma induced disorder is explained in more detail in the next chapter.



3. What is Post-Traumatic Stress Disorder (PTSD)?

The prefix 'post' comes from Latin and means 'behind' or 'after'. We are therefore dealing – as is the case with all other trauma induced disorders – with a disorder that is caused by a traumatic experience.

Types and characteristics of Post-Traumatic Stress Disorder

Normally, the signs of PTSD occur within three months of a traumatic experience. If the problems have disappeared again within a month, it is called an acute stress disorder, which – unlike PTSD – is of rather short duration and does not normally require longer-term treatment. If the complaints persist for longer, this can be an indication of PTSD.

Not all the symptoms of PTSD occur immediately: some people have complaints a short time after the traumatic experience, others some months later and some people only develop complaints many years after the traumatic event (after six months it is called delayed onset PTSD). This sometimes makes it difficult to link the illness back to traumatic events in a person's life. Recognising the illness correctly is therefore not always easy, even for experts. It is also the case that affected persons try to avoid the memory of and conversations about the traumatic experiences, so that those treating them often find out for the first time that the person has experienced something terrible only after a long period

of building trust. A good and stable relationship between the affected person and the therapist is therefore very important so that topics that have feelings of shame attached to them can also be brought up and worked on together.

Even though diagnosis is not easy, there are specific characteristics that can help identify PTSD. If the following signs occur in yourself or a loved one, they can indicate such an illness:

➔ Re-living

Affected persons re-live traumatic situations in a range of ways. This way, memories of the terrible event can force themselves on the person without him or her consciously wanting to remember them (intrusions). Affected persons often have nightmares of their experiences. So-called flashbacks also occur. This means re-living a traumatic event like a movie in front of your inner eye. People experience certain aspects of the event in the form of recurring and realistic images, noises and feelings. Certain external stimuli such as odours (burning, petrol or body odour etc.), noises (gun shots, doors banging) observations and other sensations connected with the trauma can bring up bad memories, stress and physical reactions.

➔ **Avoidance behaviours**

For fear of being swamped by negative feelings and fears, many people try to avoid everything that reminds them of their traumatic experiences. In the moment of remembering they feel threatened and helpless again, although the danger has actually passed. Memories, thoughts and feelings of the experience are avoided, as are people, conversations, places or actions that are connected to the experience.

In treatment, the danger is that – erroneously - only the physical symptoms or the psychological side effects are the focus, not the actual cause, because those affected avoid talking about their mental suffering and what they have lived through. It can also be the case that they themselves don't make the connection between their health complaints and the trauma, meaning that their avoidance is rather subconscious.

➔ **Negative thoughts, moods and feelings**

Negative attitudes, such as 'you just can't trust anyone' or negative feelings such as fear, panic, anger, shame or guilt often gain the upper hand in those affected. They feel estranged from those they are usually close to and retreat from their social environment. They often feel permanently sad, downcast and have a very negative view of their own future. On the other hand, affected persons experience themselves as emotionally cold and numb. Intensely positive feelings such as joy, contentment or tenderness are then lost.

➔ **Agitation**

Signs of agitation belong to the next group of symptoms of Post-Traumatic Stress Disorder. The affected persons are as if on constant alert and have the feeling that something terrible could happen at any moment. They are therefore unable to relax and experience calm. They have difficulty falling asleep, their sleep is disrupted or they wake up very early every morning and tend to worry constantly, which is experienced as very stressful. They are often easily startled, e.g. by banging noises that are reminiscent of combat situations. Insignificant events in their surroundings may cause them to react with choleric rage and aggression towards others, e.g. family members or objects, behaviours they did not know they had before the trauma. Agitation can also lead to a lack in the ability to concentrate.



Co-morbidities

Beyond the symptoms mentioned above, many people with Post-Traumatic Stress Disorder also suffer from so-called co-morbidities (coinciding illnesses or disorders).

→ Panic or anxiety disorders

These can be triggered by something that reminds those affected of the trauma (in case of panic disorder, feelings of panic can also appear without a concrete trigger). At the time, these persons suffer from severe fear without any external reasons observable by others. *Panic attacks* also manifest as physical reactions such as a racing pulse, sweating, trembling, feelings of shortness of breath or asphyxiation, chest pain, nausea, vertigo, cold shivers, hot flushes, dizziness, numbness or pins and needles. In such moments of severe fear it is possible that the person believes he or she is going 'crazy', is dying or is having a heart attack.

→ Depression

Many traumatised people lose interest in things that used to bring them pleasure, feel permanently sad and hopeless. These depressive thoughts and feelings can become so strong that those affected are visited by thoughts of no longer wanting to be alive or even of taking their own life.

→ Alcohol and drug abuse

To relieve their pain and to avoid the terrible images in their head or to be able to sleep at all, it is possible that affected persons consume alcohol excessively or begin to take drugs. Abuse of alcohol, illegal or prescription drugs can mean that treatment is not having the desired effect and, beyond this, the substance abuse further damages mind and body. The effect of these substances always numbs psychological pain only for a short period. Such substance abuse should always be brought up openly with the treating doctor or therapist so that a solution can be found.

➔ **Additional disorders**

Post-Traumatic Stress Disorder can lead to affected persons feeling very alone, despite social support. They are concerned about not being understood, they are suspicious, feel betrayed and, in some cases, have difficulty managing day-to-day life. Lack of concentration at work or at school may occur just as much as a fear about leaving the house after dark. Others may, after a traumatising experience, have problems with being by themselves. *Psychotic symptoms*, which can manifest in the form of *hallucinations* and/or *delusions*, may in very rare cases also be part of Post-Traumatic Stress Disorder.

The post-trauma situation

It is always very important that people with psychological and/or psychosomatic complaints get professional help quickly, so that the disorder does not become worse and so that they have the opportunity to find their way back to ordinary life. If you detect symptoms of Post-Traumatic Stress Disorder in yourself or a loved one, you should urgently seek medical and/or therapeutic assistance. However, as with all trauma induced disorders, this does not mean that every person who has experienced something traumatic automatically requires therapy.

Traumatised children

Children can become ill with trauma induced disorders just as adults can if they have experienced traumatising events such as abuse, warfare, natural disasters, the loss of important relationships etc. They suffer in the same way and their development may be significantly affected by these experiences. However, it is assumed that the signs of illness show somewhat differently in children than in adults. Children that are affected by PTSD generally have symptoms similar to those of adults. Because of their age, they may not be able to express themselves as well as adults and may exhibit symptoms in different ways. Children, for example, often work through traumatic experiences through play, e.g. when they playfully stage scenes of the terrible event. Some children withdraw, lose interest in play and other activities entirely, are hyperactive, tend towards mood swings (tantrums) or no longer show joy. Older children may have difficulties at school, may lose interest in meeting friends or in leisure activities in general.

4. Where can I get assistance?

In the first place, it is important to know that any human being can get such a stress disorder. Feelings of shame and guilt in those affected are an expression of their inability to work through it. Psychological disorders should be taken just as seriously as physical illness and must be treated professionally.

In general, many good options for advice and assistance in case of mental illness are available in Germany. Specific *trauma therapies* are also on offer. For most complaints, the initial access point is usually the *general practitioner*. Depending on the type of symptoms, he or she will then refer to a medical specialist or psychotherapist, i.e. someone who is qualified through their university degree and subsequent training to treat psychological disorders. However, for an initial consultation you can also go directly (by making an appointment) to one of the following types of experts:

- Medical Psychotherapist
- Psychology-based psychotherapist
- Child and adolescent psychotherapist
- Medical specialist for psychiatry and psychotherapy
- Medical specialist for psychosomatic medicine and psychotherapy
- Medical Specialist for child and adolescent psychiatry.

All these professional titles are explained in detail in the glossary. All experts listed have completed special training that enables them to make a diagnosis, recommend suitable therapeutic methods and apply them in collaboration with you. In addition, there are specialists for trauma therapy. They carry the additional title “psycho-trauma therapy specialist”.

Advice and initial orientation

For example, the counselling centres of the *community mental health service* (sozialpsychiatrische Dienste) can assist you in your search for a treatment that is suitable for you. Your general practitioner or a *self-help* group can also assist you and provide good advice. In addition, there are specific internet pages where you can obtain information.

What to do in an emergency

In urgent cases, e.g. when you or a loved one has strong suicidal thoughts or intentions, you can all emergency services by **dialling 112**.

Please note that you, no matter whether you go to your general practitioner, a medical specialist or therapist, must always bring your *health insurance card* with you.

All doctors, therapists and counselling centres are subject to patient confidentiality. This means that no information about you may be passed on to other people.

If you are very unwell and you need immediate assistance, you can also turn to

so-called *psychiatric crisis intervention services* (psychiatrische Krisendienste) or go directly to a *psychiatric hospital* (psychiatrische Klinik).

You can find contact information for some of these services in the referrals section of this guide.

Regarding service provision, regulations applying to asylum seekers differ in some parts. Please ensure you note the information below.

Special information for asylum seekers

Because asylum seekers can't easily obtain statutory insurance during their first 15 months in Germany, they are eligible for services under the Asylum Seeker Benefits Act (Asylbewerberleistungsgesetz, AsylbLG).

In contrast to the statutory cover provided by a health insurance provider, restrictions to access to medical services exist for asylum seekers. **Accordingly, eligibility for medical assistance is provided for acute illness or acute pain as well as for chronic diseases that may lead to deterioration in health status if they remain untreated.** Psychological illnesses however, are in general not recognised as 'acute' by the legislative, and treatment is therefore not necessarily covered by the state. Neither can asylum seekers normally 'just turn up' at a medical practice. In case of illness, their initial access point is in most cases their local Office for Social Services (Sozialamt). There, an administration officer must assess whether an illness is present and whether the person is eligible for services. If this is the case, asylum seekers are issued a medical care voucher, which they can then use to go to a doctor.

If a person has been in Germany as an asylum seeker for at least 15 months, or if the person has previously been recognised as entitled to asylum, they are eligible for services according to the Social Law Code (Sozialgesetzbuch, SGB). From this time on, membership in a statutory health insurance fund is possible. While this makes access to psychotherapy easier in general, there are no consistent rules regarding cover for the costs of interpreters. Please also refer to the section titled "interpreters" on page 20).

5. How is Post-Traumatic Stress Disorder treated?

Both the type of trauma and the accompanying circumstances are significant for determining the correct type of treatment of Post-Traumatic Stress Disorder.

Normally, Post-Traumatic Stress Disorder is treated within the framework of psychotherapy. In most cases, several therapeutic methods are used as described further below. Trauma therapy is very well developed in Germany and can achieve good results, especially if the illness is detected early and the treatment can occur in a secure environment. However, the process of trauma therapy is always tailored to the individual needs and particular difficulties of the affected person.

There is a range of therapeutic methods, all attributing particular significance to talking (talking therapies). Three of them are recognised by statutory health insurers in Germany, i.e. their costs are covered: behavioural therapy, depth psychology based psychotherapy and analytical psychotherapy.

Behavioural therapy

Behavioural therapy aims to recognise and change problematic behaviours (e.g. extreme scepticism or negative thinking), which can contribute to the causes of the illness, through conversations, exercises and new insights and so aims to also allow for new experiences and ways of behaving. Dealing with and changing problematic ways of thinking and supplementing or changing the repertoire of behaviours are important therapeutic goals, while current problems remain the focus.

Depth psychology based psychotherapy

A form of therapy that assumes that conscious as well as subconscious psychological processes impact the mental health of a person. Insights into problematic behaviours and suffering through raising subconscious conflicts or occluded experiences to consciousness are, from this perspective, a sensible starting point for treating mental disorders.

Analytical psychotherapy

This therapeutic approach places past life experiences and the related subconscious conflicts and their resolution at the centre of the therapy. Similar to depth psychology based psychotherapy, its therapeutic conversations are about making the patient aware how unresolved past conflicts are connected to present and current stresses. Recognising these connections makes it possible to learn from past experiences, e.g. to change negative thinking and use these insights to work through the trauma.

Inpatient and outpatient treatment

It is possible to have the treatment, normally once per week for an hour, as an outpatient. This means that the affected person visits a psychotherapeutic practice for a period of time while maintaining their normal daily routine. For so-called day treatment therapies, patients are treated during the day in day clinics, but spend their evenings and weekends at home. Inpatient stays are recommended when, for example, physical as well as mental problems are present or the affected person is so severely ill that



they cannot cope with day-to-day life. In this case, patients are treated in psychiatric and psychotherapeutic hospitals. They stay there overnight and are cared and catered for.

Treatment with medication

In some cases it can be necessary to use medication as part of the therapy, e.g. to reduce anxiety and hyperactivity and for the treatment of other co-morbidities. This can happen as an adjunct to psychotherapy, or if psychotherapy is not yet possible or does not have the desired results. However, medication cannot serve as a substitute for therapy. It is crucially important that you follow the doctor's instructions and never on your own accord increase or decrease the amount of medication to be taken.

Treatment goals and processes

Treatment may be carried out as individual or group therapy. As indicated above, therapeutic concepts are often multidimensional, i.e. doctors and therapists use the approaches of a range of disciplines to offer the best possible assistance.

Many people who have experienced trauma experience their life as if it had 'stopped in its tracks' at the time of the traumatic event. They fear they may never 'get themselves back'. Psychotherapy helps to work through the trauma, to rebuild trust and to begin to participate again – step by step - in ordinary life.

Independent of the therapeutic approach used, important goals are always:

- Reducing the intrusions
- Relieving tension or extreme restlessness/nervousness and sleep disorders
- Reducing the feeling of immediate threat
- Reducing behaviours that stand in the way of working through the trauma (reducing avoidance behaviours)

Therapy is normally divided into three phases and often lasts, depending on the therapeutic approach, around one to two years. Within the context of therapy, the affected person is offered a secure environment that enables communication with the therapist based on mutual trust. Psychotherapy should always take place with mutual respect and trust, so that a good and stable working relationship can develop. By the way, patient confidentiality also applies to psychotherapists! It also applies to interpreters who might be asked to assist where communication is difficult (see also the notes in the text box on "Interpreters" on page 20).

➔ Stabilisation and *psychological education*

It is a very important prerequisite for the successful therapy of Post-Traumatic Stress Disorder that the affected person is safe and not in any danger of living through the traumatising event again. It is important that the patient feels safe during the therapy.

As a first step, the therapist will talk with the affected person about the strongest symptoms and about his or her expectations of the therapy. As part of psychological education, the patient receives an explanation of why he or she is experiencing these symptoms, how they are caused by the disorder and how they can be reduced or completely resolved by the therapy. The therapist will explain that, while certain behaviours and ways of thinking, such as

avoiding particular places or the suppression of thoughts, may be useful natural mechanisms of protection in dealing with the trauma, they may represent barriers to working through the trauma. The therapist will make it clear that positive change can be achieved collaboratively during the course of the therapy. Stabilisation may take a shorter or longer time, depending on how unwell the affected person is.

➔ **Working through the trauma during the therapy**

As soon as the affected person is in a secure environment (and therefore no longer exposed to the trigger of the trauma) and stabilised, it can be useful to talk about the trauma with the therapist. However, it is important to know that nobody is forced to talk about the event unless they want to, as it can be very stressful to cast one's mind back to the traumatic event. The therapy is about remembering and talking about the trauma consciously and in a controlled way in order to integrate the event into one's life story in a useful way through recounting it (also called 'narrative'). Fears etc. can

be reduced through conscious and deliberate reliving of the experience. The feeling of stress is reduced during the course of therapy, as is the fear of dealing with the trauma. However, whether it is even possible or useful to talk about the trauma depends on several factors (among others on the severity of the traumatisation) and is agreed between the therapist and the patient. Because every person is different, every course of psychotherapy is also very individual and personal.

Therapy also includes the learning of techniques for dealing with the symptoms of trauma. In behavioural therapy, for example, the patient sometimes even has 'homework' set by the therapist. He is asked to apply the proposed techniques and assess to what degree they alleviate his symptoms and improve his wellbeing. The results and feelings are then discussed in the subsequent session with the psychotherapist.

EMDR

When fears overwhelm the affected person so as to prevent starting therapy immediately, it is possible for the psychotherapist to use a method called EMDR. Here, feelings perceived to be uncontrollable can be reduced through rapid eye movements, which the affected person performs under the guidance of the therapist. This method may be used throughout the course of therapy.

Always tell your therapist if you do not agree with some part of the therapy or if you would rather not talk about certain things.

➔ **Preparing for life after therapy**

In the last phase of treatment, the patient is being prepared for the time after the therapy. It is an important goal to enable the affected person to return to a normal life and to manage daily activities. As soon as the patient feels secure and stable and when intrusions and uncontrolled stress and anxiety have reduced significantly, the therapy itself can be concluded. Before the conclusion of therapy, however, the affected person discusses once again with the therapist how to deal with symptoms and memories of the trauma, should they recur.

Options for post-treatment care are arranged in conjunction with the therapist. In many cases it is recommended, for example, to join a self-help group or *occupational therapy* services, e.g. to make use of endurance and resilience training beyond psychotherapy. Learning relaxation techniques can also be useful.

Interpreters

Especially for psychotherapeutic treatment, it is very important that therapist and patient understand each other well linguistically. If communication with the therapist is very difficult or impossible and no therapist with the same first language is available, an interpreter may be called in. The affected person themselves or their loved ones can indicate that they would like an interpreter. The Bayerisches Zentrum für Transkulturelle Medizin e.V. (Bavarian Centre for Transcultural Medicine Inc.) in Munich assists with finding interpreters for outpatient as well as inpatient therapy sessions. Where the costs of the psychotherapy are covered by the Asylum Seeker Benefits Act (Asylbewerberleistungsgesetz), the costs of interpreting are also covered, but this must be applied for explicitly. If the psychotherapy is paid for by statutory health insurance, the office of social services or the job centre can co-finance the costs of interpreters if eligible. Some treatment centres also pay for the use of interpreters. Please ask your therapist.

6. How can friends and relatives provide support?

It can be very painful for relatives to see loved ones suffer. However, even well meaning, benevolent words can deepen negative feelings such as shame and fear in a person who has been traumatised. It is basically correct to send a signal that it is OK to talk about the experience again and again. This makes the affected person feel understood, less alone with his or her problems and releases them from their feelings of guilt. However, it is important not to pressure him or her because of the danger of *re-traumatisation*. Always take health complaints expressed in your presence seriously (especially suicidal intentions and thoughts) and acknowledge the other person's suffering. Encourage the affected person to seek help and offer your support in this. In Germany, there are counselling centres and self-help groups that also support relatives in such situations. There you will, on the one hand, be shown how to act towards the person who has been traumatised, on the other had you can get assistance if you feel severely stressed yourself. You can find addresses and telephone number in the address list in this guide.

As a relative, acquaintance or friend you can and should always seek assistance from a counselling service if:

- You have the feeling that your loved one has changed since a negative event occurred
- You notice the symptoms described in this guide in someone you are close to, even if you aren't sure that a traumatising event has occurred
- You would like to become informed about the illness or would like assistance in interacting with the affected person

In an emergency, you always have the option of attending a clinic or counselling service together with the affected person.



Glossary

Addiction

Dependency on intoxicating substances such as alcohol, medication, drugs or nicotine, which manifests as a strong desire for the substance. Some behaviours can also become addictive (e.g. gambling or media addiction)

Anxiety disorder

Affected persons experience either un-specific anxiety or they fear something in particular (phobias). One form of anxiety disorder is panic disorder, where those affected experience strong feelings of panic (▶ panic attacks) in the absence of any concrete external trigger. Typical symptoms are e.g. dyspnoea, breaking out in sweats and/or nausea.

Asthma

▶ *Chronic* inflammatory disease of the respiratory system; dyspnoea, shortness of breath, laboured breathing, tight feeling in the chest, palpitations, exhaustion, fear, restlessness

Basic trust

The kind of trust developed in childhood, which creates a very important foundation for the development of self-confidence in life and for entering positive relationships with other people. This basic trust can be shaken or destroyed through neglect or abuse.

Chronic

Long lasting or developing slowly

Community mental health service

A service offering local assistance to people with a mental illness and their relatives. Assistance generally includes advice, care and assistance in severe crises.

Delusions

Thoughts and imaginations that are held onto with conviction although they do not equal reality. Paranoia is one example: a person thinks he or she is being pursued although this is not true.

Depression

A psychological disorder characterised, among others, by a deep sadness, lack of motivation and dejected mood. It is called depression if these symptoms persist for at least two weeks.

Disorientation

Affected persons do, for example, not know who and/or where they are or which day it is, having lost any sense of space and/or time.

Eating disorders

Eating disorders are classified as psychosomatic disorders. Those affected are constantly occupied by 'food'. This can manifest as anorexia (sometimes with severe underweight), obesity (severe overweight), bulimia (binge and purge addiction) and other pathological ways of dealing with food. All eating disorders listed here have wide-ranging health consequences.

EMDR

Eye Movement Desensitisation and Reprocessing: a psychotherapeutic method that helps to deal with trauma. It uses rhythmic eye movements to reduce fears.

Occupational therapy

Occupational therapy aims to restore perception and psychological sensitivity and is supposed to assist patients regain the ability to cope with everyday life and their social environment. It uses physical exercise to build up endurance, concentration and resilience.

General Practitioner

Practice for internal medicine or general medicine and initial access point for patients with health problems. For asylum seekers, the initial access point is usually the local Department of Social Services (Sozialamt).

Hallucinations

Seeing things, smelling odours or hearing sounds that are physically undetectable.

Insurance card

A plastic chip card that must be carried to appointments with doctors or psychotherapists. It includes a photograph and the name of the insured person. It is necessary for claiming health insurance reimbursements and is scanned at the medical practice. Asylum seekers only receive this card after 15 months of residency.

Migraine

Pulsating, hemispherical headache, often with nausea, vomiting and sensitivity to light and/or noise; sometimes disruption of sensory perception

Panic attacks

► Anxiety disorders

Post-traumatic

Occurring after a traumatic event

Psyche

Entirety of human feeling, sensory perception and thinking

Psychiatric crisis intervention service

Emergency service providing rapid assistance (e.g. in case of strong suicidal ideation), especially at weekends and on public holidays.

Psychiatric hospital

Hospital specialising in the treatment of mental disorders, mostly consisting of several departments.

Psychiatric (and psychotherapeutic) specialists

These professionals can be accessed by those affected by psychological complaints:

Medical specialists in psychiatry and psychotherapy, psychosomatic medicine and psychotherapy as well as medical psychotherapists: these are medical doctors who have completed specialist training on top of their medical degree. They are licensed to prescribe medication. Many of these medical specialists have attended professional development in psychotherapy beyond their medical specialisation, which enables them to also provide their patients with treatment using psychotherapeutic approaches.

Psychologists: have completed a degree in psychology and have been awarded the academic title of Graduate Diploma in Psychology (Grad Dipl.-Psych.)

Psychology-based psychotherapists are not medical doctors and therefore do not prescribe medication. They have completed a degree in psychology as well as several years of professional training in psychotherapy and specialise in e.g. behavioural therapy or depth psychology based psychotherapy.

Psychoanalysts are mostly medical doctors or psychologists who have completed additional training in psychoanalysis.

Natural therapists (Heilpraktiker) for psychotherapy are not medical doctors and therefore not licensed to prescribe medication. However, they have permission to provide psychotherapeutic treatment. They have passed a statutory examination, but their services are not covered by statutory health insurance.

Trauma therapists are psychologists, medical doctors or social workers with additional professional training in trauma therapy.

Medical specialists in child and adolescent psychiatry and psychotherapists for adolescents are specially trained experts for the treatment of children and adolescents up to the age of 21 years.

Psychological education

Disseminating knowledge about the disorder to patients in order to increase their understanding of their own symptoms. This can provide relief and develops self-help capacity.

Psychosomatic

Physical illnesses that can be entirely or partially linked to psychological causes.

Psychotic disorder

(Temporary) illness that includes e.g.
▶ delusions or perception disorders such as ▶ hallucinations or illusions

Re-traumatisation

Additional traumatic experience that may cause a worsening of the illness

Self-help group

People who face similarly difficult life problems, such as illness, meet in self-help groups. Exchanging experiences in the group helps to be able to better deal with problems and to encourage each other.

Social isolation

Self-imposed retreat or exclusion by others causing the loss of most or all human relationships.

Stomach ulcers

Inflammations of the mucosal lining of the stomach; stabbing stomach pain, nausea, vomiting. If complications occur, blood may be present in the vomit and/or stools

Stress disorder

Psychological reactions in relation to an event that is experienced as stressful

Trauma therapy

Trauma therapy uses a range of psychotherapeutic methods to treat people with a mental illness that is caused by a traumatic experience.

Contact Information

Bayerische Landeskammer der Psychologischen Psycho- therapeuten und der Kinder- und Jugendlichenpsycho- therapeuten (PTK Bayern)

Birketweg 30
80639 München
Ph.: 089 5155550
Email: info@ptk-bayern.de
www.ptk-bayern.de

PTK Bayern is the statutory professional association for adult as well as child and adolescent psychotherapists in Bavaria.

The work of PTK Bayern includes the prevention of mental illness as well as care assessments for people with mental illness and disabled people.

An online search function offers the opportunity to find qualified psychotherapists near you (including a search function by language).

Bayerisches Staatsministerium für Gesundheit und Pflege

Haidenauplatz 1
81667 München
Tel.: 089 5402330

Gewerbemuseumsplatz 2
90403 Nürnberg
Ph.: 0911 21542-0
Email:
poststelle@stmgp.bayern.de
www.stmgp.bayern.de

The Bavarian State Ministry for Health and Care Services is responsible for the entire Bavarian health system.

With its Bavarian Prevention Plan, the Ministry would like to contribute to early detection of mental illness, so that appropriate support can be found for those affected. Apart from the expansion of mental health services, an important focus for the coming years will be the development of a Bavarian Mental Health Assistance Act, whose core aim is to establish crisis intervention services for people in acute mental health emergencies with coverage across Bavaria.

Bayerisches Zentrum für Transkulturelle Medizin e.V.

Landshuter Allee 21
80637 München
Ph.: 089 189378760
Email: info@bayzent.de
www.bayzent.de

The aim of the centre is to spread the ideas and concepts of transcultural work, and to promote the interdisciplinary collaboration among personnel from the medical, social, psychological and ethnological practice and research fields in this area.

The centre offers a community interpreting service in Munich.

Dachverband der transkulturellen Psychiatrie, Psychotherapie und Psychosomatik im deutschsprachigen Raum e.V. (DTPPP)

Dr. Solmaz Golsabahi-Broclawski
MD PhD
Postfach 2622
59016 Hamm
Email: sekretariat@dtppp.com
www.transkulturellepsychiatrie.de

The DTPPP Inc. is a not-for-profit umbrella organisation for professionals and institutions active in the area of psychiatry, psychotherapy and psychosomatic illness. It would like to contribute to improved networking among those working in the field.

In addition, the association also offers information in a range of languages for those affected as well as others interested in the topic of psychotherapy.

Deutsch-Russische Gesellschaft für Psychiatrie, Psychotherapie und Psychosomatik e.V. (DRG.PPP)

c/o LWL-Klinik Dortmund
Prof. Hans-Jörg Assion
Marsbruchstraße 179
44287 Dortmund
Email:
hans-joerg.assion@wkp-lwl.org
www.drgppp.lwl.org

The DRG.PPP initiates and disseminates research results and therapeutic concepts relevant for the target groups to the health and services sectors, and plans and organises the continuing professional education of doctors, psychologists and other therapeutic and social professionals in the area of transcultural services of people from countries of the former Soviet Union where the Russian language is spoken.

Deutsch-Türkische Mediziner-gesellschaft Bayern e.V.

Allersberger Straße 81
90461 Nürnberg
Ph.: 0911 476363
www.dtm-bayern.de

The aims of the association include obtaining and disseminating medical professional knowledge, the promotion of mutual understanding between Turkish and German origin representatives of both societies, as well as the integration of the Turkish population living here, including helping to reduce socio-cultural barriers and prejudices.

**exilio – Hilfe für Flüchtlinge
und Folterüberlebende e.V.**

Reutiner Straße 5
88131 Lindau
Ph.: 08382 409450
Email: info@exilio.de
www.exilio.de

As a not-for-profit organisation, exilio Inc. advocates for the rights of migrants and refugees, and offers psychological as well as medical assistance to survivors of torture in particular.

Gesellschaft für türkischsprachige Psychotherapie und psychosoziale Beratung e.V. (GTP)

c/o Hüseyin Yüksel
Humboldtstraße 13
58511 Lüdenscheid
Email: h.yueksel@gtp-aktpt.de
www.gtp-aktpt.de

The GTP is a coalition of Turkish-speaking psychotherapists and others working in the area of social psychology who want to increase the quality of their professional work with immigrants from Turkey through peer networks and professional development. On the GTP home page you can find a Germany-wide contact list of Turkish-speaking psychotherapists.

**Kassenärztliche Vereinigung
Bayerns (KVB)**

Elsenheimerstraße 39
80687 München
Ph.: 089 570930
Email: info@kvb.de
www.kvb.de

The KVB ensures medical and psychotherapeutic outpatient services for the population of Bavaria.

The KVB internet pages include a search function on medical and psychotherapeutic practices (including a search function for the desired language).

KVB coordination centre personnel also assist with finding suitable therapists and specialists for a diagnostic consultation, as well as referrals to available therapy openings.

KVB coordination centre:
Ph.: 0921 7877640410
(Mon – Thu 9 am – 5 pm,
Fri 9 am – 1 pm)

**Krisendienst Mittelfranken –
Hilfe für Menschen in
seelischen Notlagen**

Hessestraße 10
90443 Nürnberg
Ph.: 0911 4248550
Email:
info@krisendienst-mittelfranken.de
www.krisendienst-mittelfranken.de

The crisis service offers assistance in the evenings and during the night to people in emotional crises and to relatives, friends and acquaintances who are worried on their behalf.

The crisis service also offers crisis assistance in Russian and Turkish.

**Landesverband Bayern
der Angehörigen
psychisch Kranker e.V. (LApK)**

Pappenheimstraße 7
80335 München
Ph.: 089 51086325
Email: lvbayern_apk@t-online.de
www.lvbayern-apk.de

The state association is a not-for-profit umbrella organisation of self-help initiatives of relatives of people with a mental illness in Bavaria. Member organisations advocate for the improvement of the life situation of people with a mental illness and their relatives.

LApK services include personal counselling and information, as well as support for groups of relatives. Non-members can also receive counselling from the LApK.

**MiMi-Zentrum für Integration
in Bayern
Ethno-Medizinisches Zentrum e.V.**

Zenettplatz 1
80337 München
Ph.: 089 52035959
Email: bayern@mimi.eu
www.mimi-bestellportal.de

The EMZ is a nationally as well as internationally active, incorporated association with recognised charitable status. The goal of its work is to enable migrants to have equal access to the benefits and services of the local health, social and education systems, as well as to the labour market. To this end, the EMZ offers an interpreting service, professional development for professionals as well as first-language health education through peer educators and multilingual health education materials on a range of health topics.

**MIT – Münchner Institut für
TraumaTherapie**

Ohmstraße 1
80802 München
Ph.: 089 36109070
Email:
info@traumatherapie-institut.de
www.traumatherapie-institut.de

Apart from theoretical and practical training in integrative trauma therapy and education, MIT offers supervision, counselling, therapy and prevention to affected individuals and teams.

open.med – Ärzte der Welt e.V.

Dachauer Straße 161
80636 München
Ph.: 089 45207658
Email:
openmed@aerztederwelt.org
www.aerztederwelt.org

Open.med is the medical service point provided by the organisation 'Doctors of the World' for people without insurance (in collaboration with Café 104). The service point offers access to basic medical care, ongoing medical treatment, prevention and advice.

**Psychologischer Dienst für
Ausländer
Caritasverband der Erzdiözese
München und Freising e.V.**

Bayerstraße 73
80335 München
Ph.: 089 23114960
Email: pda@caritasmuenchen.de
www.czm-innenstadt.de

The foreigners' psychological service is a culturally sensitive, first-language counselling centre for migrants and their families. Here, you can obtain free and anonymous counselling and therapy, e.g. for parenting or relationship problems, and in case of mental health crises.

**Psychologischer Dienst
Beratungsdienste der
Arbeiterwohlfahrt München
gemeinnützige GmbH**

Goethestraße 53
80336 München
Ph.: 089 544247-53
(Turkish, German)
Ph.: 089 544247-62 (Bosnian,
Croatian, Serbian, German)
Email: psych.migraton@
awo-muenchen.de
www.awo-muenchen.de

The AWO's psychological service is the contact point for migrants themselves and for psycho-social care services in Munich. Its services include culturally sensitive and first-language psychological counselling and therapy as well as crisis intervention for children, adolescents and adults. In addition, it provides advice to professionals regarding working with migrants.

**Psychosoziales Zentrum
für Flüchtlinge
Rummelsberger Diakonie
für junge Menschen gGmbH**

St.-Johannis-Mühlgasse 5
90419 Nürnberg
Ph.: 0911 3936340-55
Email: psz@rummelsberger.net
www.migration.rummelsberger-
diakonie.de

The psycho-social refugee centre is a pan-regional agency offering its services to refugees free of charge, and independent of nationality, religion or residency status. The PSZ's catchment area covers the region of northern Bavaria.

PSZ services include psychotherapeutic treatment and psychological counselling of adult refugees with mental disorders as well as specific trauma treatment for victims of organised (non-) state and sexualised violence, and for torture survivors.

REFUGIO München

Rosenheimer Straße 38
81669 München
Ph.: 089 9829570
Email:
office@refugio-muenchen.de
www.refugio-muenchen.de

The REFUGIO counselling and treatment centre for refugees and torture survivors offers psychotherapy, counselling, diagnosis and assessment for refugees and victims of torture in Munich.

Art and play therapy assistance is offered especially to refugee children.

Various project, professional development and research activities extend and characterise REFUGIO's work.

**Sozialpsychiatrische Dienste
in Bayern (SpDi)**

Social psychiatric services (SpDi) offer free counselling and assistance to people with addictive illnesses, geropsychiatric illnesses and to people with mental illness.

Those affected, their relatives, friends, acquaintances and work colleagues can access these services.

Some services offer culturally sensitive and multilingual counselling.

You can obtain the addresses of services near you from your local office of public health (Gesundheitsamt). You can find a list of the Bavarian public health offices on the internet at http://oegd-bayern.de/html/bayerische_gas.html

**Trauma Hilfe Zentrum
München e. V. (THZM)**

Horemansstraße 8
80636 München
Ph.: 089 12027900
Email: info@thzm.de
www.thzm.de

The services provided by the THZM aim to have preventive, educational and supportive effects, so that traumatised people receive the appropriate treatment for their illness.

It connects professionals and service providers in the fields of trauma assistance and therapy, and organises professional development for specialists.

**Trauma Hilfe Zentrum
Nürnberg e. V. (THZN)**

Glockenhofstraße 47
90478 Nürnberg
Ph.: 0176 44752020
Email: kontakt@THZN.org
www.thzn.org

The THZN offers counselling and support to those affected and their relatives, and assists them through group work (e.g. self-help groups).

For professionals, the THZN offers a forum for networking and exchange, as well as a range of professional development opportunities on the topic of trauma.

**Trauma Hilfe Zentrum
Ostbayern e. V.**

Brennesstraße 1
93059 Regensburg
Ph.: 0941 43532
Email: info@thzo.de
www.thzo.de

The members of this centre are psychotherapists (doctors, psychologists, child and adolescent therapists) and counsellors active in the field of psychological trauma. The focus of their work is people who need emergency psychological services or have developed a post-traumatic disorder.

Its internet pages provide, for example, information for those affected, including the addresses of numerous support services and therapists.

Useful websites

www.emdria.de

www.neurologen-und-psihiater-im-netz.de

www.trauma-und-sucht.de

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Trauma induced disorders and Post-Traumatic Stress Disorder (PTSD)

Causes – Consequences – Assistance

This guide provides information on psychiatric disorders that can occur as trauma-induced disorders after one or more traumatic events. Trauma-induced disorders are diverse and can manifest as depression, anxiety and/or physical symptoms. Post-traumatic stress disorder is a particular type of trauma-induced disorder, characterised, among others, by the fact that it occurs a significant amount of time after experiencing the traumatic event.

This guide offers answers to questions about the origin and treatment of psychiatric illness following traumatic experiences. It also offers a comprehensive address list, which is intended to provide those affected with an overview of assisting services in Bavaria.

The guide is intended especially for migrants and refugees. It was created as part of the 'With Migrants for Migrants – Intercultural Health in Bavaria (MiMi-Bavaria)' project.

You can find further information on the MiMi project and on the other health guides produced by the Ethno-Medical Centre on the internet at: www.mimi-bestellportal.de.

This guide was presented by: