War Trauma. PTSD After War. **Communication** with War Trauma Survivors

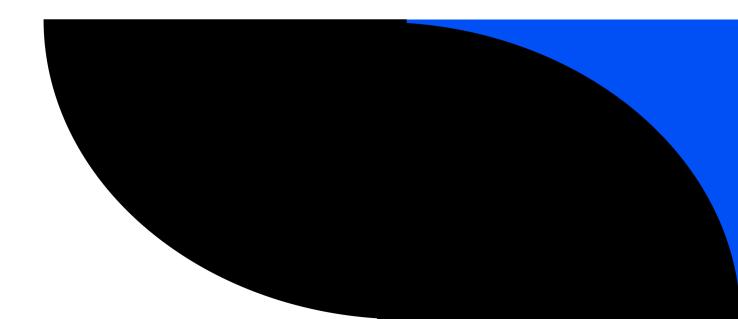
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DEVELOPING TRAINER SKILLS IN PREVENTING

TRAUM DISORDER STRESS IN ADULTS



What is war trauma?

- it's a blanket term covering any traumatic event experienced while preparing for, living through, or serving in a war
- 468 million (one in six) young people worldwide lived in a "conflict zone,"
- 1.7 billion young people (two out of three) live in a country impacted by conflict

- impacts civilians in war zones and active duty members not stationed in direct combat
- support personnel and medical personnel come back with trauma from seeing, treating, or in some cases even hearing about traumatic events

What causes war trauma?

- Witnessing war unfold
- Direct combat experience
- Seeing people wounded, mutilated, or killed
- Inflicting pain or killing another person
- Giving orders that lead to other people's pain or death



Impact of war on mental health

WHO estimated

Risks factors

"10% of the people who experience traumatic events will have serious mental health problems and another 10% will develop behavior that will hinder their ability to function effectively. The most common conditions are depression, anxiety and psychosomatic problems such as insomnia, or back and stomach aches" Women are more affected than men. Other vulnerable groups a children, the elderly and the disabled. Prevalence rates are associated with the degree of trauma, and the availability of physical and emotional support

Resilience

in	Research provides evidence about
are	the resilience of more than half of
	the population in the face of the
	worst trauma in war situations.
:	

Post Traumatic Stress Disorder

Re-experiencing

• Unwanted, distressing memories of a traumatic event that come back over and over again.

• Reliving a traumatic event as if it were happening again, also known as flashbacks.

• Upsetting dreams or nightmares about a traumatic event.

• Severe emotional distress or physical reactions to something that reminds you of a traumatic event

Hyperarousal

- sleeping problems
- difficulties concentrating
- •irritability
- anger and angry outbursts
- panic
- constant anxiety
- easily scared or startled
- self-destructive behavior (such as fast driving or drinking too much)
- a heavy sense of guilt or shame



Avoidance

- Trying not to think or talk about a traumatic event.
- Staying away from places, activities or people that remind you of a traumatic event

Coping strategies for stress and traumatic stress

Negative coping

- Social isolation and withdrawal
- Extreme avoidance of thinking or talking about • the event
- "workaholism" •
- Anger and violence •
- Frequent use of alcohol and drugs

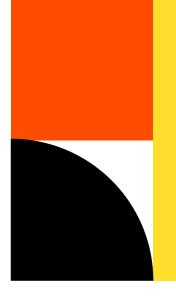
- Social support ٠
- Positive distracting activities ٠
- Setting and achieving goals •
- Changing expectations/priorities
- Exercise
- Counseling
- Humor

Positive coping

Learners impacted by exposure to war trauma

- Difficulties with social functioning \checkmark
- ✓ Sense of isolation
- ✓ Cultural differences
- ✓ Separation from family and friends

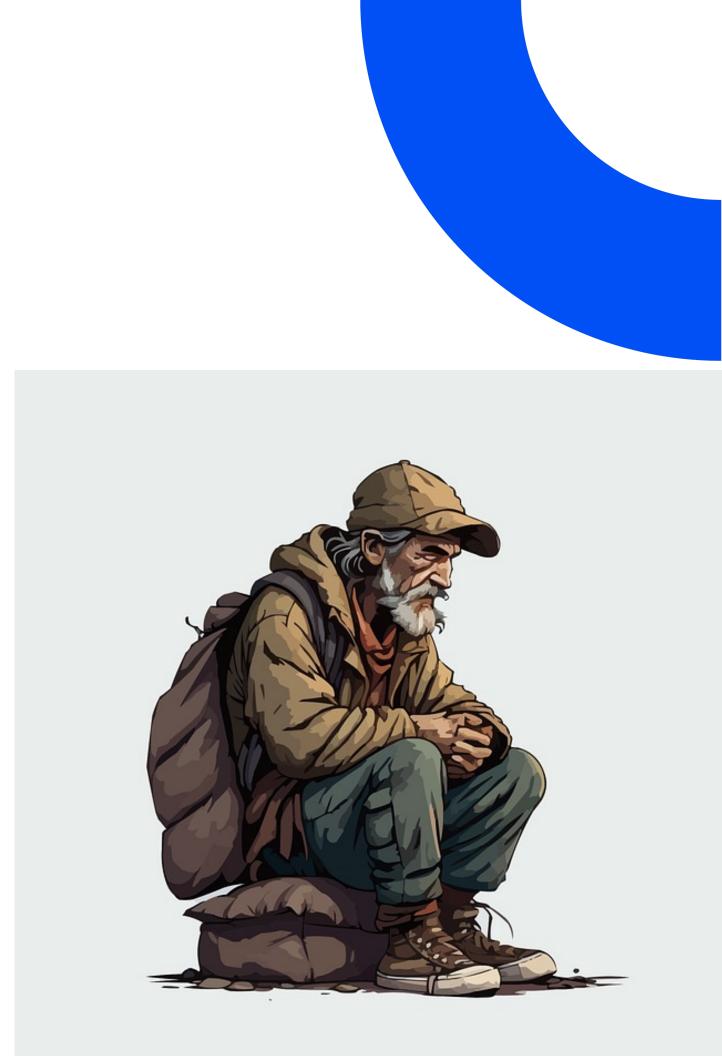
- ✓ Emotional disorders
- \checkmark Grief after the loss of loved ones
- ✓ Many things can be triggers



✓ PTSD (Post-Traumatic Stress Disorder)

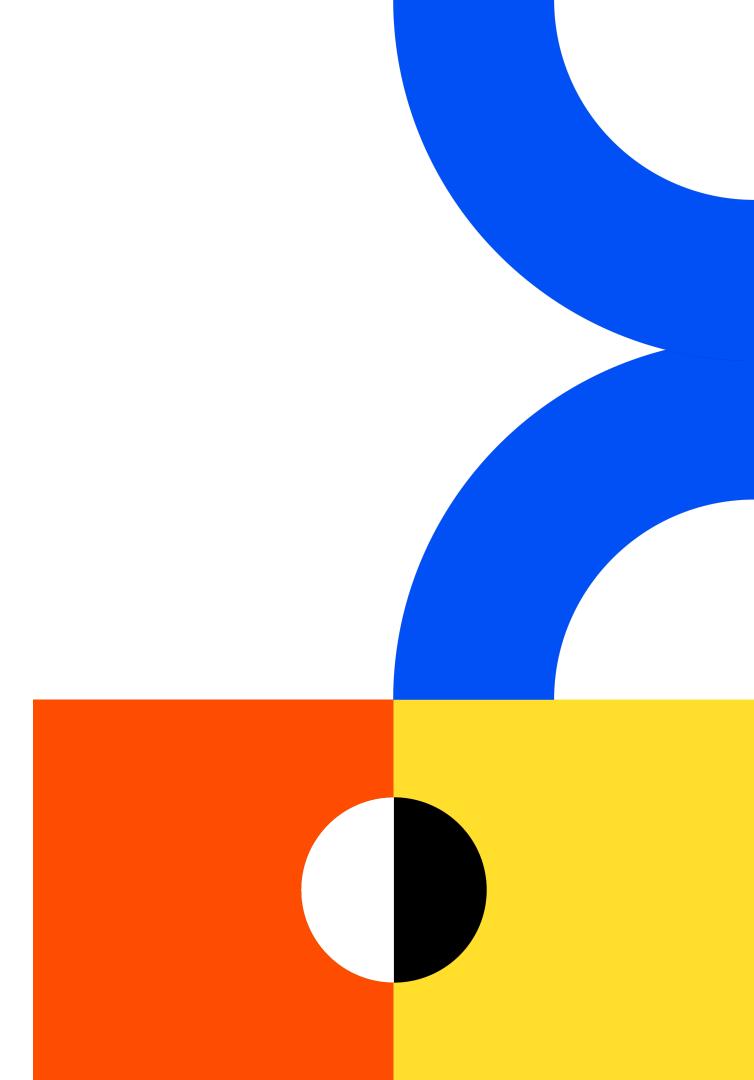
Refugee Experiences

- living in regions of long-standing conflict
- ongoing threat of injury, death, and loss of safety
- impositions of ideologies
- economic deprivation
- false hope



Risk Factors

- traumatic stress
- separation and isolation
- lack of access to resources
- barriers to migration
- stigma/backlash
- cultural barriers





Psychological First Aid

- establish safety and security connect to restorative resources reduce stress-related reactions foster adaptive coping • enhance natural resilience

Maslow's Hierarchy of Needs



Belonging and love needs

Safety needs

Physiological needs

Framework for intervention



Safety



Connectedness

Calming

Self-efficacy



Hope





Psychological First Aid – Guidelines

DO:

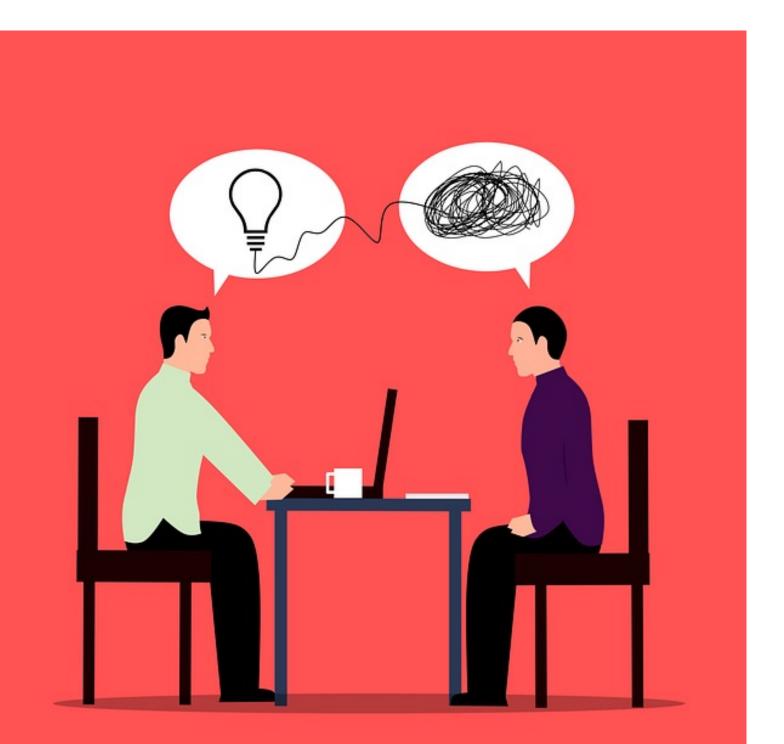
- Be honest and trustworthy
- Respect a person's right to make their own decisions
- Convey that even if help is refused, it can still be accessed in the future
- Respect privacy and confidentially
- Adapt to culture, age and gender

NOT DO:

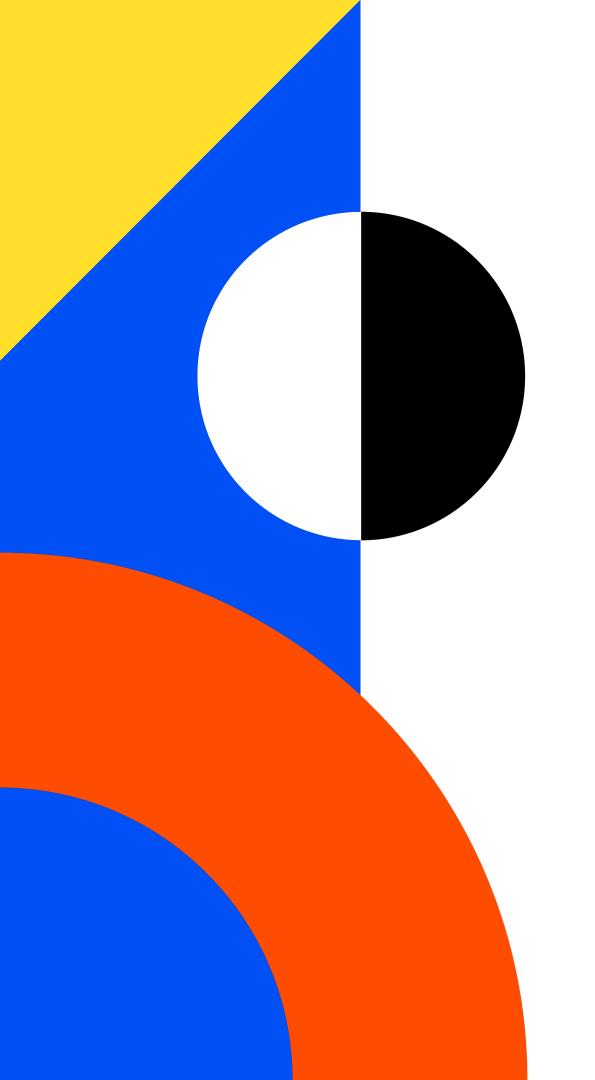
- Make false promises Give inaccurate information • Exaggerate what you can give • Force help on people • Pressure someone to tell you their

- story
- Judge actions or feelings Share stories with others • Exploit your relationship

Beneficial provider attributes



- Good listener
- Patient
- Caring
- Trustworthy
- Approachable
- Empathetic
- Culturally competent Nonjudgmental
- Kind
- Committed
- Flexible



Contact and Engagement

- Observe to identify people who seem hurt, confused, or upset
- Make basic introductions
- Remember cultural differences
- Identify immediate needs
- Remember that some might not want to engage

Supportive comments

"No wonder you feel..."

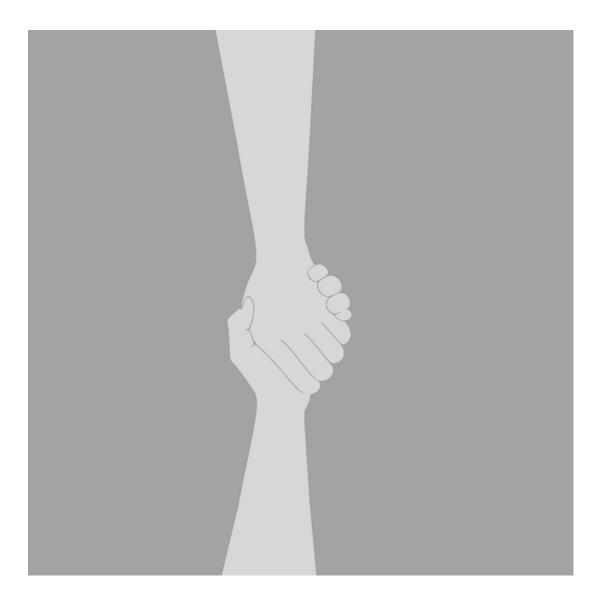
"It sounds really hard..."

"It sounds like you're being hard on yourself…"

"It is such a tough thing to go through something like this"

"I'm really sorry this is such a tough time for you"

"We can talk more later if you'd like…"



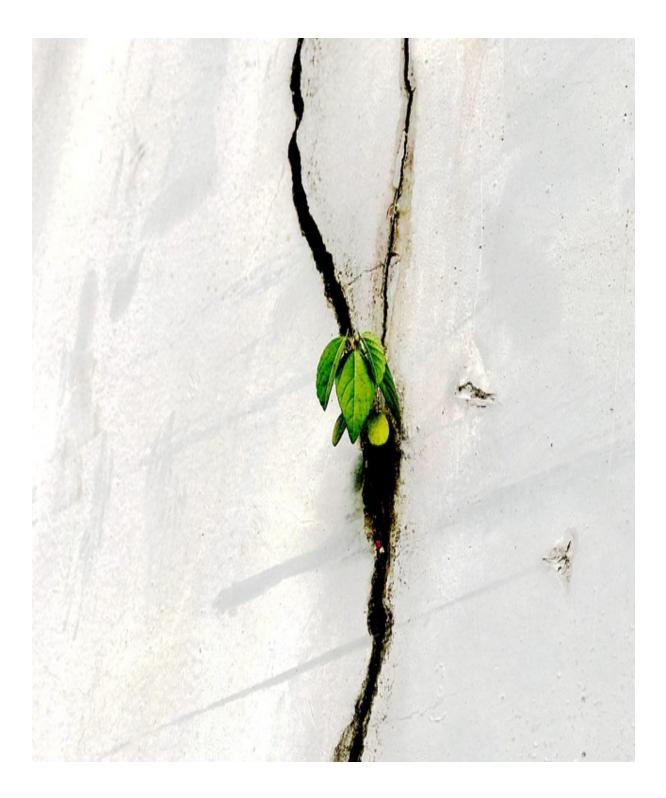
Empowering comments/questions

"What have you done in the past to make yourself feel better?"

"Are there any things that you think would help you to feel better?"

"I have an information sheet with some ideas about howe to deal with this... Maybe there is an idea or two here that might be helpful for you"

"People can be very different in what helps them to feel better. When things got difficult for me, it helped me to… Would something like that work for you?"



Do's for building a connection

Find an uninterrupted time and place to talk

Show interest, attention, and care

Show respect for individual ways of coping

Talk about reactions that are to be expected, and about healthy ways of coping

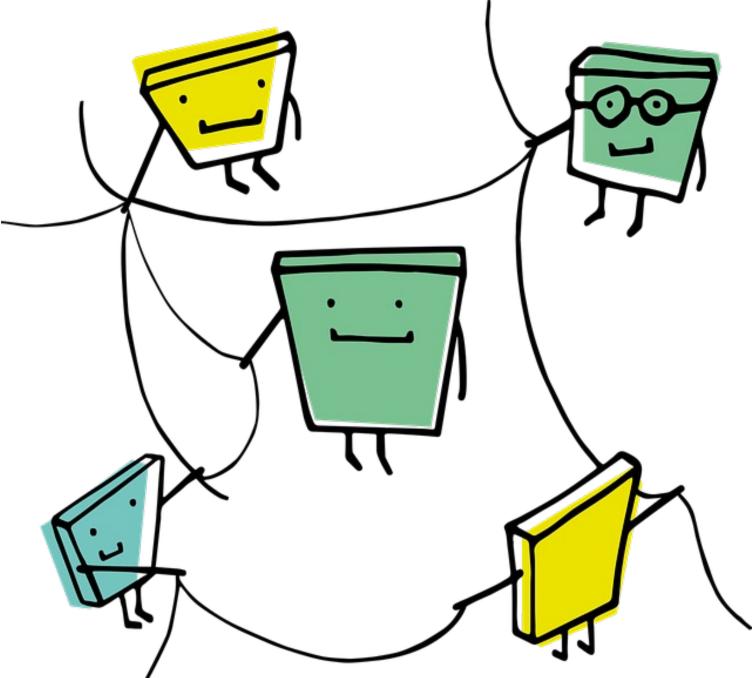
Acknowledge that stress can be heard

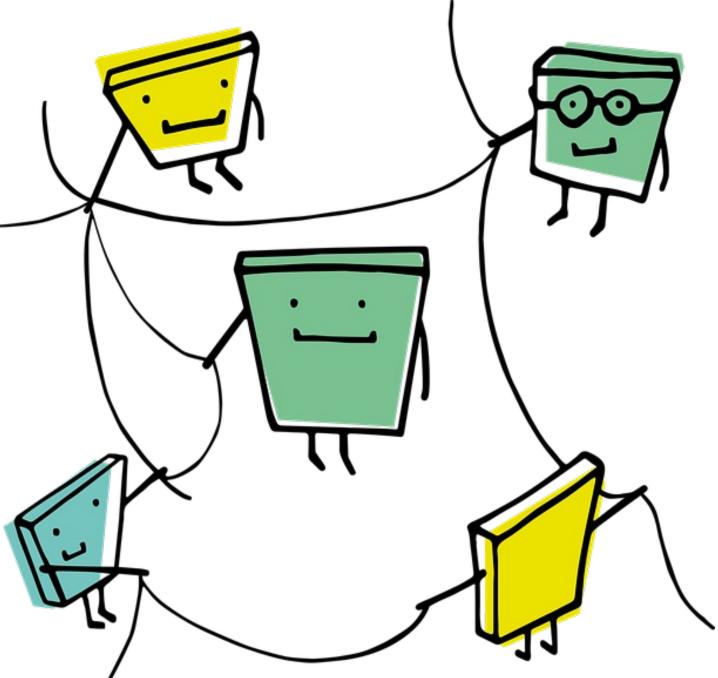
Be free of expectations or judgments

Help brainstorm positive ways of coping

Conwey your belief in their ability to handle what is in front of them

Offer to talk or spend time togheter as many times as is needed





Safety and comfort

Ensure immediate physical safety

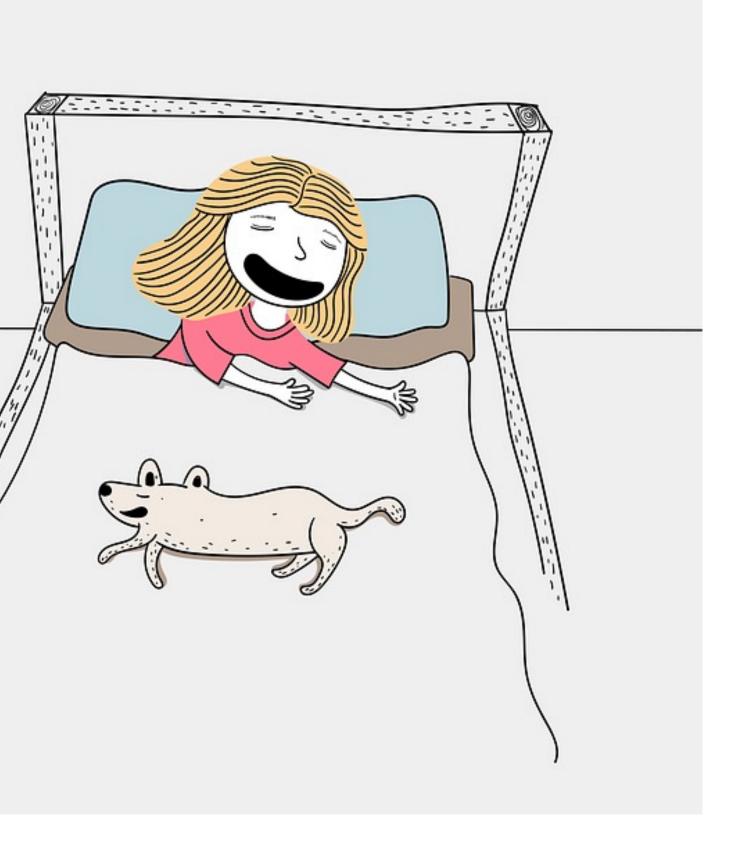
Provide information about disaster response activities and/or services

Offer physical comfort

Offer social comforts and link to other individuals

Protect from additional trauma and potential trauma reminders

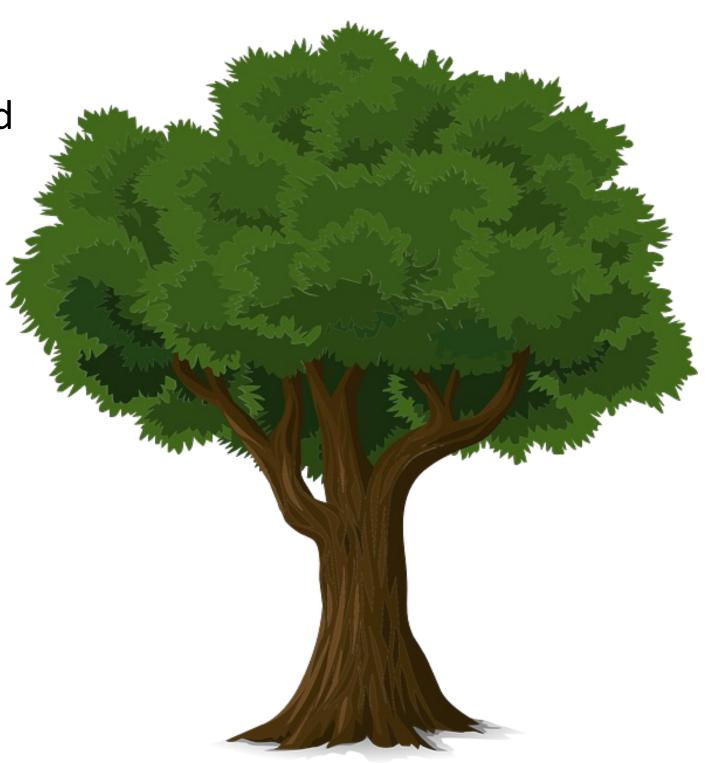
Discuss media viewing

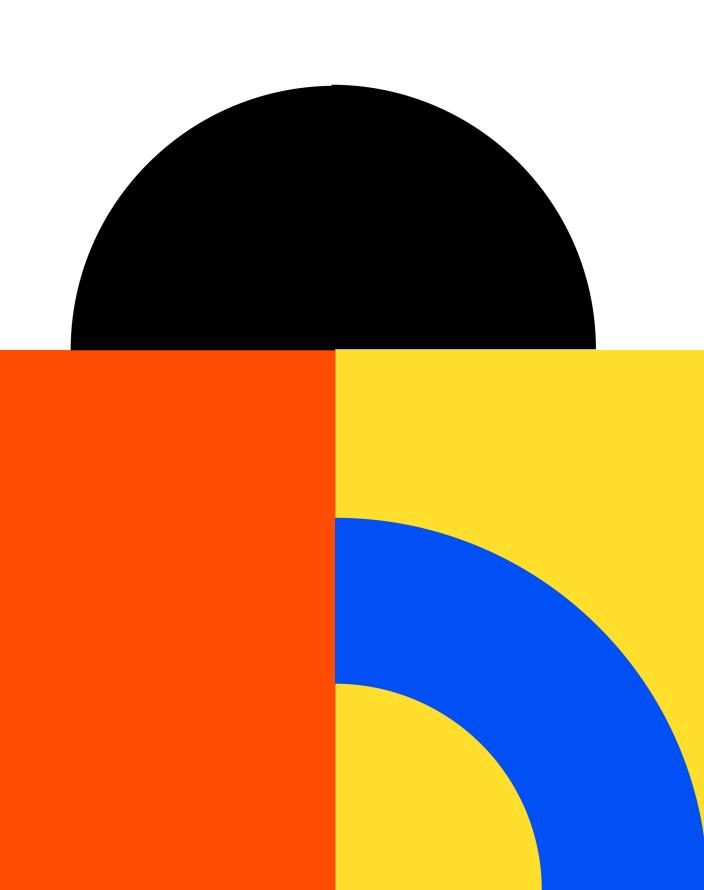




Stabilization

 The goal is to calm and orient emotionally-overwhelmed and distraught survivors





Key Points: Stabilization

- It's your presence that can help the most with some people (our breathing, our stance, relaxed versus leaning forward, anxious versus calm, slow speed of talking, etc)
- Most people will not need stabilization. The challenge is to figure out who may need it, recognizing that most people may not
- People will react differently to what they are going through. Just because a person is reacting intensely doesn't mean they need stabilization. If possible, take cues from the family. For instance, if the person is escalating, and the family seems overwhelmed, the person or the family may need stabilization

Signs a person may need stabilization

Exhibiting strong emotional responses

Uncontrollable physical reactions

Frantic searching reactions

Glassy eyed and vacant

Unresponsive

Disoriented

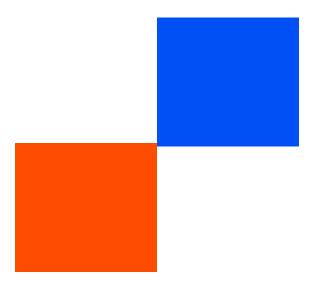


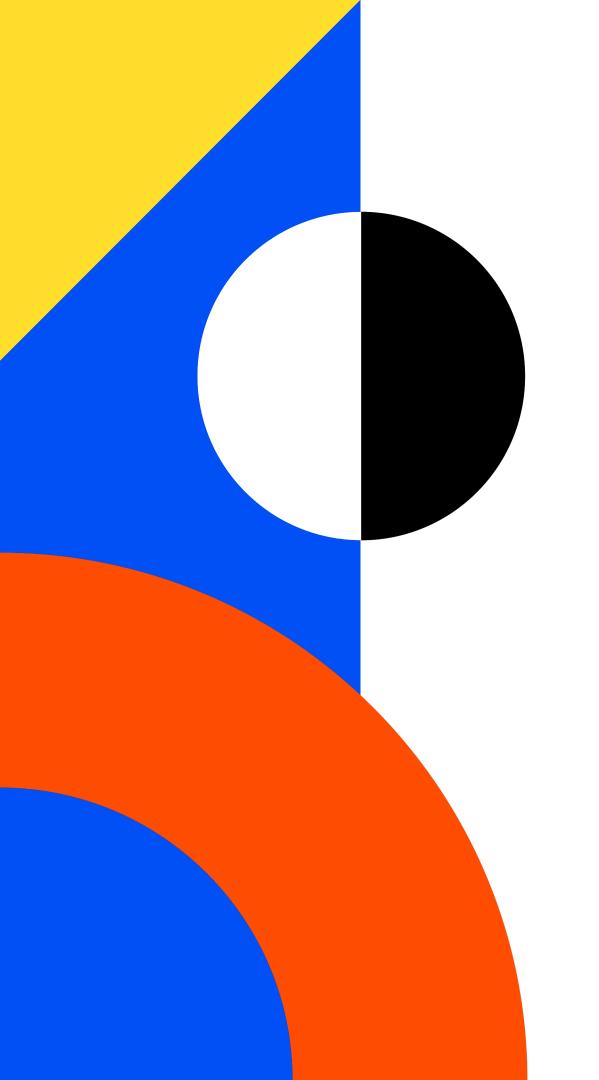
Grounding

Ask the person to:



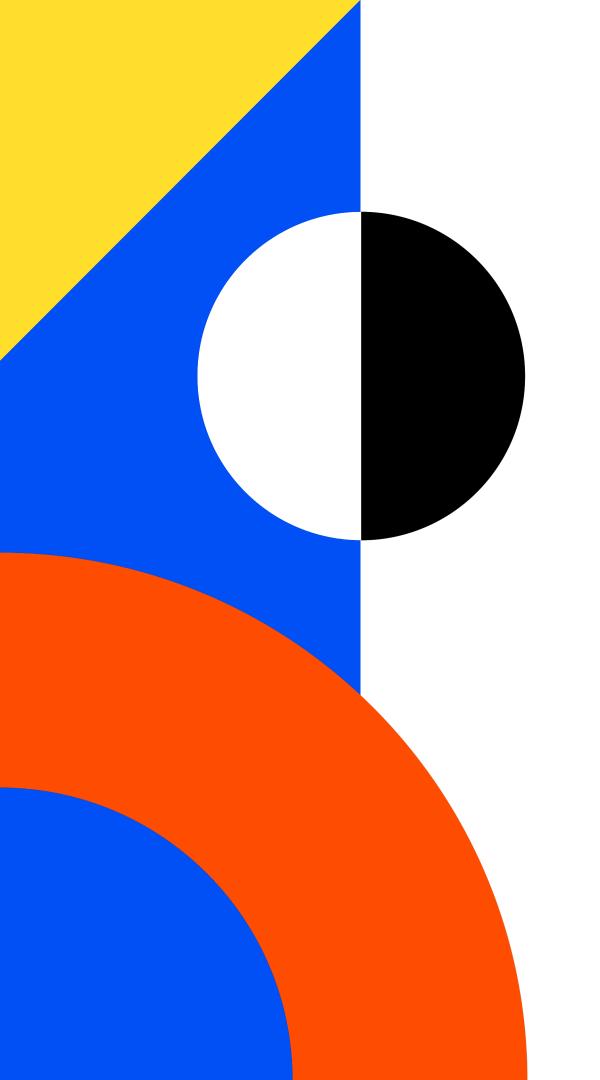
- Listen to and look to you
- Breathe in and out slowly and deeply
- Orient him/herself to the surroundings
- Name five non-distressing things he/she can see, hear and feel
- Talk about any aspect of the situation that is under control, hopeful, or positive
- Get a medical consult when the situation is secure





Providing information

- \checkmark Give resources to them in writing, because they may not remember what you tell them verbally
- ✓ Confirm their understanding
- Can you tell me how you understand what I just said?
- > I just want to make sure I explained it clearly how do you understand what I said?
- \checkmark Help the person recognize and normalize ways of reacting
- ✓ Recognize strengths, and what has been helpful in the past

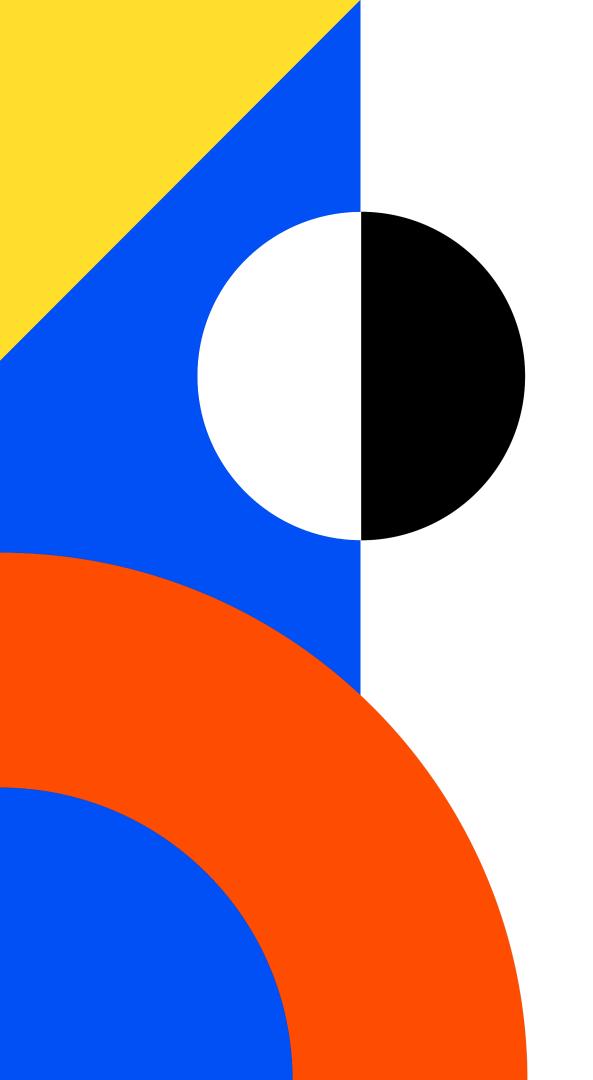


People who are withdrawn and isolated

- What type of support is most helpful?
- Who are the people you can approach?
- another?
- someone for support?

• Who might be a good role model or mentor? • What would you like to discuss or do with

• What is the right time and place to approach



Anger Management Skills

- help
- \checkmark Remind that aggression:
- Has consequences
- may not help them what they want
- May harm important relationships

✓ Encourage

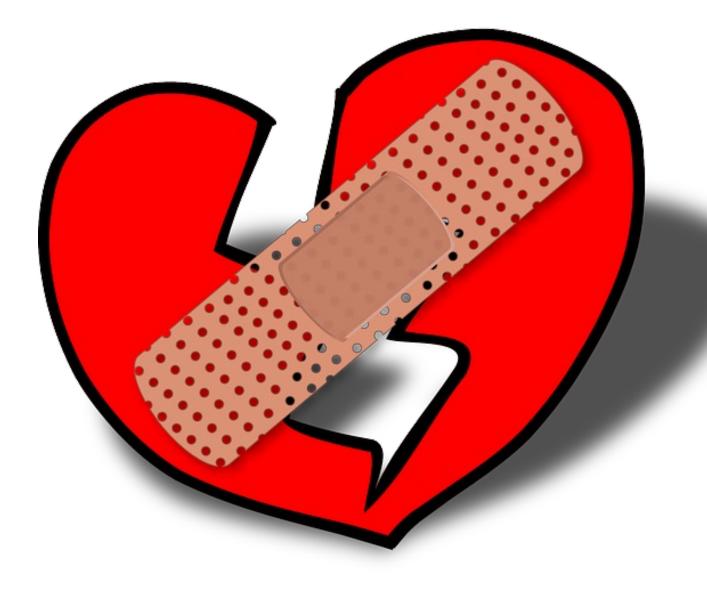
- Taking a "time out" or "cool down"
- Talking to a friend about what is angering them
- push-ups)
- Distraction with other activities

 \checkmark Try to determine goals and priorities and convey that you want to

• Blowing off steam through physical excerise (e.g., go for a walk, jog, do

• Reminding themselves that aggression is counter to their priorities

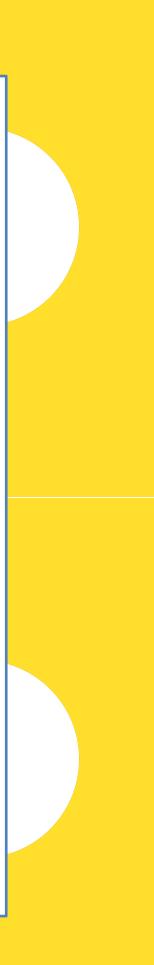
Acutely Bereaved Individuals: things to say



- Tell them what they are experiencing is understandable and expectable
- It is okay to use the deceased person's name
- Inform them that they will most likely continue to experience periods of sadness, loneliness, or anger
- Ask about what they think would be helpful in the moment, or offer some practical supports you could give, if appropriate

THINGS TO NOT SAY

- I know how you feel
- It's good they passed away quickly
- It was their time to go
- Let's talk about something else
- It's good that you are alive



Support from a mental health professional

- ✓ Gently encourage them, and explain that sometimes it can really help to talk to a mental health professional – just to understand things better or feel supported
- ✓ Suggest an evaluation, rather than treatment
- \checkmark Normalize the idea of treatment
- \checkmark Give educational materials
- \checkmark Give information about different ways o seek assistance
- Consider involving the person's spouse or partner in the discussion
- \checkmark Follow-up on the issue





✓ Utilize the buddy system to share distressing

✓ Make time for your hobbies

✓ Find toeholds of personal time



 \checkmark Discuss the sitation with coworkers and management ✓ Nurture your friendships and spend time together

✓ Practice stress management during the workday

✓ Stay aware of limitations and needs



 \checkmark Take care of your time with friends

✓ Take care of your body – eat well and stay active

✓ Take care of your joyful inner child 🙂

Thank you!

If you have any questions, feel free to write: magdalena-staniek@wp.pl

