




# **PSYCHOTRAUMA: EFFECTIVE PRACTICES FOR COPING AND BUILDING RESILIENCE**

The page features several large, flowing, teal-colored lines that create an abstract, organic pattern. These lines sweep across the page, with some forming loops and others extending towards the edges, creating a sense of movement and depth. The lines are thin and consistent in color, set against a plain white background.

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According to research, gay men and other LGBTQI+ representatives experience violence and hate crimes more often than heterosexual individuals. The data we have in Eastern Europe and Central Asia shows that LGBTQI+ individuals are at a great risk to violence. The homophobic atmosphere in our region leads to additional risks for our community in terms of HIV and sexual health and significantly affects our mental health. Nevertheless, information about mental health in the community is very limited, and services usually do not have enough capacity to provide comprehensive mental health support.

At the same time, community organisations are quite often the only possibility for LGBTQI+ representatives to receive any support. Thus, we initiated this work as a first step to increase awareness about this topic within the community as well as to provide essential information about psychotrauma and how to support clients that need help.

We understand that we will not be able to establish psychotrauma specific services and create a group of psychotrauma specialists with this document. Our aim is to draw attention to the topic and provide some essential information on what you, as a consultant/peer worker/ social worker, can do when you have clients that show symptoms of psychotrauma or PTSD. In addition, this document provides some tips on what you can do to reduce the stress in your clients, when they come to your services and a few simple techniques, you can offer them, that help to increase resilience and aid coping.

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# PSYCHOTRAUMA, TRAUMA-SENSITIVE PRACTICE AND RESILIENCE BUILDING

## WHAT IS PSYCHOTRAUMA?

Experiencing extreme situations such as war, torture, sexual abuse or accidents dramatically exceeds the framework of everyday human experiences and can result in specific psychological and physical impairments.

Trauma can be defined as «a vital experience of discrepancy between threatening situation factors and individual coping options, which is accompanied by feelings of helplessness and defenseless abandonment and thus causes a permanent shock to the understanding of oneself and the world»(1).

Traumatic situations are characterised by the fact that they do not allow for subjectively appropriate reactions. In the situation objective and subjective factors are systematically related to each other. The traumatic situation is therefore «to be understood from the interaction of internal and external perspectives, of traumatic environmental conditions and subjective attribution of meaning, of experience and behaviour»(1).

Traumatisation situations can be described more precisely according to the following objective factors:

- ● Duration/frequency
- ● Cause (human vs. accidental)
- ● Severity Degree of affectedness (direct vs. indirect)
- ● Victim-perpetrator relationship
- ● Situation dynamics
- ● Expectability

According to the length of the impact period, one-off or brief events can be referred to as Type I trauma (e.g. accidents, assaults and disasters) and longer-lasting and/or repeated traumatic experiences such as torture, hostage and war captivity or multiple abuse accordingly as Type II trauma(2).

There is also cumulative trauma in the case of the interaction of several experiences that individually remain below a hypothetical traumatisation threshold but nevertheless have a traumatising effect in their additive effect(3).

With regard to the cause of traumatic events, a distinction is made between human causers (e.g. in the case of violent crimes, abuse and torture) and accidental causes such as technical and natural disasters.

The severity of the stress can be determined according to the type of triggering stressors. For example a change of school or a family quarrel is considered a mild stress, the birth of a sibling or chronic illness of a parent a medium stress, divorce of parents a severe stress and sexual abuse or death of a parent a very severe stress. The degree of affectedness refers to whether someone is directly involved in a traumatic experience themselves or indirectly affected as a relative or professional helper. If the relationship between perpetrator and victim is characterised by a close relationship (e.g. if the perpetrator is a family member), the trauma is more complex. This kind of trauma can be called «relational trauma»(1). Another type of trauma that often occurs in connection with relational trauma is the so-called orientation trauma. Orientation in this case refers to basal categories such as friendly/hostile, safe/unsafe, socially desirable/undesirable, and so on. If these schemata are confused, for example by double-bind type situations, it is as if the logical software of the orientation programme breaks down(1).

With regard to traumatic situational dynamics, five paradigms can be distinguished: negative intimacy (e.g. in rape), proximity to death, fear and arousal, victimisation (e.g. through humiliation, humiliation, etc.) and deprivation(1).

Expectability refers to the predictability of a traumatic event. Severe or chronicised forms are more often found in Type II traumatic events if they were caused by people or were not foreseeable.

Subjective situational factors include individual risk and protective factors. These include psychological and physiological personality dispositions as well as current coping and coping strategies, expectations, motivational status, etc..

## TRAUMA-SPECIFIC MEMORY

Learning and memory are complex cognitive tasks in which, on the one hand, many brain structures functionally cooperate and, on the other hand, emotional and situational factors also play a major role(4). Almost all knowledge that people acquire in the course of their lives is learned; whether in the form of individual knowledge acquired through personal experience or as socio-cultural knowledge - gained through transmission. Usually when we experience events in our lives, we are aware of these being within an temporal-spatial setting and context and our experiences become «stories in the library of our lives». We are able to remember and reminisce on events, when we choose to and know into which time and place these memories belong. Without the ability to recall knowledge once it has been stored, i.e. without the ability to remember, a person could only move mentally in the present moment. Unable to change his behaviour (i.e. to learn) on the basis of experience or knowledge, he would have neither a coherent picture of his own history nor the ability to mentally anticipate the future. He would have no yesterday and no tomorrow, only the small section of a lived present.

In order to retain information in the long term, it must first be encoded, then consolidated and finally stored in long-term memory. During encoding, a memory trace of the information is created, which is linked in the neuronal network in the consolidation phase until storage as a permanent memory takes place. All these processes, as well as the retrieval of already stored memory data, are very susceptible to disruption under traumatising influences(5, 6). In traumatic situations, where there is a high degree of emotional arousal and agitation the connection between parts of the brain, that need to cooperate in the process of memory making, is functionally disrupted and as a result, information is only stored as isolated emotional or somatosensory experiences without a temporal-spatial context(6).

***There are two types of memory impairment associated with traumatic experiences(5, 6):***

- ① Inability to remember important personal information.
- ② Intrusive symptomatology arising from consciously inaccessible memories of the traumatic experience.

***Traumatic memories are***

- ● encoded and stored differently than «normal» memories due to physiological arousal and changed attention processes;
- ● associated with trauma states in the sense of state-dependent learning and remembering and are therefore not explicitly retrievable in other states;

- ● stored as fragmented emotional or sensory impressions (physical sensations, optical impressions, smells, noises, etc.);
- ● stored as memory fragments without a temporal-spatial context and are therefore difficult to reproduce linguistically;
- ● less affected by conventional memory distortions because cortical and linguistic revision does not occur;
- ● in contrast to normal memory content, hardly modified by later experiences;
- ● can be triggered by appropriate stimuli throughout the entire life and re-experienced with a captivating degree of realism.

In a nutshell: When triggered, the story does not know it is a story and in the past...

So, even though it might feel to people, as if they are «going crazy», this distortion of memories and resulting symptoms are normal responses to abnormal events.

## POSTTRAUMATIC STRESS DISORDER

PTSD is probably the most well-known trauma and stress disorder.

### ***Symptoms of and diagnostic criteria for PTSD***

Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

#### ***Intrusion:***

- ● Recurrent, involuntary, and intrusive distressing memories of the traumatic event.
- ● Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).
- ● Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.
- ● Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
- ● Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s) (for example elevated heartrate etc.)

**Avoidance:**

- ● Persistent avoidance of stimuli associated with the traumatic event.
- ● Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
- ● Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event.

**Alterations in arousal and reactivity:**

- ● Hypervigilance.
- ● Exaggerated startle response.
- ● Problems with concentration.
- ● Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).
- ● Irritable behavior and angry outbursts (with little or no provocation), typically expressed as verbal or physical aggression toward people or objects.
- ● Reckless or self-destructive behavior.

**Negative alterations in cognitions and mood associated:**

- ● Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia, and not to other factors such as head injury, alcohol, or drugs).
- ● Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., «I am bad», «No one can be trusted», «The world is extremely dangerous», «My whole nervous system is permanently ruined»).
- ● Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
- ● Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
- ● Markedly diminished interest or participation in significant activities.
- ● Feelings of detachment or estrangement from others.
- ● Persistent inability to experience positive emotions.

Again, it is important to remember, that what people experience after trauma are normal responses to abnormal events. This is important background knowledge, because implications for everyday work in outreach work, counseling and peer consultation become apparent from this.



## IMPLICATIONS FOR CLIENT INTERACTION

One of the most important rules in communication is: the recipient determines the message! That means, if interventions are to be successful, for example to lead to a change in the other persons behaviour (taking their medication, eating healthy, discontinue risky sexual behaviour and practices etc.), our message needs to actually get through to them. This is much more important than the message itself. People, who suffer from psychotrauma may get stressed much faster in certain situations and then show the behaviours related to experiencing stressed, namely not being able to access their cognitive abilities to the maximum and even experiencing blackouts, when reaching a certain level of excess stress. They will not be able to process the information given to them, as they would normally be able to. That is why it is very important to have an eye on clients' stress levels. One indicator to recognise, if the recipient is still «on board» or not, is whether they are able to maintain eye contact or not. It is usually possible to tell, if the other person is «here» or if they have disengaged and are no longer in the here and now. As well as the general stress level of my counterpart it is important to recognise, whether they are stressed out, by what is happening at the time (talking, testing etc.).

When dealing with people who get stressed more quickly due to their traumatic experience and who as a result can no longer listen and think properly, interventions will probably not work. Therefore the goal is to generate as little stress as possible in the counselling or consultation situation. Some of these situations are very much out of the ordinary for most people anyway and are often associated with factors like fear, previous bad experiences or expectancy of receiving bad news, all of which are characterized by high stress levels.

### ***A few very simple basic strategies to reduce stress can be:***

- ① ***Words accompanying the action.*** Explain everything you intend to do in advance and give a running commentary on your actions. When you briefly explain things beforehand people have time to adjust — and if they can't, you will be able to see, that your patient is no longer with you in the here and now, because even your explanation evidently triggered them already. Then it is time for a break and to get them to «come back». In order to re-orientate them, you can address them by their name in a clear and rather directive tone of voice might. You can also offer a glass of very cold water. Changing position in the room (getting up from a seated position, moving to the other side of the room etc. ) can also be helpful.
- ② ***The experience of subjective control.*** Subjective control and self-efficacy are central factors for the human psyche in general. For people who have already experienced a complete loss of control, the experience of control is all the more important. That means: the opportunity to help shape the experience is just as important as the experience itself. That can be done for example by asking where the client wants to sit, if they would like a drink, if they would like to take the swab themselves etc..

This means both the opportunity to influence the treatment, as well as being able to set stop signs — this subjective experience of control is important as it has an immensely stress-reducing effect.

- ③ **Pacing.** The pace you set is a predictor for whether you will be able to keep your client with you in the here and now and lead them. Therefore, the strongest starting position you can be in, is one where you are able to catch your breath for a moment, before the next appointment, and then set a pace for the appointment, where you do not «flood» my patient with a lot of information and a lot of words, but where you speak calmly, using short sentences. By doing so effectiveness of counselling, advice and consultation can be increased greatly.

In addition to these factors, there are also a number of contextual factors such as a welcoming environment, someone to greet people when they arrive and to tell them what will happen and when, a kind word and smile from everyone present etc..

## TOOLS FOR TRAUMA-SENSITIVE PRACTICE

Trauma-sensitive practice is aware of the fact, that trauma-related disorders are always chronic stress processing disorders. That is why skills to calm oneself down, self-soothe and to stay in control are extremely important for clients who experienced psychotrauma. There exist numerous exercises and tools for this purpose, some of which will be discussed in the following.

As background it is important to know, that the body, thoughts, behaviours and feelings all influence each other. It is for example possible to calm the body by meditation, to reduce fear through breathing exercises or to engage cognitive functions of the brain to allow a step back from overwhelming feelings. If one of the «components» is steered, others will most likely follow. Another important concept is that of perception steering, where perception is willingly directed away from the troubling aspect and onto something else.

It is important to note, that all exercises should ideally to be introduced and «rehearsed» at a time without high stress levels or negative emotional overload, much like learning to use a fire extinguisher before there is a fire.

**Три основных концепции, на которых построены упражнения и инструменты:**

- ① **Distancing.** Techniques for leaving dissociative states and distancing from intrusions, flashback control.

Techniques include those, which activate the cognitive functions of the brain (without being overly complex) like 5-4-3-2-1, mental arithmetic, saying tongue-twisters, crossword puzzles, «city-country-river», describing an everyday activity in great detail or reading something out aloud and emphasizing each word, and also those, which use the body and the senses like steering perception for example feeling a pebbles or a little plastic animal figure in one's pocket, breathing in and tensing up all muscles, then breathing out and relaxing and muscles, take a shower or letting warm or cold water run over one's hands.

See Appendices I and II for more ideas on distancing techniques and instructions for exercises.

- ② **Stabilization.** Increase in life competences, stress reduction, inner security through affect regulation and differentiation.

The goals of stabilization are stress reduction, to increase self-efficacy and self-control/self-soothing, to regain security, symptom reduction, improve coping in everyday life and strengthening self-confidence. Stabilization can have different focusses, which are understanding (psychoeducation and understanding symptoms, identifying trigger and appropriate planning of behavior, understanding and appreciation of previous attempts at solutions), control (reorientation and dissociation stop in crises situations, affect steering and control), changing behaviour (activating resources, self-care, relaxation techniques) and changing appraisals (channelling attention, mindfulness, hypnotherapeutic imaginative procedures, cognitive behavioural therapeutic techniques). Exercises for stabilization include breathing exercises and regulation, «Strong Fingers, Strong Hands Exercise», the «Safe Exercise», inner observer/helper, remote control, the «Safe Place» and sleep education.

See Appendices III to VI for instructions and some exercises.

- ③ **Resource activation.** Activation of coping potential, recognizing and optimizing coping strategies.

The aim is to activate available resources, to help clients to become aware of unrecognised resources and to accessing them, to optimize the use of resources and to develop new resources. This can be aided by asking and focusing on «What is going well for you?», «What can stay as it is for the time being?», «What are your strengths?», «What are you proud of?», «What skills could help you solve this problem?», «How have you solved similar problems in other situations?» or «Who/what could help or support you?». Exercises include enjoyment training, «Menu for the soul», «Self-care clouds» and enjoying ones senses.

See Appendices VII and IX for some ideas.

## SECONDARY TRAUMA

«Wherever professional helpers deal with traumatised persons, they are in danger of being harmed themselves and developing the same symptoms as in PTSD».(7) The reasons behind this are manifold. As traumatised persons' life stories confront us with the vulnerability of human beings, the potential of evil, unbearable thoughts and feelings and numerous extremely emotional topics and taboos. This can lead to the shattering of basic trust, a greater awareness of one's own vulnerability and the witnesses' feelings of guilt.

It is well-known, that there are numerous factors which are protective from secondary trauma. These include expert knowledge and competences, personal resources (self-care, resilience etc.), social and professional networks, nurturing other areas of life, mindful shaping of client interaction and appointments as well as organisational, social and societal dimensions.

Resilience is apparent in good development outcomes despite high-risk status, sustained competence under stress, and recovery from trauma(8). It has been defined as the ability of an individual to recover quickly from the psychological effects of an adverse event(9), or as the ability of an individual to remain psychologically healthy or stable despite the fact that they have been exposed to an adverse event(10).

The American Psychological Association suggests «**10 Ways to Build Resilience**», which are:

- ● to maintain good relationships with close family members, friends and others;
- ● to avoid seeing crises or stressful events as unbearable problems;
- ● to accept circumstances that cannot be changed;
- ● to develop realistic goals and move towards them;
- ● to take decisive actions in adverse situations;
- ● to look for opportunities of self-discovery after a struggle with loss;
- ● to develop self-confidence;
- ● to keep a long-term perspective and consider the stressful event in a broader context;
- ● to maintain a hopeful outlook, expecting good things and visualizing what is wished;
- ● to take care of one's mind and body, exercising regularly, paying attention to one's own needs and feelings.

Many of the exercises in the Appendices are suitable for the purpose of resilience building — also for the professionals themselves!

Organisations do well to consider if they have and live a trauma-sensitive organisational culture. A trauma-sensitive organisational culture aids self-empowerment and participation in essential content and decisions about the work. It embraces respectful communication (recognition instead of anger, aggression and powerlessness) and reflection on conflicting team dynamics (for example through supervision). Common values and goals for the work, the team as a source of strength as well as appreciation of the team's resources are very valuable. An trauma-sensitive organizational culture makes sure, that concept formation is based on the needs of those who could be affected by secondary trauma(11).

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## GROUNDING

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What is grounding? Grounding includes a number of simple strategies to get rid of stressful emotions (e.g., craving, impulses to hurt yourself, anger, sadness). This is often more likely achieved by focusing on the outside world rather than looking inward. You can understand grounding as "distraction", "centering", "looking outwards" or "healing distancing". Why grounding? When you are overwhelmed by emotional pain, you need a way to yourself to get rid of it so that you can regain control of your emotions and stay safe. Grounding "anchors" you in the present and in reality. Many people with PTSD either have too many feelings (e.g. overwhelming memories), or too few (e.g. being internally «numb» and dissociation) to fight. By grounding you achieve a balance between the two: Consciousness for reality and the ability to endure it. Remember that pain is a feeling, you are not the pain. When pain is holding you captive, it feels as if you were the pain and as if the pain was all that exists. But the pain is only one part of your experience. The other parts are also there - only hidden and they can be restored and brought to light again through grounding.

### **Important points:**

- Grounding can be done anytime, anywhere, anywhere, without anyone notices anything.
- Use grounding when faced with a trigger, when excessively angry, when (close to) dissociating and whenever your emotional pain is greater than 6 (on a scale from 0 to 10). Grounding brings a healing distance between you and these negative feelings.
- Keep your eyes open, let your eyes wander around the room and turn on the lights to keep in touch with the present.
- Assess your mood before and after grounding to see if it has worked. Before the exercise, assess the level of your emotional pain (on a Scale from 0 to 10, where 10 means «extreme pain»). Then rate them once again. Has it gotten less?
- Do not talk about or record negative feelings. You want to distract yourself from it and not come into even closer contact with them. Use grounding to help yourself out of the emotional pain.
- Remain neutral. Avoid judgements like «good» or «bad». For example do not say «The walls are gray, I don't like gray because it reminds me of my depression», but just say «The walls are gray» and don't go any further.
- Focus on the present, not the future or the past
- Remember that grounding is not the same as a relaxation exercise. Grounding is much more active, focused on distraction strategies and is intended to help counteract extreme negative feelings.

## DIFFERENT TYPES OF GROUNDING

Below are three different types of grounding — mental, physical, and comforting. «Mentally» means to concentrate on your thoughts, «physically» means focusing on your senses (e.g. touch, hearing) and «comforting» means that you are talking to yourself in a very comforting way. You may find that one type of grounding will work particularly well for you, but may be try out all of them a few times.

### *Mental grounding*

- Describe your surroundings in great detail, using all your senses one — for example, «The walls are white, there are five blue chairs on the wall hangs a wooden bookshelf...» Describe objects, sounds, structures, colours, smells, shapes, numbers, temperature. You can do that anywhere for example in the Metro: «I'm on the Metro. Soon I'll see the next station, which will be XXX. There are windows there. This is the bench. The doors are bright red. The S-Bahn plan has four colours.».
- Play «City, Country, River» with yourself. Try on as many as possible different breeds of dogs, music groups, countries starting with «A», car brands, Drag Queens, TV shows, writers, sports, songs or cities.
- Make a leap in age. If you feel younger inside than you actually are (e.g. eight years old), you can work your way forward slowly (e.g. «I am now. me nine. I'm ten now. Now I'm 11 ... ») until you reach your correct age again.
- Describe an everyday activity in as much detail as possible. For example, how you prepare food (e.g. «First I peel and quarter potatoes, then I boil water, then I make a herb marinade with oregano, basil, garlic and olive oil ...»).
- Imagine things. Use mental images like: switching the channels to a better program, imagining a wall between yourself and the pain.
- Say a safety sentence. «My name is \_\_\_\_\_, and at this moment I am safe. I am in the present, not the past. I am in the \_\_\_\_\_, today's date is \_\_\_\_\_».
- Read something to yourself and stress each word individually. You can also spell words backwards to focus on the letters rather than the meaning.
- Humor. Think of something fun to help yourself out of your mood.
- Count to ten or say the alphabet, very slowly.



**Physical grounding**

- ⇒ Run warm or cold water over your hands.
- ⇒ Grasp your chair as tightly as you can.
- ⇒ Touch various objects around you. A pen, key, your clothes, the table, the walls. Pay attention to the texture, color, material, weight and temperature. Compare the objects you touch: Is one colder? Lighter?
- ⇒ Dig your feet into the floor. Literally «ground» yourself! Feel the tension in your calves. Remember that you are connected to the ground.
- ⇒ Carry a grounding object with you. A small object (a stone, a piece of clay, a ring, a piece of clothing or a piece of thread) that is always on you and that you can hold or touch, when you are troubled.
- ⇒ Jump up and down.
- ⇒ Be aware of your body. Move the weight of your body on the chair, push your toes in your shoes, feel your back on the back of the chair. All of them are connected to the world.
- ⇒ Stretch. Extend your fingers, arms, or legs as much as you can and rotate your head.
- ⇒ Clench and loosen your fists.
- ⇒ Walk slowly, paying attention to every single step. At each step say «left» or «right».
- ⇒ Eat something and describe the taste in detail.
- ⇒ Focus on your breathing. Notice every inhalation and exhalation. Repeat a friendly word every time you take a breath (e.g. your favorite colour or a comforting word like «safe» or «easy»).

**Comforting grounding**

- ⇒ Say friendly sentences, as if you were speaking to a young child - for example «You are a good person who is having a hard time, but you will get through it».
- ⇒ Think of favorite things. Think of your favorite color, your favorite animal, favorite season, favorite food, favorite time of day, favorite TV show.
- ⇒ Picture people you like (e.g. good friends, your nieces and nephews) and look at photos of them.
- ⇒ Remember the words from an inspirational song, quote or poem, that make you feel good (e.g. the serenity saying: «May I have the serenity to accept the things I cannot change, the courage to change the things I can change, and the wisdom to know the difference»).
- ⇒ Remember a safe place. Describe a place in which you find much comfort (maybe a beach, the mountains, or a favorite space). Concentrate on the details of that place — its sounds, colours, shapes, Objects and nature.

- Say a «coping phrase» to yourself: «I can handle it». «That feeling will pass».
- Treat yourself to a (safe) reward. To eat a piece of chocolate, a nice dinner or a hot bath.
- Think about things to look forward to in the next week. Maybe a meeting with a friend, going to the cinema or going on a trip.

What if the grounding doesn't work? Grounding works! But like any other skill, it takes practice to work at its best. Below are some suggestions that can help to make grounding work for you:

- Practice it as often as possible. Even sometimes, when it is not necessary — that will help you to memorize the exercises.
- Try to do the grounding very slowly (20 to 30 minutes). And repeat, repeat, repeat!
- Try to find out which method works best for you — the mental, physical, or comforting, or combinations thereof.
- Invent your own grounding methods. Every exercise you think up is probably worth more than anything you find here because it's your own.
- Start grounding early if you feel a bad mood coming on.
- Notice which methods work for you - why might they help you better than others?
- Do not give up!

*From: Najavits, L. (2002). Seeking safety: A treatment manual for PTSD and substance abuse. Guilford Publications.*

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## THE 5-4-3-2-1 EXERCISE

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The 5-4-3-2-1 exercise is a technique to keep the attention in the here and now. This exercise has proved useful for stopping dissociation in the case of dissociative symptoms, as well as for directing attention in the case of strong feelings of inner tension. For example, some persons might experience, that they unintentionally lose contact with the here and now and suddenly find themselves back in old stressful memories, as if everything was happening here and now. Others experience, that they are sometimes overwhelmed by old memories and stressful thoughts. With the 5-4-3-2-1 exercise, one can learn to protect oneself from such stressful thoughts and memories that unintentionally intrude, by focusing attention specifically on the here and now.

### **Step 1: Preparation**

First, please find a comfortable position for your body and a point in the room that you can rest your gaze on. Keep your eyes open! If, however, during the exercise you notice that your eyes want to close, let them close.

### **Step 2: Beginning to focus attention**

The following exercise is now about you describing concretely what you can see, hear and feel. You can either describe what you can concretely see, hear and feel at the moment or, if you have decided to close your eyes, you can also describe the concrete perceptions of the closed eyes — or what you can still hear and feel with your eyes closed. For some, it enhances the effect of the exercise if you say the perception out loud while listening to your own voice. You know that throughout the exercise you can allow yourself to make any physical change that is important to maintain your well-being!

Now please say to yourself out loud or in your mind what you are perceiving with your senses at the moment. Please say...

5 times: *I see ...*

5 times: *I hear ...*

5 times: *I feel ...*

4 times: *I see ...*

4 times: *I hear ...*

4 times: *I feel ...*

3 times: *I see ...*

3 times: *I hear ...*

3 times: *I feel ...*

2 times: *I see ...*

2 times: *I hear ...*

2 times: *I feel ...*

1 times: *I see ...*

1 times: *I hear ...*

1 times: *I feel ...*

### **Step 3: Conclusion**

At the end of the exercise simply count backwards from four to one. On the count of four you move your feet and legs again, on the count of three you add your hands and arms, on the count of two you stretch your whole body with torso and head, take another deep breath and only on the count of one you open your eyes refreshed and wide awake!

Note: It is okay to name the same perceptions over and over again! If, for example, during the phase of seeing, sounds disturb you, simply switch to hearing and integrate the sounds into your perception in this way. If you get confused with the sequence of the exercise, it is a sign that you are doing well and relaxing quickly!

*From: Tesarz J, Seidler GH, Eich W. Schmerzen behandeln mit EMDR: das Praxishandbuch: Klett-Cotta; 2015.*

«Don't endanger yourself. You are all you have».  
Janis Joplin (American singer, 20th c.)

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## TAKING GOOD CARE OF YOURSELF — WORKSHEET

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Answer «Yes» or «No» to each of the questions below and skip the questions that do not apply to you.

- ① Do you only date people who are safe and will not abuse or hurt you?
- ① Do you see your family doctor once a year?
- ① Do you see your dentist once a year?
- ① Do you see your eye doctor once a year?
- ① Do you eat healthily (balanced food, not too much and not too little)?
- ① Do you have protected sexual intercourse?
- ① Do you move in safe areas and avoid risky situations (such as driving alone in deserted areas)?
- ① Do you sleep enough?
- ① Do you take care of daily hygiene (clean clothes, showering, brushing teeth, etc.)?
- ① Do you do sport in a healthy way (not too much or too little)?
- ① Do you take all the medication that is prescribed for you?
- ① Do you keep your car in a safe condition?
- ① Do you avoid walking or jogging alone at night?
- ① Do you only spend as much money as you can afford?
- ① Do you pay your bills on time?
- ① Do you know who to call if you are confronted with domestic violence?
- ① Do you live safely?
- ① Do you always drive sober?
- ① Do you drive safely (slightly below the speed limit)?
- ① Do you refrain from taking strangers to your home?
- ① Do you always carry cash, identity card and insurance card for emergencies?
- ① Do you currently have at least two drug-free friendships?
- ① Do you have health insurance?
- ① Do you go to the doctor for health problems that need to be clarified or treated?

- ① Do you use drugs or alcohol in moderation or not at all?
- ① Do you abstain from cigarettes?
- ① Do you drink less than four cups of coffee or 7 colas per day?
- ① Do you have at least one hour for yourself every day?
- ① Do you do something nice every day (e.g. a walk)?
- ① Do you have at least three activities where you can relax (e.g. sports, hobbies...)?
- ① Do you eat a diet rich in vitamins?
- ① Do you have at least one person with whom you can talk openly and honestly (e.g. therapist, friend, partner...)?
- ① Do you use contraception properly?
- ① Do you have at least one social contact every week?
- ① Do you spend at least 10 hours per week in a structured and planned way?
- ① Do you make yourself a «daily plan» every day and a list of things to do to get organised?
- ① Do you go to mosque / church services (if you like that)?

Other: \_\_\_\_\_

Your total score (number of all «no's»): \_\_\_\_\_

It's time to start treating yourself with respect and dignity. Try to take care of yourself a little more every day. Nobody manages to do all the items on the questionnaire perfectly every day. The goal is also rather to start with the most urgent points first and strive for progress in self-care every day. It is about progress, not perfection.

*From: Najavits, L. M. (2002). Seeking Safety: An evidence-based model for substance abuse and trauma/PTSD. In Therapist's guide to evidence-based relapse prevention (1st ed.). Academic Press.*

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**STRONG FINGERS, STRONG HANDS EXERCISE**

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① Draw the outline of both hands

② Left hand:

For each finger chose a quality, a skill or something, you are good at and write it on the finger you chose to assign this quality to.

Если вам кажется, что вы не можете назвать пять вещей, в которых вы хороши, то представьте, что мог бы сказать ваш лучший друг — он точно смог бы назвать пять ваших сильных сторон!

③ Right hand:

For each finger chose a person or beings in your life, that is good for you and write their name on the finger you chose to assign them to. Think of those people and beings, that are on your team, charge your battery, support you...

Those people and beings do not have to be alive today — they do not even have to be “real” or personally acquainted with you! If your late grandmother, a Marvel super hero or a famous actress are on your team, that is just as valid.

④ In situations when you need to remind yourself of your own strengths and qualities and when you might like support, simply place your fingers together and apply pressure to the fingers corresponding to the needed strength and support.

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## THE SAFE EXERCISE

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### **Step 1: Preparation**

The vault exercise is about learning how to remove incriminating memories, memories that unwillingly keep intruding and burdening everyday life. away. Since you may want to revisit the memories at a later time Since you may want to look at the memories again at a later time, you put them in a safe. There they are safe and can stay there until you are able and willing to deal with them. you can and want to deal with them. Sometimes, however, it does not work out in the long run, in the long run, so you have to repeat the process. Don't be discouraged if you have to do the exercise more often at first, so that the vault actually retains the contents. Over time you will get better and better at able to lock away the incriminating contents. Today I would like to introduce exercise that will help you to stop thoughts and lock them away safely. thoughts.

### **Step 2: Creating and describing a suitable medium for the troubling material**

Now please imagine that somewhere in this room there is a TV and a DVD player (alternative: box, pictures) on which all your incriminating thoughts are stored as a film. The television and DVD player are just switched off. Look at both of them carefully. How big is the television? What colour is it? What is it on? Where is the DVD player? How big is it and what colour is it? Now the remote control. Are you right-handed or left-handed? Please imagine that you have a remote control in this hand. What does the remote control look like? What colour, size and shape is it? Please feel how heavy it is. Now look where the button to turn off a DVD is located (not the button for pausing with a freeze frame, but for switching off the film - i.e. black screen). What does the button look like (size, shape, colour)? Then please look where the buttons for fast forward and rewind are. Where are the buttons to turn the sound down/up?

### **Step 3: Visualise the safe**

Where would be a good place to safely lock your incriminating films? This could be a vault or a high security wing, a dungeon deep underground or in a mountain, a well-lockable box deep in the sea or even your own planet. What does the vault look like? How big is it? (Please make it big enough to hold as many films as possible. A small wall safe is usually not enough). What colour is it? What material is it made of? If you like, touch the safe and feel how it feels. Where is the safe located? What locking mechanism does it have (e.g. revolving lock or code keypad or lock/key)? Do you have a code or password to open the safe? Please choose a password/code that you can remember well. Do you have a key: where do you keep this key well?



Now please enter the code (or take the key) and open the safe. What does it look like inside (e.g. shelves, drawers)? Now please lock the safe. Take another look at your safe. Is it secure enough or do you need additional protection mechanisms (e.g. guards, spells, additional locks, putting the safe in a bank)?

### **Step 4: Lock the medium in the safe**

Now let's practise this with a film about an unpleasant situation. Please imagine that this memory film is currently inserted in the DVD player and running. Take your remote control and stop the film. Now press the fast rewind button. Now go to the DVD player and press the eject button. The DVD will now come out. Please take it in your hand and go to your safe with it. Enter the password and open the safe. Put the DVD inside and lock the safe again. Look at the locked safe for a moment. Look at the locked safe for a moment and then confidently avert your eyes from it.

*From: Tesarz J, Seidler GH, Eich W. Schmerzen behandeln mit EMDR: das Praxishandbuch: Klett-Cotta; 2015.*

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## THE SAFE PLACE

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The «Safe Place» exercise allows you to make an imaginary journey to a place where you can feel safe and comfortable. You can learn to keep stressful things away from this place, so that you can find peace and relax in your «safe place». You can go to the safe place in your imagination, to recharge your batteries. With sufficient practice, you can go to this place at any time, even if you are in an unpleasant situation.

Please consider the following instructions as a kind of suggestion that you can modify and develop at any time according to your strengths and individual needs. You can close your eyes during the exercise to increase your concentration. If you do not want to close your eyes, keep your eyes open and let your gaze rest on a point in front of you in the room.

Now please assume a sitting position that is as comfortable as possible: The soles of your feet are resting flat on the floor, your back is touching the backrest, your hands and forearms rest loosely on your thighs or the armrests, so that you do not have to use any strength to hold your arms and hands.

Change your sitting position until contact with the floor or chair feels as comfortable as possible.

You can deepen or increase this feeling of comfort by concentrating on your breathing: Inhale deeply and exhale deeply again.

With each breath, a bit of calm and peace returns to your body. Feel how you become calmer and more relaxed - you may experience this as a feeling of warmth, heaviness or a refreshing coolness.

Now turn your attention inwards for a few minutes and find your inner safe place — the place that only you can reach and where you feel completely safe and secure, where everything is only good for you.

Reach this place with all the means of enchantment, imagination and magic that we have at our disposal. A flying carpet can take you there or a big bird or a dolphin or a rocket. You can also simply conjure yourself there and then suddenly you are there.

For some, this place is a desert island, a cave, a place below sea level, a distant mountaintop, another planet or a fairytale kingdom. You can also take a place that exists, that you know. Then please protect this place with a cloak of invisibility so that no other person can see it.

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Pause



Pause

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When you are at your place, first check whether the borders of this place are really secure. Some imagine a high wall, a very dense forest or a huge expanse of sea. Perhaps the planet must be even further away from earth, or the fairytale realm must be separate from earth even more clearly. Check whether the boundaries are really stable and secure. If you have the impression that the borders are not really secure, then please change them according to your ideas until the borders are completely secure.

— — — — — — — — *Pause*  *Pause* — — — — — — — —

Check whether everything that is there is only good for you. Look around you. If you see something that is not only good for you, then please change it according to your wishes.

— — — — — — — — *Pause*  *Pause* — — — — — — — —

Listen if everything you hear is only good for you. Maybe you also need to change something that you hear so that it is good for you.

— — — — — — — — *Pause*  *Pause* — — — — — — — —

Also make sure that what you smell and taste is only good for you; perhaps change it.

— — — — — — — — *Pause*  *Pause* — — — — — — — —

Feel inside yourself to see if you feel completely safe and secure in this place and if everything is only good for you now.

— — — — — — — — *Pause*  *Pause* — — — — — — — —

If you feel really safe and secure, then you can also give this place a name... a suitable word for it, to anchor this idea in your memory.

— — — — — — — — *Pause*  *Pause* — — — — — — — —

Feel what it is like to feel completely safe and secure. It's good to experience what it's like to feel completely safe and secure.

— — — — — — — — *Pause*  *Pause* — — — — — — — —

Knowing that you can come back to your safe inner place at any time, wherever and whenever you want, I ask you to say goodbye for now.

Slowly return your attention back to this room.

Once again notice the contact of your body with the floor. Inhale and exhale deeply, stretch your body. Tense your muscles firmly, hold the tension for a short time and then let go again. Or make a fist very tightly a few times and then release. Now open your eyes, look around the room - notice, that you are now here again — completely arrived in the here and now.

*From: Tesarz J, Seidler GH, Eich W. Schmerzen behandeln mit EMDR: das Praxishandbuch: Klett-Cotta; 2015.*

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**MY FAVOURITE...**


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Fill out five examples per column:

What do you like to hear very much? (e.g. waterfall, music ...)

What do you like to smell very much? (e.g. freshly baked pastry, raspberries...)

What do you like to feel most? (e.g. wind that gently brushes your face ...)

What do you like to taste best? (e.g. peppermint sweets, chocolate cake ...)

What do you like to see most? (Sun rays falling through clouds ...)

HEARING	SMELLING	FEELING	TASTING	SEEING



## HELP FOR MY BODY

Health, relaxation, exercise, breathing...



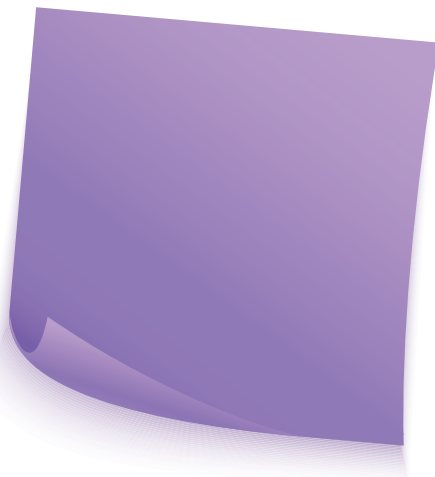
*Eating something healthy,  
going for a run...*





## HELP FOR MY HEART

Friends, family, relationships, love, connectedness...



*Talking to a friend, helping someone,  
listening to music...*





## HELP FOR MY MIND

Interests, learning, inspiration, input...



*Reading something interesting,  
researching something...*





*What comforts me?*

*What can I do  
to make my body  
feel well?*

*Who makes me  
feel good  
and how?*

*How can I  
recharge my  
batteries,  
when I feel weak?*

*My top 3  
self-pampering  
tips*

*How do I get  
rid of excess  
energy, when  
I'm close to  
bursting?*

*What helps,  
when I'm really  
in dire straits?*

