

## TEACHING RECOVERY TECHNIQUES

A new program to provide evidence-based, low threshold support for traumatised children and adolescents



Photo: TRT group in Vienna, October 2018 |Andrea Zehetner

### 1. The project idea:

*„I stopped school, because if I am to learn, I need „peace in my mind “  
(young afghan man in Vienna, June 2017).*

The aim of our project is to offer **effective support to refugee children and adolescents** in order to cope with posttraumatic stress disorders.

Recent studies show that **posttraumatic stress disorders are 10x more common** in refugees than in the average population. This problem has increased over the past three years with thousands of asylum seekers arriving in Austria and among them many who have directly experienced war violence or life-threatening experiences on their way to Europe. The resulting problems such as hyperarousal, inability to concentrate, sleep disorders, anxiety, depression or aggressive behaviour are a massive obstacle for learning and integration in the host country.

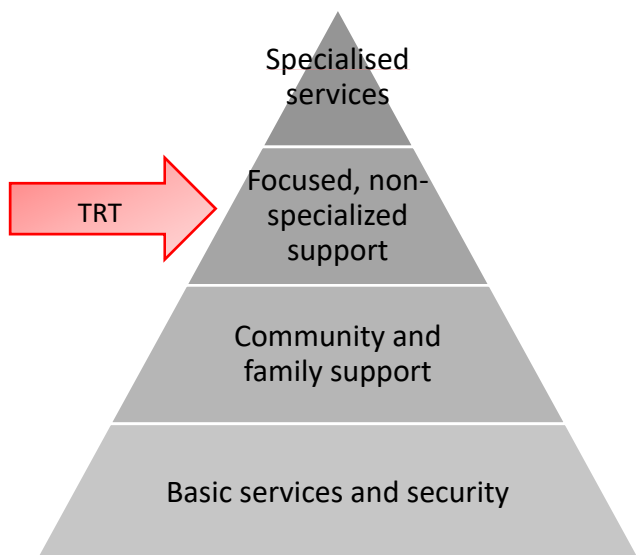
The translation-supported psychotherapy services available in Vienna are invaluable, but are by far not covering the need. Waiting lists are long, services underfinanced and the personal barriers to one to one therapy often too high (especially in the beginning).

Low threshold approaches such as our program are little known or applied in Austria. International projects show good results in regards to stabilisation and strengthening resilience of those concerned.

## 2. Implementation: „Teaching Recovery Techniques“

*“When the memories and the stress come, I tell myself: Now I am here. I am in a safe place “  
(Program participant, Vienna, July 2017)*

Throughout the training program, participants practice skills and learn about possibilities to take control over stress reactions. The training focuses on known symptoms of post traumatic stress disorder, including hyperarousal, avoidance and intrusion. Participants gain socio-emotional skills to deal with posttraumatic stress. They learn how to recognise and counteract rising stress-levels, they reflect on their daily routines and sleep hygiene, they practice ways to deal with worries, fear and anger and they learn how to deal with intrusive memories and flashbacks.



The focus is not on an individual traumatic event. TRT is not therapy; it teaches skills for stabilisation.

WHO recommended guidelines for mental health in emergencies illustrate levels of needed support in a pyramid model. An offer like TRT represents the third level, i.e. focused, non-specialized support (see graphic, left).

The flow of the program is clearly outlined, but the emphasis can depend on the needs of the respective group.

*IASC Guidelines on Mental Health in emergencies, 2007*

The group sessions are organised following the detailed work manual of the *Children and War foundation* (who developed the program initially). Step by step it builds on psychoeducation and the practice of socio-emotional competencies. There is no intention to expose traumatic experiences, but to gain skills for relaxation, stress- and fear management.

### 3. Overall aim:

The aim of the project is to reach children and adolescents, who experienced trauma, near their usual setting (schools), to address taboos around psychological disorders and to reduce post traumatic stress through an evidence-based program.

- The aim for participating children is to gain control over post-traumatic stress reactions, through psychoeducation and training of special skills. This is likely to improve their ability to concentrate on school and settle better in their new environment.
- The aim for the parallel work with parents is, to enable them to give best possible support and guidance to their children. This happens through psychoeducation, exchange and information. The benefits of this will be for the participating children, but also for other siblings in the family and the parents themselves.

### 4. Target group:

Children and adolescents between 8 – 18 Jahre. They learn in six, weekly sessions (of 2 hours each) to gain control over post traumatic stress reactions. Parents and caretakers receive information and advice to support their traumatised children.

Trainers from refugee communities gain trauma-specific knowledge and skills as group leaders. As representatives of the target group they participate in decision making and implementation of the project. As multipliers they will also apply and share their know-how in their social environment.

Group size: 8 – 12 participants / group, homogeneity in regards to language, gender, age

Location: as close as possible to familiar settings, i.e. schools with high numbers of refugee children

In 2018 a total of 14 TRT groups were conducted; 108 children and adolescents participated. In the feedback provided participants report about positive changes through the attendance in the program. E.g. 12-year-old Ahmed, who told us in the first meeting “I feel like, I will be going mad”. Step by step he understood, that the intrusive images, the anxiety and the uncontrollable anger were common symptoms after traumatic events. He learnt, how to recognise those in time and developed a “stress plan” in order to prevent emotional crisis. “Thank you, I learnt that I am strong” was his feedback at the end of the program.

Trainers from refugee communities also confirm repeatedly, how useful they consider the approach to address Trauma among their peers.

The core ambition of AFYA is to roll out this program as quickly as possible in order to reach more of those refugees, who are affected by posttraumatic stress.