

Trauma-related disorders

To inform about trauma and possible emotional consequences



MEDIZIN HILFT e.V.

Who we are

Medizin Hilft e.V. is a non-profit organisation that grew out of the community service work of a small group of doctors. With help from a large network of cooperation partners from the fields of medicine, psychology and beyond we try to help people who lack access to health care owing to structural gaps in our health-care system. Through our work, we want to make these gaps visible and work towards closing them.

One of our projects is the drop-in centre open.med, which we run together with Ärzte der Welt e. V. in Berlin-Zehlendorf. At open.med we offer consultations with psychiatrists, psychologists and other specialists for people with restricted access to health care.

Our current project "Mental Healthcare", sponsored by the Rotary Foundation allows refugees and other uninsured people to gain low-threshold access to psychosocial and psychotherapeutic support.

Our goal

With this brochure we would like to inform as many affected people as possible about the topic of trauma and the possible psychological consequences of traumatic experiences, provide their relatives with helpful information and point out possible ways of getting help both for those affected and for their families. In addition, we would like to counteract the stigmatisation of people who suffer from trauma-related disorders.

The brochure is aimed at people who may suffer from trauma-related disorders and their families.

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The spreading of knowledge about trauma helps to break down prejudices.

What is trauma?

The word “trauma” comes from Ancient Greek and means “injury”. A psychological trauma is thus a psychological injury that overwhelms the affected person’s ability to process it and can therefore cause numerous symptoms. A stressful event or situation is considered traumatic when it implies an extraordinary threat or is of catastrophic proportions and would cause deep despair in almost any person. It may be a brief or one-time event, or a longer one.

Examples of traumatic experiences are natural catastrophes such as earthquakes, fires, floods, etc., as well as accidents, life-threatening diseases or the sudden loss of a loved one. It also includes any kind of violent experience, such as physical or sexual violence, assaults, war experiences and torture. Sometimes it is not necessary to experience the event, it suffices to witness it or hear about it. Traumas inflicted by other people are particularly severe, as they can permanently destroy trust in others.



A regular therapy offer supports you in coping with your trauma.

What are trauma-related disorders?

Trauma-related disorders are characterised by symptoms that can appear as a result of traumatic events, either immediately or years later. These include a wide range of symptoms which may manifest separately or in different combinations. Each reaction to trauma is different, the only thing they have in common is that they constitute a normal reaction to an abnormal event and can therefore affect anyone. Depending on the severity of the symptoms, different diagnoses can be made in the context of a trauma-related disorder, including “acute stress reaction”, “adjustment disorder”, “post-traumatic stress disorder” or “enduring personality change after catastrophic experience”.

It sometimes happens that psychological protection mechanisms are overstrained by particularly painful experiences, relea-

sing a great deal of stress, anxiety and tension. Thus, trauma can have physical and psychological consequences.

Unprocessed trauma is often accompanied by tormenting thoughts about what could have been done differently. In many cases, those affected start to blame themselves for their reaction in the situation in question. This can lead to strong feelings of guilt and shame. Many people also blame themselves for not getting over the experience. However, trauma occurs regardless of each person’s individual capabilities. Its only cause is the traumatic event.

Why are trauma-related disorders being processed differently by each person?

The ability to process a traumatic event depends on different factors such as one’s life history, the personal situation at the moment of the traumatic event, the extent of the harm and the cause of the trauma. The risk of trauma increases if, for example, there is previous trauma, the person is very young or very old or lacks emotional support.

In many cases, self-blame intensifies the effects of trauma. Support from the social environment, the recognition of the person as a trauma victim and the possibility of talking about the experience promote healing from a trauma.



We would be happy to advise you on various forms of therapy in our office.

What are the symptoms of trauma-related disorders?

Trauma-related disorders can manifest themselves in many different ways, which range from depression, anxiety states and pain to the feeling of losing one's mind. For many of those affected, their self-image or world view is destroyed and their trust in other people is shaken.

The following symptoms are also often present:

Recurrent memories of the trauma

Stressful memories, flashbacks or nightmares can sometimes emerge in response to smells, sounds, conversation topics or images associated with the traumatic event. These are known as "triggers". The affected person is not always aware of the triggers. In these cases, memories appear out of nowhere and are difficult or impossible to control. Sometimes feelings, sounds or images return with such intensity that it feels like one is reliving the moment all over again.

Amnesia

Many people are not able to completely or even partially remember the traumatic events. Their memory of the event is often fragmentary. In addition, affected individuals might be unable to communicate what they experienced, or able to do so only partially, because their language centre is impaired, rendering them literally "speechless" or "without words".

Avoidance

Since the memories are very stressful, many people try to forget or avoid everything related to the events. This often leads to social withdrawal, as other people (such as friends or family members) or activities that the person would like to engage in might be memory triggers. This can lead to emotional stupor, indifference and lack of engagement with the environment or other people.

Increased psychological sensitivity and excitation: difficulty in falling asleep and sleeping through the night, irritability, angry outbursts, difficulty concentrating, increased alertness and nervousness

There might be personality changes. Many people notice that they have trouble focusing, are easily startled or get angry faster than before. Many suffer from severe sleep disorders and nightmares in which the events occur again and again. Oftentimes they find themselves in a state of permanent over-excitation and feel nervous and tense all the time.



It's important to look out for support. Just talking to people can already be very helpful.

Children and trauma-related disorders

Not only adults but also children can suffer from trauma-induced disorders. Some of their symptoms are similar than those experienced by adults, while others can only be observed in children. Some features of childhood trauma are:

Recurring, intrusive memories

The memories correspond to the mode of experience of the traumatic situation and can be of a visual, tactile, acoustic or olfactory nature. Certain sights, sensations, sounds or smells can lead to the repetition of the traumatic situation again and again before the child's inner eye.

Repetitive behaviour

Sometimes certain aspects of the traumatic experience are re-enacted in automated behavioural patterns. The experience is repeatedly re-enacted while playing, e.g. with toys. However, the child is usually unable to make a connection between the game and the traumatic experience.

Inversion of social roles

In the case of children of traumatised parents, there is also the risk of an inversion of the social roles between the parents and the child. Children are very sensitive to their parents' feelings and often unconsciously try to help them. They start behaving in a very responsible manner, for example by taking over tasks from their parents, looking after their siblings and putting their own needs aside.

Anxieties and concerns about their parents

Often, however, they themselves develop anxieties, as they are constantly concerned about their parents, on whom they depend. Sometimes they develop symptoms of trauma-related disorders themselves, as if they had become "infected". Some children develop insomnia, bite their fingernails, become aggressive, suddenly wet themselves again or are anxious and clingy.

Trauma-specific fears

The fears are tied to the original traumatic situation. If, for example, a child has experienced a traumatic situation in which dogs were involved, it is possible that in the future he or she will still be afraid of all dogs, but not of other animals.

A change in attitude towards people, life and the future

This can manifest itself, for example, as a loss of trust in other people, negative expectations with regard to the future or in a collapse of the child's understanding of the world.

Trouble to concentrate

Some children also have trouble concentrating, appear dreamy and absent. The range of symptoms is very wide. If you have the impression that your child is not well or is behaving differently to before you should talk to a psychologist or paediatrician about it.

Be understanding as a parent

It is important to be understanding and accept the child's behaviour and to give him or her comfort. This may sound easier than it sometimes is, especially if you are not feeling well yourself. Children should be given the opportunity to talk about their experiences be it with family members, friends or in a professional setting.

Self-test

This test is used to detect, as early as possible, if people are suffering as a result of a traumatic event.

The answers should refer to the past two weeks:		Yes	No
Do you often have trouble falling asleep?			
Do you often have nightmares?			
Do you suffer from headaches?			
Do you often suffer from other kinds of bodily pain?			
Do you get angry easily?			
Do you often remember painful events?			
Do you often feel scared?			
Do you often forget things in your daily life?			
Have you lost interest in the world around you?			
Do you often have trouble concentrating?			
		Number of questions answered with "yes"	
		1 – 3	4 – 7
		8 – 10	
Please mark the appropriate category to indicate the likelihood of traumatisation.			
likelihood of traumatisation	low risk	medium risk	high risk

source: www.protect-able.eu/resources

Treatment options

Trauma-related disorders are debilitating and stressful. There are different ways of dealing with these diseases, each of them with a different level of effectiveness:

Self-help as a way to gain stability

Self-help strategies are a good option to counteract acute symptoms and gain stability. On its own self-help is not sufficient to treat a trauma-related disorder.

Self-help is mainly about using strategies and things that are already available and help you feel better. Even though, in most cases psychotherapy is necessary in the long term, there are some things the person can do on their own to deal with the stressful symptoms at first.

Options for self-help

- What have you done so far to help yourself when you feel bad?
- Do you behave in this way consciously?
- When was the last time that you went for a walk?
- Do you know any relaxation techniques that you find pleasant? Have you ever done PMR (progressive muscle relaxation)?
- Do you know different breathing exercises? They can distract you and give you psychological comfort at the same time.
- Do you move regularly?
- Do you have relationships that are good for you? Which? Are you in contact with these persons?
- Are there persons from whom you would like to get help? What kind of help? Have you talked to them about it?
- Can you list successes that you already achieved?
- Do you cultivate daily rituals? Organising your day consciously gives you a sense of security.
- Do you have a safe place to retreat to?

Strengthening the social environment

Since the social environment of a traumatised person is also put under strain by the illness it is important to strengthen it as well. This is an important step towards a long-lasting therapeutic success and thus towards creating security in the affected person's life.

There are different options for getting psycho-social counselling and support for relatives of affected people in Germany. The latter is often organised in the form of self-help groups.

Psychotherapeutic options/ Low-threshold therapies

Psychotherapeutic options in the form of low-threshold therapies are based on as accessible a combination of self-help and psychotherapy – in some cases also psychiatric therapy – as possible.

There are various kinds of low-threshold approaches. They usually consist of different elements of short-term psychotherapeutic intervention, individually and in groups, in some cases involving medication, as well as the development of strategies and skills for dealing with symptoms, practical support in every-day life, and learning about the disorder and its symptoms. The open.med consultation hours of Medizin Hilft, include, for example, psychiatric and psychotherapeutic consultation. If necessary, patients can use this time for a brief therapeutic intervention.

Directory

Here is a short overview of organisations you can turn to for help.

Selected services in Berlin/Brandenburg

Treatment centre for victims of torture

www.ueberleben.org

Psycho-social aid for victims of political persecution

www.xenion.org

Social-psychiatric services in Berlin

www.berlin.de/lb/psychiatrie/hilfe-in-krise/sozialpsychiatrische-dienste-der-bezirke/

Psychosocial emergency numbers in Berlin

www.berliner-notruf.de

Self-help groups in Berlin, also for relatives of traumatised patients

www.sekis-berlin.de (Languages: German and English)

Counselling centre for women and girls who have been victims of sexual violence Wildwasser e.V.

Tel. 06142-96 57 60 · www.wildwasser-berlin.de

Counselling centre for victims of right-wing extremist violence Opferperspektive e.V.

www.opferperspektive.de

Nationwide services

Psychosocial centres for refugees and victims of torture

www.baff-zentren.org/mitgliedszentren-und-foerdermitglieder/

List of therapists by postcode

www.psychotraumatologie.de/beratungsstelle/traumatherapeutinnen.html

National contact and information point aiming to stimulate the foundation of self-help groups and to support them

www.nakos.de

Helpline in 17 languages

www.hilfetelefon.de/das-hilfetelefon/beratung/beratung-in-17-sprachen.html

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