As teachers, we will help the learners when the horror of the past comes alive in the present; when their bodies and mind are overtaken with fear, leaving them in a tired and exhausted state with reduced capacity for learning. This manual is about how we can teach the learners coping techniques so that they can better control their bodies, stop unwanted thoughts, and reduce the frequency of nightmares.

We can't change what happened, but together we can try to change the way that you think and feel about it right now.

Theoretically, the manual is anchored in crisis psychology and trauma research. It draws on educational methods that are designed with the purpose of being used in school settings with war-affected youth. The teachers are not supposed to be trauma therapists. However, using a structured educational approach can result in a therapeutic effect among the many traumatized learners.

Department of Special Needs Education
University of Oslo, Norway

Jon-Håkon Schultz (editor)
Magne Raundalen, Marit Dalset & Jon A. Støen
Trauma Education
Fighting Nightmares and Sleeping Problems
to Promote Learning

Jon-Håkon Schultz (editor)
Magne Raundalen, Marit Dalset & Jon A Støen

Department of Special Needs Education
University of Oslo, Norway

2009
As teachers, we would like to help you when the horror of the past comes alive in the present and when your body and mind are taken over by fear, leaving you in a tired and exhausted state with reduced capacity for learning. There are ways to deal with this so you can feel better. We cannot change what happened, but together we can try to change the way that you think and feel about it today. We will teach you coping techniques so you can better control your body, stop unwanted thoughts, and reduce the frequency of nightmares. We will present you with two different types of effective “medicine”: talking medicine and writing medicine.
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Preface

Re-establishing Hope & Equipping Youth for Life

The Youth Education Pack (YEP) is a one-year intensive education and training program with three equally important components. The objectives are for the youth to reach a functional standard of literacy and to be trained in a practical skill that will increase their chances of securing an income in the future. Subjects like human rights, environment, health and HIV/AIDS awareness, sports and culture aim at providing meaningful knowledge and fostering attitudes and social skills that will help young people develop into responsible and proactive citizens. Six months of follow-up support is given after graduation, to offer guidance and to monitor how the youth are managing, whether they are working in teams or as individuals.

The YEP concept was developed by the Norwegian Refugee Council and piloted in Sierra Leone from 2003. It is currently being implemented in ten countries, through several local languages as well as English, French and Arabic: Burundi, DR Congo, Ivory Coast, Kenya, Liberia, Somaliland, Sudan, Uganda, Georgia and East Timor. Planning for implementation has started in Lebanon and Afghanistan. Situations and phases vary from country to country, and some flexibility is necessary, but the three-pronged approach with challenges for “heads, hearts and hands” is equally important in all cases.

The project targets vulnerable adolescents and youth with little or no education, mostly due to conflict, displacement and disrupted
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school systems. The majority are aged between 14 and 20 and are among the most vulnerable in their communities. Some are orphans, others heads of households, and some have been forced from their homes and into negative activities. Up to 20% of the youth previously affiliated with armed groups are also accepted in order to encourage re-integration and reconciliation. The requirement is that they are motivated, have some support from home and are likely to be able to attend and complete the full year. Enabling factors are a hot meal during the day and baby-care provided for young mothers.

Our learners have experienced hard times. They have lost family members and property and been confronted with threats and danger. Some have been exposed to extreme acts of violence and as a consequence struggle with sleeping problems, nightmares, unwanted thoughts and reduced concentration - all symptoms which have a negative effect on learning.

This manual gives guidelines on how to give psychosocial support to these learners so that they can improve their learning ability. Trainers and teachers are enabled to guide learners about how to fight nightmares and sleeping problems and thus better control unwanted thoughts.

In spite of the hardships and difficult experiences suffered by the youth, it is amazing to witness their resilience and desire to succeed and create a better future for themselves and their families. The overall goal of the program is therefore to support them in this, re-establish hope and equip the learners for life.

The Norwegian Refugee Council appreciates the cooperation and expertise of Dr. Schultz and his colleagues from the University of Oslo and look forward to sharing this manual with the YEP project and teachers in other countries.

Eldrid K. Midttun
Senior Education Adviser, Norwegian Refugee Council, Oslo
Preface

How to Use this Manual

This manual is written with the intention of integrating trauma education with the existing YEP program. In this manual, we would like to give a general introduction and summary of traumatic stress – how to understand the nature of trauma and traumatic reactions. We outline how to provide the learners with trauma education that will enable them to better understand themselves and their own reactions. The trauma education described here consists of three different parts, which again are composed of several lessons. All of these three parts should be included in the ordinary teaching within regular school hours. However, it is important to inform the learners that participation is voluntary. If a learner does not want to participate, the teacher should be understanding and present the learner with alternative activities. The following three parts are what we refer to as trauma education; it is intended to be carried out by teachers who have received specific training in all the following parts:

Part 1: Fighting Nightmares and Sleeping Problems – Four Group Sessions (Chapter 3)

Two or three months after the learners have been enrolled in the YEP program, they should be given the opportunity to participate in a workshop focusing on how to fight nightmares and sleep problems in order to promote academic achievement. It must be clearly specified that this is an offer only to those suffering from sleep-related problems, and that participation is voluntary. The workshops should be carried out by two teachers and the size of each group should not exceed eight learners. Over four sessions, the following topics are covered: information about traumatic stress reactions and what causes such symptoms (session 1); relaxation techniques that may calm the body and mind (session 2); exploration of nightmares through drawings (session 3);
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and methods for stopping unwanted thoughts (session 4). The sessions are inspired by methods used in a variety of trauma manuals and, specifically, a trauma manual from the Children and War Foundation, 2002.

Part 2: Writing Exercises – Three Sessions, Individual Writing in Groups (Chapter 4)

Specific writing exercises should be carried out in the second half of the YEP program when the majority of the learners will know how to read and write. In each of the three sessions there are two periods of writing, each lasting 20 minutes. After receiving instructions, the learners are expected to put into writing how the traumatic events happened, describing and exploring their deepest emotions and thoughts. Although the writing exercises are conducted in the classroom with all learners present, the works are individual products and should not be read aloud. In some cases, though, individual students can and should be followed up by their contact teacher. These writing exercises are based on the works of James Pennebaker (1997, 2004) and the Children and War Foundation (2005).

Part 3: Telling the Story of My Life – Four Individual Sessions (Chapter 5)

Learners in need of further psychosocial support should be offered four or more individual sessions. These learners are selected based on observations in either the workshop in part 1 or the classroom. When children are exposed to traumatic events they tend to lose sight of their timeline; the sequence of what has happened in their lives becomes blurry. They are no longer able to present their lives in a chronological sequence. We recommend that the contact teacher sits down with the learner and restructures his or her timeline by marking down all the important
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events in life so far, both good and bad. In order to get a full ther-
apeutic effect it is important that you systematically go through
the worst experience(s). This section is inspired by Narrative
Exposure Therapy, NET.

Trauma research and clinical experience indicate that writing
and talking about traumatic experiences have a positive effect on
the physical and mental health of traumatized individuals. The
reduction of traumatic stress symptoms will, in turn, improve the
ability to learn and perform in school. For these reasons, parts 1
and 3 could be referred to as “talking medicine” and part 2 as
“writing medicine”.

Sleeping Bears and Feeding Lions
If you are traumatized, you might be so troubled that you have
problems living your daily life. You often experience sleep prob-
lems, terrible nightmares, lack of concentration and difficulty
controlling your temper. It is also common to use a lot of ener-
gy to try to keep the memories away. Such symptoms and coping
strategies will negatively influence your ability to learn and per-
form in school.

There is a saying in Norway that one should never wake a
sleeping bear. Similarly, Africans would never think of disturbing
a feeding lion. Nobody challenges this knowledge, which has been
thoroughly tested over the centuries. But is it true that traumas
and traumatic memories should be treated the same way? Should
we keep a distance and not touch the memories? Is not talking
about the terrible experiences really the best way to deal with
trauma? Will disturbing traumatic stress symptoms disappear by
themselves? In short, some individuals experience an automatic,
gradual symptom reduction, whereas others develop long-lasting
and complex problems. Many appear to respond negatively to the
silence strategy. This is due to the fact that the avoided past has a
tendency to sneak up and take control of the present. When you are traumatized, you suffer from memories of a traumatic event that you were exposed to in the past. The past is revisiting you in the most disturbing manner.

We should respect both the feeding lions and the sleeping bears. However, it is our duty as teachers to explore how the learners are coping and to ensure that we have an open environment where they can feel safe to talk about, and express, their feelings. As teachers we would like to help the learners when the horror of the past comes alive in the present, when fear takes control of the body and mind and leaves little or no energy for learning. This manual is about how we can teach the learners coping strategies so that they can better control their bodies, stop unwanted thoughts and reduce the frequency of their nightmares.

The teachers are not supposed to become trauma therapists. This manual prepares them to be empathetic listeners and constructive contributors when learners need to talk about subjects which are confusing, painful and disturbing. These guidelines show how the learners can be invited to address their traumatic experiences and reactions, as well as acquire functional coping
Preface

strategies by using structured educational methods that can produce a therapeutic effect.

This manual is theoretically anchored in crisis psychology and trauma research. It draws on practical and educational methods designed with the purpose of being used in school settings with war-affected youth. Research has indicated the kinds of mechanisms that are at work among those who experience “self-healing” after a critical incident. Those individuals who have effectively managed to put terrible experiences behind them and who do not think of them that often have all received help from others. First of all, they have had someone they could talk to; they have talked extensively to at least one person they trust. In addition, they have benefited from an understanding and supportive environment and a family climate that offered the opportunity of open communication. Family members and knowledgeable persons in the network of the youth may enhance the “self-healing” process. In this respect, the YEP teachers play a key role. YEP teachers are actually extremely important in supporting the process of self-healing – as a teacher you can make a huge difference!
Chapter 1
The Youth Educational Pack Program

Being a YEP Teacher
When adolescents are accepted as YEP learners, they are highly motivated to learn a vocational skill and also how to read and write properly. In order to be enrolled in the YEP program, a learner must be considered vulnerable and defined as a youth in need. Most of the learners belong to at least two of the following vulnerability groups:
- Single orphan
- Double orphan
- Single mother
- Child head of household
- Formerly abducted
- Born in captivity
- Living with a serious disease or condition

The learners have witnessed or experienced various degrees of destruction, death, illness, hunger along with other terrible experiences, due to war and conflict. As a teacher, you have probably noticed that previous experiences such as this can negatively influence a youth’s ability to learn. Overwhelming events can cause traumatic stress reactions, which, in turn, cause problems with academic performance (see chapter 2). It is challenging to teach
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war-affected youth, as they are a particularly vulnerable group, with special needs when it comes to learning.

As YEP teachers, you cannot change what has happened to the learners in the past. You can, however, influence the way in which they think and feel about previous traumatic events today. Through presenting the learners with coping techniques, they can be shown how to gain better control over their bodies, stop unwanted thoughts and reduce the frequency of nightmares. Both a talking cure - talking medicine (chapter 3 and 5) - and a writing cure - writing medicine (chapter 4) - have proven to be highly effective when it comes to reducing traumatic stress symptoms. What is best of all is that this medicine is free and can be provided by non-medical staff. During a traumatic event, the mind may become so overwhelmed that it is unable to process the incident properly. Consequently, the individual is left with fragmented memories that are both confusing and disturbing. By exploring terrible experiences, verbally or in writing, the mind is able to integrate such memory fragments and translate the extreme event into language. Once traumatic events are language-based and integrated with other “normal” memories, rather than stored as unconscious emotionally charged memories, people can better understand the experiences and reduce the intensity of the feelings more easily.

Like other types of medicine, both talking and writing medicine may be experienced as unpleasant at first. Although after a while, it should prove calming and bring relief.

As a YEP teacher, you are hired to train the learners in either vocational or academic skills. In addition, you are supposed to provide them with psychosocial support in order to re-establish their hope for the future and equip them for life. This may sound overwhelming at first therefore, in the next section, we will develop the concept of psychosocial support. We will identify the support that
Chapter 1  The Youth Educational Pack Program

is already incorporated in the YEP program and specify the kind of support that should be included in the daily teaching.

Psychosocial Support

In this manual, psychosocial support is defined as contact and structured interactive activities that are carried out in order to promote mental health and the development of a healthy identity, positive self-esteem as well as social skills and competence. The following elements are all important supportive factors in the YEP program, although they are not all necessarily viewed as psychosocial support.

School routine: Some learners felt they lost their chances in life when they were unable to receive any schooling. As such, school routines are supporting factors: school uniform, books, classes and, homework. Enrollment in the YEP program ensures a long-awaited education and contributes to hope and positive self-esteem.

Focus on positive feedback: The YEP program is based on the educational approach that learners actually learn better when they get a lot of positive feedback instead of too much focus on what they are doing wrong. Positive feedback is a highly effective means of building positive self-esteem.

Sports and games – music and drama: Playing football, games and working together strengthens the feeling of belonging to a group and a team. Such activities offer the opportunity to learn discipline and teamwork in a natural and positive way. Drama activities and playing music are also ways of expressing feelings.

The teaching and performance of local traditions: Playing music, as well as learning about local traditions and ancestors, strengthens the sense of identity and belonging to a group. Owing to conflict and war, these traditions have not been exercised in a natural setting and are therefore being practiced at school.
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*Attitudes and behaviors:* Many of the learners have grown up without the safety of a protective family and society. This, in turn, means that they have missed out on valuable knowledge about how to behave in socially accepted ways. Due to lack of schooling they need to learn how to behave, acquire knowledge, and perform both in an academic setting and their local society.

*Individual contact:* The learners are encouraged to choose an individual contact among the teachers. When experiencing various problems, the learners are encouraged to seek advice from their contact teachers, who are there to offer support. The arrangement with contact teachers was initially introduced to promote an environment with open and positive communication.

*Registration and profile:* In order to identify those in need of special attention, such as home visits or individual counseling, information concerning the background history of every learner is carefully registered. The profile should consist of: the learner’s background, former schooling, status of parents, vulnerabilities, strengths and weaknesses, attendance and learning abilities. The profile should be updated throughout the school year.

According to the YEP guidelines, whenever possible, psychosocial elements should be creatively included in various school subjects. The learners should be encouraged to participate in sports and other activities in order to interact with other learners. They are invited to explore and talk about personal issues through drama, music, prayers and individual conversations with friends and their contact teachers.

Some Traumatized YEP Learners Need Special Attention
A study was carried out in Northern Uganda to find out how learners experienced the psychosocial support they received while being enrolled in the YEP program (Schultz, Sorensen & Waaktaar 2009). Through interviews and questionnaires, we came to know
the learners’ points of view. In interviews, they stress that they do not necessarily wish to talk to their teachers about the traumatic events they have been exposed to. However, they do express a wish to talk to the teachers about the consequences of these experiences, in particular symptoms influencing their learning. They hope that such conversations can help the teachers understand that irregular academic achievement may be due to disturbing, intrusive symptoms rather than lack of interest. Learners who have frequent nightmares are looking for understanding, but they also would like to receive advice from the teachers about how to handle such sleep-related problems. Furthermore, they would like to consult the teachers when it comes to avoiding stigmatization as well as fighting the “ghost people” (see appendix 1).

The study reveals that those learners, who report a low to a moderate degree of traumatic symptoms, experience a reduction in symptoms – they become healthier after YEP. On the other hand, this is not true for those learners who have a high degree of traumatic symptoms when they start the YEP program. They do not experience a reduction in their symptoms during the year of enrolment. This indicates that the psychosocial support offered has not been effective, structured or systematic enough to improve their well-being. In order to improve the mental and physical health for this group, we have added three new parts consisting of various structured techniques that are based on documented methods with therapeutic effect. The three new parts are outlined in chapters 3, 4 and 5. Hopefully, the three parts will initiate and support the healing process more successfully for the group of learners with a high to moderate degree of traumatic symptoms.

In the following chapter, you will find a general presentation of traumatic stress and how such symptoms negatively influence learning.
Chapter 2
Understanding Trauma

Traumatic Events

What is a Traumatic Event?
In order for an event to be defined as traumatic, it must be life-threatening or involve death, serious injury or threat to the physical integrity of self or others (APA, 2000). Furthermore, the person’s response to the event must involve intense fear, helplessness or horror. Possible traumatic events that children and adolescents may have been exposed to during war include - although are not limited to - the following experiences:

- Forced to leave one’s village or town
- Expelled from one’s home
- Soldiers forcibly entered one’s home
- Home bombed
- Separated from one’s family
- Parents separated from each other due to the war
- Family members being injured or killed
- Shot at by snipers
- Extreme hunger
- Forced to kill someone
- Saw someone being killed
- Saw a corpse
- Helped to carry wounded or dead people
- Saw someone being tortured, raped or sexually abused
- Being in a life-threatening situation.

Healthy Survival Responses versus Traumatization
The human body is designed to deal with danger in a flexible and adaptive way. When the brain perceives threat, it activates automatically and prepares the body to fight or flee (the fight
Trauma Education

or flight response). This is accomplished by creating a state of heightened arousal. Among other things, the respiratory and heart rate increase to provide more oxygen, blood is sent away from the skin and to the muscles, enabling us to move quickly. Our sensory awareness is also heightened, making rapid reactions possible. When fear-signaling impulses activate the human body as described above, this is a normal and adaptive survival response. Once the danger is over, the body normally halts the alarm reaction, restoring itself to a resting state. Sometimes the body simply fails to do this. As a consequence, the brain continues to respond as if under threat even though the actual traumatic event has ended, leaving the individual in a state of chronically heightened arousal. When the alarm response continues to disturb you for more than four weeks after the traumatic experience then you are traumatized.

Traumatic Stress Symptoms

In the aftermath of a traumatic event, the instinctive physical and psychological mobilization may persist. The alarm reaction, which initially has a protective and activating function in dangerous situations, then becomes a problem and a source of suffering. Reactions such as persistent symptoms of re-experiencing, avoidance, and increased arousal are frequently reported by trauma victims (APA, 2000). More specifically, three clusters of symptoms include some of the following common responses:

**Intrusion**

- Recurrent and intrusive recollections of the traumatic event, including thoughts, images or perceptions
- Recurrent distressing dreams of the event
- Acting or feeling as though the event were happening right now
Chapter 2  Understanding Trauma

- Intense psychological distress at exposure to reminders
- Physiological reactivity on exposure to reminders

Avoidance
- Efforts to avoid thoughts, feelings or conversations associated with the event
- Efforts to avoid activities, places or people that arouse recollections of the event
- Inability to recall an important aspect of the event
- Markedly diminished interest or participation in significant activities
- Feeling detached, feeling like a stranger
- Restricted range of affect (unable to have loving feelings)
- Sense of a negative or reduced future

Arousal
- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Psychosomatic activation (feeling physical pain)
- Exaggerated startle response (easily scared)

For further information concerning how a traumatized person feels, the reader is referred to appendix 2. It is important to note that people react differently in the aftermath of traumatic events. Some suffer from a few symptoms which quickly improve, whereas others develop a severe condition suffering from numerous, long-lasting symptoms. The possible development of traumatic stress symptoms is influenced by the following factors:

- The nature of the traumatic event
- Exposure and sensory input, long lasting
- The response to the traumatic incident
Trauma Education

- Prior experience, gender (the female sex being the most vulnerable)
- Developmental history
- Personality structure
- Internal resources
- The quality of emotional support from family and friends

When traumatized - the memories always come back

No matter how hard survivors try to avoid them, the memories always come back. They enter your everyday life, both at night and during the day. All of a sudden, you may become upset, anxious or detached from reality without knowing why. During a particularly terrifying moment, your mind cannot comprehend what is going on, it is just too much. You are overwhelmed by the bodily alarm reaction and anxiety. You are highly aroused in order to react fast and ensure survival, but you have no time in these moments to process any of this information. However, your brain has a completion tendency: It brings up these feelings and fragments later in order to understand and digest and put all of this together, until it makes sense. Reliving those feelings, pictures, and bodily sensations indicates that the mind is actively attempting to process this horrible event, to make it understandable – because this may be vital throughout life. It causes these unresolved inconsistencies to reemerge into consciousness again and again. But, you push them away each time, because they are so painful and horrifying. You avoid them. What you want to do is now to give them room here during the sessions. We want to explore them together and eventually give your mind a chance to understand and integrate these memory fragments. (Schauer, Neuner & Elbert, 2005:29)
Chapter 2   Understanding Trauma

Time to repair the cables in your brain
You have experienced a trauma when you are often or constantly bothered by fearful memories, day and night, of what happened in the past. What happened a long time ago scares you and troubles you, in your present everyday life. Trauma means that damage has occurred, and this damage has happened in your brain. It is not big damage, it is not a dangerous damage, but it causes you so much trouble that the time has come to repair it. We could say that the fear in your memories has disconnected or damaged your cables. When you open up by gradually talking, singing, dancing, writing, drawing and telling people about the worst event, you repair the damage. You are repairing the cables. You are repairing the broken connection in your brain between your memories and your words and feelings. We will help you using both writing medicine and talking medicine.

You can test the effectiveness of the repair work yourself. You do this by paying attention to how you react every time you think, talk and write about what happened. After doing these tasks to repair the cables for a while, the goal is that you should be able to think and talk about the terrible event without racing heartbeat, getting terribly upset and being overwhelmed by memories and fear. (See appendix 1 for further explanations)

Trauma Education

Trauma education (as specified in chapters 2 and 3) should entail the following elements:

1. Traumatic stress reactions: Describe the different symptoms commonly registered among traumatized individuals.
2. Normalization: Reassure them that it is normal to suffer from such reactions after a traumatic event.
3. Legitimization: Explain that current reactions are a result of past traumatic experiences.
Trauma Education

One way or another, all of the previously mentioned traumatic stress symptoms will negatively affect the ability to learn. For instance, sleep deprivation contributes to poor daytime coping due to the fact that we need sleep in order to function at our emotional, mental and physical best. In terms of cognitive performance, sleep deprivation impairs attention, concentration and memory, negatively affects logical thinking and decision-making, and reduces coping skills.

It goes without saying that learning capacity and academic performance among students is closely related to their sleep quality and quantity. Intrusive recollections of the traumatic event will negatively impact the learner’s ability to concentrate in class. Distressing images, thoughts or perceptions activate the alarm response, causing the horror of the past to come alive in the present and to take control of their body and mind. When people are unaware of the connection between such reactions and previous traumatic experiences, they may become afraid and wrongly accuse individuals of being possessed by evil spirits.

Opening up in order to Gain Closure

Trauma research and clinical experience strongly indicate that it may become easier to put the traumatic experience behind by opening up for verbal or written exploration of the traumatic event. By opening up we may achieve the following:
- Translate feelings and images into words.
- Systemize and structure fragmented memories into one or several coherent stories.
- When put into words we can more easily regulate our emotions.
Chapter 2  Understanding Trauma

- When integrating fragmented traumatic memories with other autobiographic memories it is easier to understand what happened and why it happened.
- When talking about what happened it will be easier for children and youth to grasp the fact that they can not be blamed for actions that they were forced to do.

Even though we recommend an environment with open communication, there may be certain arguments for not talking:
- Peace has not yet arrived, it can therefore be dangerous to talk ill of the enemy and their wrong doings.
- During and after war, it may feel dangerous to talk ill of the rebel leader because of his spiritual status and the fact that his followers could be anywhere.
- Stigmatization may be a possible result of talking.

Even though there may be arguments for not talking, you should encourage your learners to talk to people they trust – due to the health effect from talking medicine and writing medicine.

Confidentiality: Being a professional teacher, you are bound to secrecy and confidentiality. In other words, you are not allowed to reveal sensitive details, from the conversations with learners, to others. You should only discuss problems arising from such discussions with relevant colleagues. Always ensure that you do so in a manner that will not harm the learner. Building trust between a learner and a teacher is all about not disclosing their story to others and showing that you understand and that you care.

A Paradox
When talking with children who have been exposed to war or other extreme adversities, we are often confronted with a paradox. The child has directly or indirectly disclosed memories from
Trauma Education

extreme events. Images, sounds and other sensory impressions are likely to haunt them in their daily lives. They constantly face reminders and intrusive memories while never really understanding where they come from. In addition to this vicious nightmares come with replays of what they have experienced. The children manage to tell us this, but we soon discover that they try to avoid talking or thinking about it. They mobilize their resistance and strategies to bypass any confrontation with the bad memories. We see anxiety and even panic in their eyes if we have touched upon a sensitive topic while their defenses are down.

So, where is the paradox? The paradox is the fact that they are unable to talk about the events that constantly appear in their minds, many times a week, if not daily. Talking about this is associated with enormous anxiety. Why? Our explanation of this phenomenon is simply that their inner life has become a danger zone due to trauma and chaos. If we get closer, the alarm response in the child or youth goes off. What are they really afraid of? According to our interpretation, they fear two scenarios. First of all they are scared that adults, especially their parents who are supposed to be their helpers and supporters, will become sad or angry if they start talking. Secondly, and probably the strongest fear is that of being overwhelmed by the pain of the memories. This is the fear of losing control and being unable to cope with the situation at hand, of not knowing how to escape or how to return to an acceptable level of functioning.

_Trauma treatment is something else:_ In a therapeutic setting, we have often found that children appear more confident and relaxed if we do not hesitate to address the trauma and their worst memories. Our interpretation of this is that the child’s perception of the swift and direct approach is a message of our confidence in what we do and in our ability to carry them through the rough waters ahead. Usually the atmosphere
Chapter 2  Understanding Trauma

of trust cultivated by this approach will lead to direct and confrontational communication.

In other contexts, with few similarities to a therapeutic setting, children usually do not dare to confront because they fear loss of control, both on their own part and on the part of the listener. We believe there to be a balance between anxiety and control. Generally, we have observed that the relationship between the two tends to be inversely proportional: when control is strengthened, anxiety decreases. Thus, we increase the potential for being able to approach the painful memories, if we strengthen the child’s feeling of control prior to confrontation. We believe that this illustrates more general human reaction patterns: in all kinds of situations, we all need predictability and control. We are also aware that unpredictability in the therapeutic setting could have numerous adverse effects since it reminds them of the lack of control and feeling of being overwhelmed manifest in the traumatic incident.

Culture and war: Culture has given us a great deal of wisdom, recipes, scripts and even manuscripts to cope with all sorts of life situations. Even the duration of a handshake is accurately timed. In one culture it is supposed to be very short, in the Norwegian culture less than 10 seconds. In others it is “never-ending” and you may be lead by the hand down the street. Culture has given us elaborated scripts and rituals for the great transitions in life: births, weddings and funerals for instance. Now we come to the point: the way we see it, culture has not given us specified, workable scripts and guidelines for mental coping strategies for life after catastrophes such as war and armed conflicts. We are therefore left with the most primitive of options: repression, dissociation and denial. It is recommended that we force ourselves to try to gradually forget the unforgettable.
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From our perspective, the culture of child psychology suggests an opposite, advanced coping strategy: openness, talking, writing, re-living and working through. Our recommendation is that “the only way out is through”. This culture of psychology must “negotiate” with the predominant culture. In some cases, these negotiations have resulted in an agreement: children exposed to critical incidents are encouraged to talk about it at home. Many schools have plans that incorporate mental coping strategies after critical events. The most affected children may be referred to trained professionals who carry out therapy involving expression and cognitive restructuring. The results of this new cultural practice have yet to be subject comprehensive evaluation, although research and observation appears to indicate clearly that one should continue along this “road of openness”. Research cannot confirm that talking, drawing and writing in itself is enough to achieve healing after war experiences, but we are permitted to consider such simple methods steps in the right direction. We are encouraged by research showing that children of supervised parents, and children living in a climate of support and open-heartedness recuperate faster and cope better after exposure to a critical event. Many children may be helped via the resources of the immediate environment: parents, grandparents, other caretakers and teachers. If advised and guided, they may represent a real difference for the youth who strives to cope with the bad memories in the aftermath of war and flight.

The Betrayal – the Loss – the Trauma

The betrayal

This concept is meant to cover the immeasurable cognitive impact among children following war and the mental work they have to do when they try to piece together a framework to rebuild trust in the adult world after the collapse of it. They often report that
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they felt let down and betrayed by the adult world. These mental blows have different aspects and layers, relating to the age and the developmental stage of the individual child. At all stages, however, the total collapse of a normal and predictable adult world has an immense mental impact and causes many types of reactions. It is justified to say that wars may shatter the child’s entire view of world order. The first and the worst experience is that of deterioration of the parental role. The primary function of being a parent is to be an adult who is able to feed the child, to protect them from danger and to plan a future for the child. The disruption of the parental role in times of war is probably the most destructive experience for a child. The depth of the impact from this depends upon situational factors and how the parents themselves manage to cope with the catastrophic circumstances. In many cases, we have seen that a child who is still living with his or her family, is more or less “mentally unaccompanied”.

The first step to help children and youths with the problems described above is to secure their immediate needs for food, protection, and comfort and to restore the adult authority and trust by empowering their parents as soon as possible. The next crucial step is to bring them back into some sort of schooling.

The loss

The second aspect of the tremendous emotional impact on children in times of war is the loss of lives. As modern wars affect more and more civilians and because even children are becoming targets of the parties in conflict, the loss of close relatives, of all categories, has increased. In the hardest hit areas in an armed conflict, you seldom find a child who is not affected by loss of a close person. The only way to compensate for this tremendous loss is to take all possible measures to reunite children with a functioning family network of relatives or foster parents, should
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the parents be killed or missing. The most important factor that can ease and help children overcome and integrate their grief is people who care for and love them. People who are able to become emotionally close to them and who represent continuity and responsibility – such as teachers. Teachers play an extremely important role after an armed conflict, both as a signal of a functioning adult society returning to “normalcy”, and also as caring, understanding and helpful individuals. To train and advise the teachers to be sensitive to a grieving youth, to be able to accept the youth’s need to confide the sorrow to someone they trust, would be of great importance in this context. Grief within a context of trauma may overtax the child’s capacity to cope and lead to mental disorders.

The trauma
The third issue to cover the mental sufferings of children and youths in scenarios of war and crisis is trauma. War-affected children are often haunted by traumatic sensory impressions, which are stored as anxiety and tension in their memories. Images and sounds may constantly bother the youth by returning to the mind as vivid, sudden and uncontrolled recollections. These recurring, intrusive memories seem to disturb the entire network of feelings and therefore become highly disruptive of other cognitive functions. One explanation of the power of traumatic memories claims that the state of the human organism when the critical event occurs alters the memory functions. Some elements of the life-threatening experience enter the implicit, “bodily” memory of the brain and thus become partly inaccessible to the explicit, declarative memory: the memories we are able to report and integrate. These theoretical frames have shed light on our understanding of the most workable trauma healing methods, again favoring expression instead of repression.
Chapter 2 Understanding Trauma

Even though trauma theory is complicated, and many of its features still remain unclear, many trauma treatment methods are simple and can be implemented and integrated with the social activities of the child. This can be done through religious leaders, health workers and teachers – within the scope of their role and as parent advisors. All measures should be taken to empower the parents to care for the child’s mental life and health also.

We have to face the fact that all the good things we are doing to help children and youth in emergency situations – such as giving them priority with food, protection and medical assistance in order to secure the child’s survival - do not usually heal trauma. Care and safety may give the child strength, mental preparedness and willingness to confront and work through the trauma, but, in itself, the very act of putting a distorted life back in order does not automatically heal the distorted mind. One important factor is the supportive capacity of the environment of the traumatized child and youth when returning to normalcy, once more the crucial aspect of this supportiveness seems to be related to openness and opportunities to communicate in order to deal with the traumatic experiences.

At this point, we would like to underline that trauma healing is not accomplished by simply encouraging the child to make a drawing depicting their worst memories and by talking about that now and then to someone or indeed anyone. Although many trauma-healing methods are simple because we use children’s natural channels of expressing themselves: drawing, writing, singing, dancing and praying; the challenge is to do this in a systematic way. In the next three chapters, we have outlined detailed and systematic sessions in each of our three topics:

- Chapter 3: Fighting Nightmares and Sleeping problems
- Chapter 4: The Healing Power of Writing
- Chapter 5: Telling the Worst Story of My Life
Chapter 3
Fighting Nightmares and Sleeping Problems

Introduction

This chapter focuses on the content of four sessions that should be introduced as a voluntary offer for those learners who experience nightmares and sleep-problems. These sessions should preferably be done two to three months into the school year. The sessions should always be carried out by at least two teachers and there should be no more than eight learners in each group. Before creating a group, the teachers ought to do a brief individual screening of the interested learners, in order to get information on their background and how their problems are manifest. This is done by simply asking the learners about the content, intensity and frequency of their nightmares, and to which degree they experience difficulties in falling asleep and/or maintaining sleep. Put groups together that have approximately the same level of nightmares. The groups can be mixed in terms of gender or you can choose to have groups with boys and girls separated. The following information should be given to the learners:

- The workshops consist of up to eight learners and two teachers
- Participation is voluntary
- We teach you techniques that might reduce the intensity and frequency of your nightmares and stop unwanted thoughts
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- We show you methods to sleep better and concentrate better in school so you can learn more effectively
- When you sign up you should try your best to participate in all four sessions
- Each session lasts for about 1½ to 2 hours

After each session, the two teachers should take time talking about their reactions to the session and what they just heard. It can be a tough experience listening to the learners talk about their nightmares and experiences and it is important that the teachers also take care of themselves emotionally so that they can keep on supporting the learners throughout the sessions. Later in this chapter, you will find descriptions on how to motivate them to talk and how to support the learners when they talk about their worst nightmares. The methods that are mentioned in the sessions are fully described in chapter 6: The Practical Toolbox.

Fighting Nightmares and Sleeping Problems

Session 1

Goals  Introduction: Make it clear that these sessions are about learning methods in order to fight nightmares, sleeping problems and unwanted thoughts. Motivate the members to participate in all four sessions.

Tools  Blackboard, crayons and personal workbooks.

Introducing the Group
The reason why we are gathered here today in this group is the sleep-related problems that you are all having. When you are aroused due to recurring bad memories, it is normal to have problems
Chapter 3   Fighting Nightmares and Sleeping Problems

going to sleep at night and falling back asleep if you wake during
the night. It is also normal to have nightmares about what you have
experienced. It is often these nightmares that wake you up at night
and make you alert, making it harder to fall back asleep. In these
four sessions, we are going to teach you techniques to fight these
nightmares. We shall also teach you techniques that will help
you to relax and make it easier to fall asleep. Today, however,
we are mostly going to talk about different overwhelming events
and what kind of reactions they might cause.

Because we will be working together as a team, we need some
rules. The rules of this group will be:
• Confidentiality: Outside the sessions, you should only talk to
  others about yourself, not the other group members.
• The teachers are not allowed to tell others what you say unless
  they have your permission. If the things you reveal are of such
  a nature that the teachers are obliged to inform other profes-
  sionals, they cannot do so without telling you.
• Attendance: Please come to all the meetings.

Traumatic Events
Let us think first about which sorts of things can cause sleep-related
difficulties, distressing thoughts, feelings and reactions. Let us talk
about this and make a list of these events. Who wants to start?

Make a list of traumatic events on the blackboard. The learn-
ers could copy the list down into their workbooks. Examples
could be as follows: flood, fire, traffic accident, abduction, seeing
someone being killed, being forced to kill someone, losing your
parents...

Based on the list, make it explicit what it is that characterizes
traumatic experiences: they are sudden, intense, life threatening,
involve intense sensory experiences, make you feel terrified and
helpless. (See chapter 2 for further details.)
Normalizing Traumatic Stress Reactions

Traumatic events are special because they usually cause various distressing reactions. After living through terrifying events like the ones we have written down on the blackboard, it is normal to experience distressing dreams with or without trauma-related content. It is also common to have difficulties in falling asleep and maintaining sleep.

When you have lived through or seen something terrible and things remind you of what happened, it can feel like it is happening all over again, even though you know it is not. It is very frightening to feel like that, so children try to avoid places that bring back the bad memories and feelings, and they avoid thinking and talking about what happened, even to their parents.

When you feel like this, it does not mean you are going crazy. It is normal for traumatized individuals to feel like this. Even though you might try to push the memory away, it still comes back, maybe in your dreams, or when you hear loud noises, or other things that remind you of it. These are normal reactions to the terrible things you have experienced.

Traumatic Reminders

Reminders in the environment can cause intrusive recollections accompanied with distressing emotions. Intrusive recall sometimes seems to come out of the blue. As a consequence, feelings of being out of control are intensified. On closer examination, it is often possible to pinpoint reminders. Being able to do this is important if the learners are to regain a sense of control.

Now, which sorts of things remind you of what happened? Let us make yet another list of traumatic reminders. (Examples could be specific sounds, particular smells or other bodily sensations…)
Chapter 3 Fighting Nightmares and Sleeping Problems

Treatment and Prevention
So, even though you may try to push the memory away, it still comes back in the end; either when there are reminders around or when you are asleep or sometimes just out of the blue. Throughout these sessions we will teach you some techniques to help you gain better control over your thoughts.

You will not be able to forget what happened to you, but you will be able to remember it when you decide, not when your memory decides, and it will not be so scary to remember. You will also be able to use these techniques in the future to cope with other terrible events.

We need sleep in order to function at our emotional, mental and physical best. Sleep deprivation therefore contributes to poor daytime coping. (See chapter 2 for further information.) For this reason, we are also going to teach you various strategies and techniques that are found to be beneficial in reducing sleep difficulties.

Establishing a Safe Place
Safe Place is a technique where you use your imagination to create a place where you can feel safe, relaxed and happy. This visualization technique helps create distraction from stressful thoughts. As your mind becomes more peaceful, your body will also lose some of its tension. Such mental images can be formed both in the daytime to induce relaxation, and at night when you are having problems falling asleep.

Go through the instructions first and then give the learners the opportunity to draw their safe place. Further information regarding this technique can be found in chapter 6: the Practical Toolbox.

Closing the Group
When all of the students have been given the opportunity to talk about the drawing of their safe place, tell the learners that the
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session is now finished. When closing the session, it is important to give the students some sort of feedback, such as telling them that they have been brave talking to the other group members about their experiences.

It is also wise to remind the learners of the rules of the group to reassure everyone that what they have spoken about will stay within the group. After doing this, give the learners their homework assignment and focus on how important it is to practice the technique.

The final thing you do is to remind the group when you are going to meet next. Tell them that in the second session, you are going to explore other techniques that can induce relaxation and help them sleep better.

Homework
Practice the “safe place” technique, before you go to sleep.

Fighting Nightmares and Sleeping Problems
Session 2

Goals
Understand the connection between body and mind.
Learn the relaxation technique “tense and release” as well as three different breathing procedures.

Tools
The private workbook and crayons. Preferably a mat to lie on.

The Mind and Body are Connected
The mind and body are not separate parts; they are connected. When confronted with various positive or negative life-events, the brain processes this information and stores memories that can lat-
er be retrieved. In addition, the brain releases chemical substances that cause our bodies to react. When we are in love, for instance, we feel light-hearted and energetic; when faced with danger, on the other hand, our breathing often becomes quick and shallow, and our heart rate increases.

As a consequence of the mind-body interaction, major and minor stressful, overwhelming experiences can cause tensions at a mental and physical level. Victims of trauma commonly report symptoms of re-living the incident, avoidance, emotional numbing and increased arousal. In addition, they often suffer from various bodily pains, such as terrible headaches, stomach cramps, tensions in the neck and shoulders and so on. Some professionals actually think that every mental knot has a corresponding physical, muscular “knot” and vice versa.

\[\text{Draw a human being}\]

Where in the body do you feel it when you are: nervous, sad, angry, afraid, happy and so forth? You can use different colors for the different feelings.

The idea of this exercise is to increase awareness, among the learners, that different experiences can manifest themselves as bodily sensations.
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Tense and Release
When we are faced with danger or reminded of frightening experiences, the brain automatically mobilizes the body, creating a state of heightened arousal. Among other things, our breathing and heart rate can increase. Physical sensations are strongly connected to thoughts and feelings. The more scared we are, the more our bodies react; the more our bodies react, the more scared we feel. As a result it may be hard to fall asleep or to go back to sleep if we wake up in the middle of the night.

The tense and release technique aims at reducing physiological arousal and increasing relaxation. Focusing our attention on the body may also reduce anxiety-provoking thoughts, calming the mind. When the body is relaxed, it is both harder to feel scared and easier to fall asleep. The more you practice this technique, the easier it will become and the more you will benefit from its effects. This method is fully described in chapter 6: the Practical Toolbox.

Breathing Procedures
Breathing happens automatically. The brain regulates our breathing depending on how much oxygen the body needs at any given time. However, breathing can also be controlled and used consciously in order to gain physiological relaxation. This is due to the fact that breathing is directly linked to the bodily system controlling physiological arousal. When we feel nervous, scared or angry we sometimes take quick, shallow breaths. Breathing like this can make us feel dizzy and out of breath. Taking deep breaths from the stomach rather than breathing with the chest has a calming effect on the mind and body. Attention focused on our breathing may also prohibit disturbing and anxiety-provoking thoughts, bringing about a state of calm alertness.

A wide variety of breathing procedures have been developed in order to bring about relaxation. We are now going to explore
Chapter 3  Fighting Nightmares and Sleeping Problems

the three following exercises: Deep Breathing, Hare Pose and Alternate Nostril Breathing. These procedures aim at increasing breath awareness, calming the mind, inducing tranquility, and lowering levels of stress and anxiety. They may be successfully employed as an adjunct to the safe place and tense-and-release exercises. The breathing exercises are carefully described in chapter 6: the Practical Toolbox.

Closing the Group
After performing alternate nostril breathing tell the students that it is time to end the session. In this session, the learners have been introduced to many techniques and it is important to tell them that they do not have to practice every technique. The important thing is to find some strategies that they feel may help them. That is way the homework assignment is to pick two techniques and practice them until next time. Remember to tell the learners that they have been doing well. The final thing you do is to inform them that next time, you are going to talk about nightmares.

Homework
The students are instructed to select two of the techniques that they have learned so far and practice them until next time.

Fighting Nightmares and Sleeping Problems
Session 3

Goals  Find out which sort of sleeping problems the learners have. Describe and express their thoughts and feelings about their nightmares through drawing and talking. Practice the “safe place” method.

Tools  Blackboard, crayons and the private workbook.
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Dream Work
Lots of children have bad dreams or nightmares after they have seen something horrible.

You might have them now, or they might come in the future. So, the next thing we are going to do is show you some ways that you can fight back, against your nightmares. First we want to find out what sort of sleeping problems you have. Do you have nightmares? If so, how often do you have them?

You should also ask what sort of reactions they have: how does the body react when they wake up from a nightmare? For example heartbeat, sweating, trembling, feeling afraid...

Ask each one what the best strategy is for them in order to calm down after a terrible nightmare; what is working for you?

Make a list of all these strategies on the blackboard.

Drawing the Nightmares
Nightmares are very scary because they seem real when you are asleep. But they are not real, they are just dreams and they can't come true or hurt you. The best way to fight them is to get them out into the open during the day when you are awake, when you know they can not hurt you.

We know from talking with other children that if you bring your dream out into the open and share it in the day then it will come back less and less at night-time. One of the best ways to bring it into the open is to draw it, and that is what we are going to do now.

Now, let us spread out so that everyone can work by him or herself. I want you all to draw your horrible dreams, with all details.

Then the teacher goes around and talks with the learners, encouraging them to talk about their drawing and their nightmares.

You have all done really well telling each other about your scariest dreams. This may have been difficult for you to do, but you have done a very useful thing.
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One of the things to do between now and the next time we all meet is for you to tell your mother, father or appropriate adult about the dream. Tell them all about it, as much as you can. Remember, the more you talk or write about it during the day, the less it can come back at night. When you have told them about it, if you still feel scared or upset, practice going to your safe/special place to relax.

Exercising Safe Place
Practice the safe place exercise from the first session. This method is described in full in chapter 6: the Practical Toolbox.

Closing the Group
After repeating the safe place technique it is time to close the group. As in the previous sessions, it is important to give the group feedback.

- Tell them that they have been brave talking about their nightmares.
- Remind the learners why it is important to talk about the nightmares.
- Explain that that is why the homework assignment for next time is to find an adult to talk to about their nightmares.

The last thing you do is to remind the group when you are all going to meet next time. Tell them that next time they are going to learn some more techniques to cope with unwanted thoughts and nightmares.

Homework
- Select an adult that you trust, to whom you can talk about your nightmares.
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- Practice at least one of the relaxation techniques learned in the previous sessions.

**Fighting Nightmares and Sleeping Problems**

**Session 4**

**Goals**  Learn and practice methods to help with controlling unwanted thoughts as well as fading out dreams.

**Tools**  Rubber bands.

Start with a summary of each and every one’s reaction after drawing their nightmares in the last session. Did they manage to select an adult trust and can tell their nightmare to? Encourage them to tell their nightmare to this or these persons.

**Techniques to Help with Controlling Your Thoughts**

We spend a great deal of time listening to our thoughts. Most of these thoughts are positive and productive, but some of them are negative and unwanted thoughts about ourselves and our future. We accept many of these unwanted thoughts as the truth without even questioning them. We then become trapped in a negative spiral by our own thoughts.

If you experience being in such a negative cycle then what happens in your brain is as follows:

- The negative thoughts become louder.
- It becomes harder to think thoughts other than the negative ones.
- The more we listen to the thoughts, the more unpleasant feelings we experience and the less we end up doing.
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It is particularly easy to have these unwanted thoughts when you are alone, when you are doing nothing and when you are trying to sleep. Some of them might even keep you from falling asleep. These unwanted thoughts can be stopped/changed. Imagine the flow of your unwanted thoughts as a river, sometimes a river can be big and powerful like the Nile or it can be small, like a stream. But just like the fact that the flow of a river can be controlled and changed by humans, it is also possible to change the flow of your unwanted thoughts.

Distraction

It is easy to get caught in a negative spiral of unwanted thoughts, but it is possible to control the thoughts instead of the thoughts controlling you. Distracting yourself from unwanted thoughts or intrusive memories is a very helpful way of dealing with such thoughts or memories. The learners may already be using different distraction techniques that they find helpful. A good way of starting to talk about distraction techniques is to ask the learners to share what they do to take their mind of unwanted thoughts or memories.

   Examples of such techniques can be:
   • Thinking about something else in detail from beginning to end
   • Taking part in favorite activities
   • Listening to or playing music
   • Reading books
   • Doing hobbies
   • Going for a run, playing football, doing other sports
   • Playing games
   • Being with friends
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Learn and practice two or more of the four distraction techniques described in chapter 6: the Practical Toolbox.

Screen Technique
This technique can be very helpful in dealing with bad dreams or nightmares. The principle of the technique is to transfer the dream on to a TV-screen so that you can manipulate the picture in much the same way as you do with a real TV.

For further information regarding screen techniques and imagery techniques to help with fading out dreams, see chapter 6: the Practical Toolbox.

You Favorite Technique
Since this is the last session, it is important to allow time for questions and repetitions. Ask the learners which of the techniques they have learned over these four sessions are their favorites and why.

Closing the Group
Take some time to talk about what you have all been doing over these four sessions. Tell the learners the following:
- They have all done very well in these four sessions.
- You hope that they will continue to practice some of the techniques they have learned and that you hope that these techniques will help them to get more control over their nightmares and unwanted thoughts.
- Remind them that they can’t change the past and what has happened. What we can do is to get better control over how we think about the past and when we want to think about it.
- It is also important to remind the learners that they can always talk to one of the YEP teachers if they are having problems.
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These sessions are adapted from and inspired by: Smith, Dyregrov and Yule, 2002 / Stallard 2002 / Chóliz 1995 / Payne 2005 / Saraswati 2006 / Levey et. al. 1991.

Talking about Nightmares

In the third session, the learners are encouraged to draw their nightmares. Revisiting their nightmares will be scary, even though it is done in daylight and in a safe environment. It is likely that some of the learners will react strongly and will shiver or cry. When this happens, you should stand next to the learner and say for example: “I see you are crying and that is OK ... that is a terrible nightmare you have ...” It is important that you show that you care. If it feels natural, you can put your hand on the learner’s shoulder as a sign that you care.

It is not dangerous if the learners openly show their emotions. You should remind yourself that these learners are very familiar with their nightmares. That they have them several times a week and have frequently seen the images both at day and night. For them, in a way these reactions have become natural – even though they still are scary. What is special now is that they draw the nightmares and share them with you and the group in a safe environment. For some learners this is the first time they tell their secrets to other people. That in itself is a milestone in the process of them taking control over their nightmares.

Sheila has drawn a picture of a recurring nightmare that she has been having about a close relative being tied to a tree and then killed by a rebel soldier. The incident happened when rebel soldiers attacked the village in which Sheila lived. Sheila witnessed the murder and has drawn herself in the background of the picture. See also chapter 5, where Sheila has narrated the worst story of her life.
Sheila, 19 years old, Northern Uganda

**Conversation around Sheila's drawing:**

Teacher: Sheila, can you please tell me about your drawing?
Sheila: The rebels have tied him to a tree and then they kill him with a big knife.

T: Who is this person being killed? Is it someone you knew?
S: It's my cousin.

T: Where are you in this picture? *(Sheila points to one of the faces in the background of the picture).*

T: Did you see this in real life?
S: Yes *(Sheila starts crying and the teacher puts a hand on her shoulder).*

T: How old were you when this happened?
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S: 13.
T: So it was six years ago?
S: Yes.
T: How often do you have this nightmare?
S: About three or four times a week.
T: What is the last thing you see in the nightmare before you wake up?
S: I see the blood and I hear the screaming from my cousin.
T: ... that must be terrible to have this dream so often. What do you do to calm yourself when you wake up?
S: If it is not too late, I sometimes go for a walk, just close by our hut.
T: Does this help you fall back to sleep?
S: Sometimes. And I talk to my mother or my sister, which helps.
T: Talking to your mother and taking a short walk can be a good technique to calm down. Remember that you can also use the safe place technique to calm yourself.
T: Thank you for sharing your drawing with me Sheila. You can always talk to me about your nightmares, any time you want to. Now you can continue your drawing if you want. (Sheila sits a while and continues to draw.)

In the next session you should follow up learners like Sheila and preferably go through the drawing and the nightmare several more times. On the second time, you can be more specific and get the learner to explain more of the details. You should also make sure the situation from the drawing is explained more and more and told as a complete story, with a beginning and an end. In order to help the learner to present a coherent story, ask questions about the time, place, age and sequence (see chapter 5). The following
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list has suggestions of practical questions that may be asked to initiate a conversation about the nightmare:

- Can you please tell me about your drawing?
- Does the drawing illustrate one or more nightmares?
- Did this nightmare take place in real life?
- How long ago did it happen?
- Where are you in this picture?
- How often do you have this nightmare?
- What are you dreaming about just before you wake up?
- What do you do to calm yourself down when you have woken from the dream?
- What can we see here? Ask about details in the fore- and background
- Can you see the face of the rebel(s)/victim(s) clearly in your dream? Describe what it looks like?
- Helping questions for making a coherent presentation: time, place, how old were you, did this happen before or after…?

Questions/comments that may be used when the learners express grief:

- What was the best thing about your uncle?
  - He sounds like a really great man.
  - Is there anyone that can do the things your uncle did for you?
- If your uncle was here today, what would you tell him?
- I can see you really miss them.
- If [the deceased] were here today, I think they would be really proud of you.

When the learners express remorse or reveal that they themselves have killed, the following comments can be used. It is important to take several rounds of comments and questions that demonstrate
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that in reality the learner did not have any chance but to carry out orders: he or she was forced.
• You were forced to kill; you are not to blame.
• How did you feel when they forced you?
• How did they threaten you?
• What happened to those who didn’t comply with the orders?

What to think about both before and while communicating with learners about their nightmares:

_Avoid any form of judgment:_ The nightmare may be connected to a situation where they were forced to perform terrible acts or they were helplessly witnessing one of their loved ones being killed, beaten or raped. Be advised that they might be scared to tell you because they are afraid that, as a teacher, you will judge, punish or expel them from school.

_Empathic communication:_ Show the learners that you care and understand what they are telling you. For example, I understand it is hard for you to tell me about this / just take your time / that must have been terrible to witness / I can understand you were terrified.

_The importance of silence:_ Sometimes, it can be hard for the learners to talk about their nightmares and they may need some time to think before answering your question. After asking a question, be careful not to rush the situation by immediately asking another question or starting talking about something else.

_Follow-up questions:_ When describing their nightmare, it is a natural response to hold back. It is important to communicate to the learner that you do want to hear the story. You can do this by asking follow up questions like: What happened afterwards? / How many people saw this? / Who was the person that helped you?

_Give supportive and educational feedback:_ Often traumatized persons do not understand that it is a natural response that their
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body freezes or that they suddenly faint – with the result that they are unable to help their friend. You can say: I understand that you could not help because then they would have killed you too. It was smart of your body to faint – or, it was brave of you to manage to run – or, it was a good thing that you just stood there silently, that probably saved your life.

Don’t be in a rush: When starting a conversation with a learner about their nightmares, it is important to set aside enough time so that the learner feels that you really want to listen and you have enough time to do so. If you do not have the time it is better to say that you are willing to talk another time instead of starting something you cannot finish.

Contain your own reactions: While talking to the learners about their nightmares it is important that you contain your own reactions. If you become overwhelmed then you should explain to the child that this is tough to listen to and you need a short break before you continue. If it is too tough for you to listen to, you should not ask the learner to tell you about their nightmare in the first place.

See also chapter 5: Therapeutic Communication.
Chapter 4
The Healing Power of Writing

Introduction – the writing medicine

Writing methods have turned out to be very important in the recapitulation of extreme events experienced during war and flight and in healing the emotional wounds that they have caused. The act of writing has proven to be one of the best ways to gain control in the situation of recapitulation. Research and practical experience strongly indicate that when you put emotionally upsetting experiences into words this can positively affect your thoughts, feelings and physical health. This means that both your mental health and your physical health can improve by either talking or writing. It has proven to work so well that we can actually call it medicine: talking medicine and writing medicine. Both of these medicines help the learner to structure and work through the worst and most painful memories in order to process what happened – something that can then be put behind them. The following points outline the writing process:

- All the learners are to be invited to participate, and the sessions are to take place within the ordinary school hours.
- The writing sessions are carried out in the classroom with the whole class of about 25 learners.
- The learners are encouraged to write intensively and continuously in six periods of 15 – 20 minutes. Hence a total of 6 periods of writing with the total time spent, less than 3 hours.
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- The learners are given specific instructions about what to write.
- He or she should not worry about grammar, spelling or sentence structure.
- The written text is meant for the learner’s own eyes only. No one shall read the text unless they are invited to do so by the learner who owns the private text.
- When the learner writes to him or herself, they will be in control of the situation.
- If he or she gets too upset by the writing, stop writing.
- We recommend that there are two teachers present in order to comfort those learners that might become emotionally overwhelmed/those may experience emotional distress.

During the process of writing about frightening events the learner might become emotionally overwhelmed at times and might feel a tense sense of re-living the event like it is happening here right now. This is a normal reaction, but of course unpleasant and scary. The learners are encouraged to call upon one of the group leaders when such experiences take place. The main reason for having several teachers in the group when writing is to give the learners reassurance when they experience re-living.

We should also remember that there are many possibilities for the youth to self-regulate these possible emotional storms. The learners will to a high degree be in control of the situation, they control whether or not they want to participate and they control what to write. Still, the teacher should be alert when there are some that needs extra comforting, which includes sitting down with the learner, talking calmly and reassuring him that he is safe now.

The writing sessions are to be carried out in the second part of the school program, when most of the learners know how to read and write. Those who cannot write can sit individually together.
Chapter 4  The Healing Power of Writing

with their contact teacher and dictate the story to the teacher who then writes it down.

Later on, the learner may be encouraged to read what he or she has written in the private workbook, in order to have someone to share it with; this should be done with the contact teacher. It should preferably be done in a one to one session, although when the experiences are fairly similar it can be done in small groups with other learners. In this way, the youths can support each other and the teacher can guide the learners into uncontrolled and dangerous mental zones in a controlled and safe climate.

In the following text we outline how you can carry out the three sessions. This presentation is based on the work of James Pennebaker (1997, 2004) and the writing manual by Children and War Foundation (2005).

The Healing Power of Writing

Session 1

Goals  Invite the learners to write two periods of non-stop writing about their trauma(s) because the act of putting emotionally upsetting experiences into words can affect your thoughts, feelings and physical health in a positive way.

Tools  Pencil and workbook.

Introduction

Growing up in a war or conflict situation is not easy. Some of you have witnessed terrible events or have been forced to do terrible actions. All this can affect you in ways that you did not think were possible. The experiences that happened a long time ago might
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still affect your health, your sleep and your concentration. The image of what happened comes back in nightmares and in unwanted thoughts and pictures.

When writing down your experiences, you put the terrible experience into words – this can affect your thoughts, feelings and your health in a positive way. The idea of writing is that when you put your emotions into words, you can better organize the memories about what happened. By getting it better organized, you might feel that you become less scared when you think about what happened. We cannot change what happened, but we can try to change the way you think and feel about it now.

Writing about your worst experiences is so effective that we call it writing medicine. Like other medicines, it might taste awful at first. You might feel uneasy at the start, but the positive effect of healing often comes after you have completed the writing sessions. We will meet three times and each time we will write for two short periods of 20 minutes.

Remember the following when you start writing:
• You decide what to write – but do try to follow the general instructions.
• Write non-stop for 20 minutes.
• Don’t worry about grammar, spelling or sentence structure.
• If you get too upset by your writing then you can stop writing.
• The text is meant for your eyes only. No-one can read it unless you want them to.
• You can take the workbook home or you can tear the pages out and take them with you.

Instruction: First period of writing
I would like you all to think about one or more terrible events that you have experienced. Think about how this event or these
Chapter 4   The Healing Power of Writing

events touched your life. When you start writing, you can address the following:

- What happened?
- What did you see?
- What did you feel?
- What do you remember?
- Try to connect this event to other parts of your life;
  - How is this related to your childhood?
  - How does it affect your relationship with your parents/other relatives/friends/teachers?
- You can write about how the terrible event is connected to your dreams.
- Or you can write about unwanted thoughts that can just pop up and disturb you.

You decide what to write – it is entirely up to you. But in order for the writing medicine to be effective, it is important that you write about one or several terrible events – and that you are honest with yourself. Try to explore your inner feelings and deepest thoughts.

Does anyone have any questions before we start writing? (Answer the questions).

OK, let’s start writing.

After fifteen minutes, take a break for ten minutes before next period of writing.

Instruction: Second period of writing

Before we begin the second period of writing, does anyone have any questions?

This time, you will continue to deal with the same general issues. Now that you have got the idea of writing, I want you to let go and feel free to write about all the ways that you remember the
Trauma Education

terrible event(s). Write about the sounds, sights, smells, memories, thoughts and feelings. Also try to connect the events to other important things in your life. You may want to write about the same thing or about another aspect or event. It is up to you. When you are ready, let’s start writing.

I want you to finish up in one minute … Thank you, you can close your book now.

Some of you might not feel so good now because you are still thinking of the terrible event. This is a normal reaction. You might feel saddened or depressed. This is worst for the first day of writing. The sad feeling usually last for some minutes or for some it will last for hours. For those of you who want to talk about how you are feeling now, you can talk to one of the YEP teachers or someone else you trust.

We will continue writing for two more sessions later.

Congratulations, you have completed your first day of writing!

The Healing Power of Writing

Session 2

Goals Invite the learners to write two periods of non-stop writing about their trauma(s) because the act of putting emotionally upsetting experiences into words can affect your thoughts, feeling and physical health in a positive way.

Tools Pencil and workbook.

Introduction

Welcome back to the second day of this writing project. Today we will do the same as last time: there will be two sessions of twenty-minute non-stop writing. Are there any questions? (Answer the questions).

Remember to:
Chapter 4  The Healing Power of Writing

- Write only for yourself. Nobody else is going to read it. When you are finished you can keep it in your workbook or you can tear out the pages and destroy them. It is up to you.
- Write continuously. Once you begin writing, write continuously without stopping. If you run out of things to write, simply repeat what you have just written.

Instruction: Third period of writing
You can continue to write about the same terrible event you wrote about last time. You can write about it in the same way, or you can write about another aspect of the same event. It is up to you. The important thing is that you try to describe the event from as many angles as possible. When you start writing about the event you will most likely remember new things that you had forgotten. Write down every thing you remember. Ok – start writing.

Ok, two more minutes … time for 10 minutes break.

Instruction: Fourth period of writing
As always write continuously and remember that this writing is for you and you alone. Also remember that if what you write makes you too upset you simply stop writing – and talk to one of the teachers.

Think of the same terrible event and write about how it has affected you in the past and how it continues to affect you these days. How is this event related to who you were in the past, who you would like to be in the future and who you are now?

In today’s writing, it is important that you really let go and examine your deepest emotions and thoughts surrounding the terrible event. Let go and write about your deepest emotions.

You can start writing now.
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The Healing Power of Writing

Session 3

Goals Invite the learners to write two periods of non-stop writing about their trauma(s) because the act of putting emotionally upsetting experiences into words can affect your thoughts, feelings and physical health in a positive way.

Tools Pencil and workbook.

Introduction
Welcome back to the third and last day of this three-day writing session. Today will be the same as last time: two sessions of twenty-minute non-stop writing.

Today we will start by asking you if you have experienced any differences. Does any of you have some of these feelings? Some of you felt depressed after the first day – do you still feel the same way?

Have you felt any changes after these writing sessions? Experiencing more positive feelings; easier to laugh Thinking less about the trauma Feeling less irritable Easier to concentrate at school

Do any of you feel any worse?

It may take some time to get a desirable effect of the writing sessions. But I will encourage you all to continue to write and pay close attention to any changes. One important and desirable change is that you can better control how often you think of the terrible event(s). And when you think of it you will not be so upset and you will get fewer episodes of re-living the terrible event.
Chapter 4  The Healing Power of Writing

Are there any questions before we begin? (Answer the questions).

Remember to:
  • Write only for yourself. Nobody else is going to read it.
  • Write continuously. Once you begin writing, write continuously without stopping.

**Instruction: Fifth period of writing**
For the next twenty minutes try to write about your terrible event and make it into a complete story. Every story has a clear beginning, middle and end. Try to think of how you managed to escape, how you managed to survive, how you managed to ...  
  Try to express your feelings and emotions freely.  
  Ok, start writing. 20 minutes later – ready for 10 minutes break.

**Instruction: Sixth period of writing**
Ok, we are ready for the last writing session. Continue once more to write through the whole story. From beginning to end. This time you should also add a description of your future – your dreams and your hopes.  
  Ok, start writing.  
  Two more minutes and we are finished ... 

**Evaluation**
Encourage the learners to continue to write – and make sure they keep evaluating their own reactions to the writing. In the coming days they should evaluate the effect of their writing and answer, for themselves, the following question: How has the writing affected me?

These sessions are based on the research of James Pennebaker and his two books: *Opening Up – The Healing Power of Expressing*
Trauma Education

*Emotions, 1997* and *Writing to Heal – A Guided Journal for Recovering from Trauma and Emotional Upheaval* 2004.
Chapter 5
Telling the Worst Story of My Life

Introduction
The following exercises are a suggestion as to how you, as a teacher, can spend the one-to-one time you have with the traumatized learners that has chosen you as their contact teacher. The educational motivation for reconstructing the timeline and telling the worst story is as follows:

1. The majority of traumatized individuals can benefit from going through the worst experience in a systematic manner. The reason for doing this is to connect the often-fragmented memories with words and understanding. This helps the body's automatic alarm-response, which is connected to the traumatic memories, to gradually weaken. As the response becomes weaker, you will be able to talk about the past without feeling as if it is all happening again right now. By connecting fragmented pictures to words, you help the traumatized learner to gradually win control over the unwanted memories.

2. Traumatized individuals most often have a fragmented and incoherent presentation of their lifeline (as in a timeline of their life). Important events in life are disorganized in such a manner that they cannot present their life in a sequential manner. Helping the learner to structure their line of events is believed to have a therapeutic effect.
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3. As a teacher, it is an advantage to have some knowledge about the learner’s past in order to best plan their individual teaching – for example, you know that the concentration problems are a result of traumatic stress and not due to lack of interest in school. Together, you can work on strategies on how to improve their concentration.

4. As a teacher you will be in a better position to provide specific psychosocial support over time as you gain knowledge about the traumatic events. For example, once the learner and you have established a connection and you have invited the learner to participate in open discussions about past, present and future problems – this is very valuable support for the learner.

*The first session:* is spent explaining and motivating the learners to open up. You start the process of drawing the timeline and mark both positive and negative events on it. You should do this chronologically, starting with birth; sisters and brothers; where they lived; first day at school and so on. Ask encouraging and exploring questions.

*The second session:* involves you continuing with the timeline, going through the events and reorganizing the sequence wherever necessary. Begin going through the worst experience(s) in detail. Start writing down the story.

*The third session:* is spent systematically focusing on the worst experience(s). Through your questions you help the learner to put the traumatic event into a more coherent story, with a beginning and an end. Rewrite the story and make it more complete.

*The forth session:* continues the focus on the worst experience(s). You help the learner to edit the written text so that it becomes as complete as possible. You ask the learner detailed questions about the reduction of fear and pain when talking and thinking about the worst memories. If the fear still persists in the original way of
arising bad reactions, the learner should be encouraged to continue to practice what he has learned in these sessions. The teacher should follow up to make sure that he or she is not getting worse from this practice – if they get worse they should stop.

Exploring the Worst Experience

*How to motivate the learner to open up:* It is crucial to motivate the learner and fully inform them about the procedure, in order to carry out these four sessions. We recommend that you begin with the following explanation:

*Time to repair the cables in your brain:* You have experienced a trauma when you are often or constantly bothered by fearful memories, day and night, of what happened in the past. What happened a long time ago scares you and troubles you, in your present everyday life. Trauma means that damage has occurred, and this damage has happened in your brain. It is not big damage, it is not a dangerous damage, but it causes you so much trouble that the time has come to repair it. We will explain this to you in detail: At the top of your brain, also called the big brain, all your thoughts and words are located; it is almost like a computer. Here you have stored all your memories, like the story of your life. In your big brain you also store everything that you learn at school. Deeper down in your brain you find the center for your feelings. This also includes painful feelings like fear and panic. There are connections between your memory at the top of the brain and your feelings deeper down. You can imagine that your feelings at the bottom are connected to the top with your thoughts and language centers through solid cables. These links enable you to think, speak and talk about feelings. It is these links, between the big brain and the emotional brain, that are damaged by trauma – the memory of a terrible event.
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We could say that the fear in your memories has disconnected or damaged your cables. When you open up by gradually talking, singing, dancing, writing, drawing and telling people about the worst event, you repair the damage. You are repairing the cables. You are repairing the broken connection in your brain between your memories and your words and feelings.

You can test the effectiveness of the repair work yourself. You do this by paying attention to how you react every time you think, talk and write about what happened. After doing these tasks to repair the cables for a while, the goal is that you should be able to think and talk about the terrible event without racing heartbeat, getting terribly upset and being overwhelmed by memories and fear.

<table>
<thead>
<tr>
<th>The language brain</th>
<th>The emotional brain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Words &amp; thoughts</td>
<td>Emotions &amp; feelings</td>
</tr>
</tbody>
</table>

When these two parts of the brain – the language brain and the emotional brain – are connected you will be better able to control the emotions connected to the trauma. With a good connection, you can communicate with your feelings and calm them down.

It is time to repair the cables in your brain. To do this I will help you and support you during these sessions where you are telling the worst story of your life. To fix the cables we are using both writing medicine and talking medicine.

Use the text above to motivate and explain. You can also get inspiration for more explanations in appendix 1.
Chapter 5  Telling the Worst Story of My Life

Telling the worst story of my life
– Motivating and reconstructing the timeline

Session 1

Goals  To reduce the body’s automatic alarm-response connected to the memories of the traumatic experience. By reconstructing the life timeline and going through the worst experience, we try to connect the fragmented memories to words. This is done to enable the worst experience to become an understandable event that belongs to the past. First and second sessions: reconstructing the timeline

Tools  Pencil and workbook.

Introduction: motivation for talking medicine
Use the text above to motivate and explain. You can also get inspiration for more explanations in appendix 1.

Timeline
Draw a line in the workbook. Explain that this symbolizes the learner’s life – this is the timeline. The stippled line in the beginning is the time before you were born. The stippled line at the end is your future.

Now we start to mark the timeline with important events in your life.
• Make sure that both good and bad events are included.
• Spend some time talking about each event, explore the events and make conversation.
• Ask the learner which of the events are the worst.
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- Which of these events come up in nightmares or are re-lived during the day?

Closing the session
Now we have an overview of your timeline. In the next session, we will go through the worst experiences in detail and write them down in the narration. We will do this several times in order to get the story of your life as precise as possible. Remember that the reason we do this is because it will help you to disconnect the alarm response. We want to disconnect the alarm so that you do not become so afraid and troubled when you think of the past.

We cannot change what happened, but together we can try to change the way you think and feel about it right now.

Telling the worst story of my life
- A systematic focus on the worst experience(s) and writing a coherent story

Session 2, 3 and 4

Goals
Continue to work with, and adjust, the timeline and start a systematic exploration of the worst experience. The goal is to connect the fragmented memories to words – so that they can be transferred into an understandable and coherent event that belongs to the past.

Tools
Pencil and workbook.

Motivation for talking medicine
Repeat some of the explanation about why we use the “talking medicine”. Remember that this medicine hurts at start – it hurts to talk about the worst things that happened – but later it becomes better because the medicine helps you to heal.
Chapter 5  Telling the Worst Story of My Life

**Going through the worst experience**

When guiding the learner through the process of reconstructing
the timeline and reconstructing the worst experiences, you should
remember the following:

- **As a teacher, you must remember to be calm and patient.**
  Reconstructing the timeline and reconstructing the worst ex-
  perience is often a frustrating process for both the learner and
  the teacher due to all the unstructured images.

- **You should prevent the learner from going back and forth in
  time when presenting the narration.** Work with one story at a
time, later you can rearrange the events into the right sequence
  on the timeline.

- **When placing the worst experience, you should explore this
  event in detail by helping the learner to put the images into
  words before they are given the opportunity to avoid them.**

- **When exploring the worst experience, you can ask direct ques-
  tions and give feedback on your observations:**
  - **Direct questions:** These are questions as: “What did you
    feel when you saw your cousin being killed?” The learner
    might report that they are feeling a strong pain right now –
    you should then ask if this is the same type of pain they felt
    when it actually happened. This will help them to see the
    connection between then and now.
  - **Feedback of observation:** This can be given with statements
    such as “I can see that you are trembling right now! I can
    see tears in your eyes”. This helps the learner to be more
    aware of their feelings and reactions. You should not be
    afraid of the learner showing strong emotions.

- **When the story becomes unclear, you should ask the learner if
  they could please stop for a moment so you can clarify it and
  understand the sequence better.**
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- Did you feel any difference talking about it for the second/third/fourth time? How was your heartbeat this time? Did you tremble as much as the first time? How were you feeling inside? How were you feeling afterwards?...and so on. With this, we build the learner’s awareness of possible changes.
- When the strong feelings become weaker, you can start planning to end the session. You can then focus on either what happened immediately after the traumatic event or the following days or perhaps month.

Closure
In each lesson, you should make sure that the learner has calmed down as much as possible before you end the session. Remember to:
- Never stop the session in the middle of a story, in the height of fear and anxiety.
- Always stay with the learner until the arousal (reactions) is reduced.

Remember:
- Constantly motivate the learner to continue.
- Ask questions at the end about any changes in reactions when talking about the worst events.
- If no change after 4 sessions continue for a few more sessions.
- If the learner is getting worse over a period of time you should stop.

These sessions are based on a therapy approach called Narrative Exposure Therapy (NET) presented in the NET manual written by Schauer, Neuner & Elbert, 2005. Working with the sessions in chapter 5 is a challenging task. It should only be carried out by YEP teachers who has received specific training or proper supervision.
Chapter 5  Telling the Worst Story of My Life

Sheila’s narrative – my worst story

In the text below, you see an example of a narration written down by the teacher. This is about the traumatic event when Sheila witnessed the rebels killing her cousin. The story is written in Sheila’s workbook. It was quite a job to reconstruct the story with a beginning and an end and to also include the worst experience in detail. Together, they spent three sessions talking and writing. Underneath the story you will find Sheila’s timeline where all the important events are marked.

Sheila’s timeline:

<table>
<thead>
<tr>
<th>1992</th>
<th>Brother 1</th>
<th>Brother 2</th>
<th>Sister</th>
<th>Started school</th>
<th>Fun playing, friends</th>
<th>Homework</th>
<th>Quit school</th>
<th>Become a tailor</th>
<th>Get children</th>
<th>YEP</th>
<th>Family time</th>
<th>My cousin got killed</th>
<th>Father dies</th>
<th>Father gets sick</th>
</tr>
</thead>
</table>

The worst story of my life

My name is Sheila; I was born in the village called K in Uganda in 1992. I have three older brothers and one younger sister. I started school when I was 9 years, the earlier years there was no school because of the war. There were many friends and I had four best friends. We played ball and always played together. They were also my neighbors so we went to school together. We didn’t have any school uniforms. I liked studying and I learned to read and write. After three years I had to leave school because my family couldn’t afford my school fees. And I had to help at home to get food; times were hard so I had to help out. My father was sick so he couldn’t help out much. I worked for the next three years, farming the garden and growing beans with my younger sister. We took the harvest to the market and sold it there, earning money for the family. It was very hard work. I often dreamt of going back to school because I liked to learn and I liked playing with my friends. Then my father died from illness. It was very sad; I loved my father. We buried him and I cried a lot. I was very sad,
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Paul’s story
Paul had been abducted by the rebels and was forced to become a child soldier. The following describes when he was forced to kill for the first time. Together with his contact teacher they talked through the worst story several times and then wrote it down. The following text is only a part of the whole text they wrote down together. This is the part that he has nightmares about.

I still am sad when I think about him. I was 13 years when he died. Shortly after, the war became worse. The rebels were everywhere and we couldn’t even go to the garden to grow for at least two months. I was very afraid. Some days we couldn’t sleep in the huts because we were afraid of being abducted. Several times, the rebels came and abducted some of the boys. One day there a lot of rebels, maybe ten, came and killed four people in our village. One of those who were killed was my cousin. She was also my very best friend, we played together and she was my age, 14 years old, when she got killed. I saw it all. I was so afraid; I thought they would kill me as well. They were beating her with the end of the machine gun. It happened very fast, she just fell down. I didn’t even hear a scream. But there were others screaming. It was chaos. I started shivering so hard that I could hardly stand on my feet. My heart was racing and I tried to speak but there was no sound. One of my neighbors took my arm and pulled me away to safety, I think that saved my life. When the rebels left we buried the four. I was terrified for several weeks. The first days I didn’t talk much, I felt I had nothing to say. Even today I think about it very often. I still have nightmares about the killings. I see all the blood and hear the screams. The nightmares come about 3 times a week, but sometimes they don’t come for several weeks.

Then I was accepted in YEP and I have almost completed the full year course. I made some new friends and I have been studying to become a tailor. Soon YEP will provide me with a sewing machine. I have hopes now, good hopes for my future. I will become a tailor and hopefully start my own business and earn money so I can better care for my mother. Then I will get my own family, get married and get children.
I was forced to kill
When I had been in the bush for more than six months, they forced me to kill. I had witnessed killings before, but I was never a part of it. It happened when there was a guy that had tried to escape but they had managed to catch him and it was ordered that he should be killed. They ordered me to do it and only me. They tied him down and gave me a piece of log. It was quite large, but I could still hold it with one hand. They ordered me to hit him, I did. I hit him in the head first, then in his chest and at his back. I think I hit him about 7 times. He screamed. It was a terrible noise. He was a large, strong boy. There wasn’t much blood. But when he died blood came out of his mouth. He looked at me and I saw his face. He begged me not to kill him. When he was dead I sat down under the three. I didn’t eat for a week; no food, I lost my appetite. I didn’t sleep much either. The next three weeks I barely slept. I was shivering and shaking. I couldn’t control it. I felt so terrible. If I hadn’t killed him then they would have killed me – and then him.

It is not dangerous
It is not dangerous to talk to children and youths, nor are they harmed by our listening. Openness does not cause damage. But we should be aware that many war-affected children and youths experience their inner life as an area with lots of “land mines”. If we enter and walk out again, the child is left alone to cope with the blows. They fear this. The main message from this manual is to encourage and invite open, honest and clear communication with war-affected youth and to help their parents/family to take a leading role in this.

Therapeutic communication
We have included the next few paragraphs because we want to show you some functional and useful principles about how to
engage in therapeutic communication. This sort of communication is what we have in mind when in chapter 3 we talk with the learners about their worst nightmares, and when we write about reconstructing the timeline in chapter 5.

We are not only listeners
When talking with war-affected youth about sensitive subjects, we start off by giving a clear message of our intentions, after which we fairly quickly approach the most painful topic, namely their worst memories. The instruction can be like this: “I am now going to talk to you about your memories from what you experienced during the war. What is your worst memory - the memories you cannot get rid of? Do you have memories that come back to you, like pictures or sounds? Can you tell me about them?” When saying this, we lean a little closer to the child and open our hands in front of them, signaling that we are comfortable and confident with what we are doing and that we intend to talk about “real things”.

We have realized that the traumatized youth often becomes anxious and chooses to remain silent after a short while if we do not actively participate in any way. On the other hand, we are very careful to avoid becoming overactive and take the initiative from the youth. After all, they are the ones struggling to find the right words to relate their worries and message to us rather than the reverse.

Take a break: We have both seen and felt that, when we have talked to children about traumatic experiences, this causes them to have waves of intensive feelings. They have also reported this after sessions when we have discussed talking. If these intensive emotional moments are frequent and last too long, children tend to become evasive. It is therefore of therapeutic value to take breaks. This we do by serving something to drink or going for a short walk together. During these intervals, we talk about neutral topics of daily life. These topics are typically related to school,
friends, leisure activities and so forth. Shortly after - 10 to 20 minutes later - we resume the trauma intervention. We also have realized that it is important to go straight back to the theme where we left off before the break. At the end of the “talking hour”, we used to steer them onto more positive themes such as what is good in their life now, their hopes for the future or good memories from a peaceful past. Even though the memories from the past may cause them sorrow as they consider all that they have lost, they nevertheless enjoy talking about their dog, the house, the garden, and their daily activities back then.

The method described here can be called active listening, and we will proceed by listing some principles for this kind of communication.

First principle: Listen to the child, recognize what she or he is expressing and confirm the content and the feelings involved.

How do you show that you accept and support? You do this by turning your face directly to the youth; the expression in your eyes becoming more attentive; through different facial expressions; leaning forward a little more, towards the youth; by stretching out your hand for a gentle touch in certain very intense moments. Needless to say, these nonverbal signals should be adapted to the child’s cultural pattern of movement, touching and facial expression. Nor is it forbidden to smile as a confirmation either, although this should be carefully timed.

How do you give feedback in the conversation? Basically you do this by way of words although it can also be done non-verbally, but usually statements are needed. You can, for example, say: “I hear what you are saying”, “you may feel sad now”, “I share your sadness”, “you are angry” and so on. What is important
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here is that the victim, through his or her expression, retains structure and order in the disrupted emotional network – so a more complete and chronological narrative can be made.

We usually concentrate on the confirmation of feelings when the youth starts to talk about their worst event and frightening incidents. We encourage them to label the feelings they had and confirm this by stating, for example: “You felt afraid then, and I think you feel some anxiety now by talking about it”.

One particular issue of the confirming principle proves difficult to handle, namely when they strongly express anger or even hate and yearn for revenge. Normally, we say that we realize that they are angry and that they should be too. We give them some time and at times wait until we return to the issue and reconfirm their anger. The reason for doing this is to gain “entrance” to the topic of retaliation and to discuss the disastrous attitude of “we shall do to them what they did to us”. But ultimately we confirm and justify the feeling, but not the acts.

Second principle: Follow after the child by commenting specifically on the message or the expressions in order to stimulate further elaboration:

“How do you “follow after” the child? This second principle is not easy to specify, the main aspect is that you give signals showing that not only are you listening, but you also realize that the youth is heading somewhere. You signal this attitude for example by saying:

- “I know that you are now going to talk about very sad things”.
- “Can you tell me more about what happened when you left home?”
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• “You heard your father screaming for help, what happened then?”

If you do not feel confident about how to go about this in the beginning, a good piece of advice could be that you repeat the last part of the sentence sometimes. For example, when the youth is saying that the shooting started again, you may simply say that “then the shooting started again.”

Third principle: Follow-up with specific comments and even short and timed consolations, advice and restructuring of the content.

*How do you follow-up what the youth is conveying?* The reason for doing this is to encourage the youth to continue to confront the traumatic events both by facts and feelings. You do it by saying, if appropriate, that you know about these reactions. Even if they are painful and scary, they are normal reactions to abnormal situations. Alternatively, you go back to earlier statements given by the youth. You can do this by saying: “A while ago you told me something interesting, that you got some control over your bad memories by praying. Can you tell me more about that, and can you tell me about other things that help. Maybe I can give you some advice by telling you what has helped other youths that I have talked to”.

There are many ways of following up a youth relating terrible memories, the main aim for the technique is to keep the momentum going in the conversation and uphold the child’s courage and strength to be able to continue confronting the terrible memories.

Fourth principle: Sharing emotions is done by showing empathy, expressing the same mood, but without overstating one’s own reactions.
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*How do you share emotions?* This is done by facial expressions and changing the tone in your voice to signal sadness, anger or fear. You can do it by leaning towards the youth, giving him or her a gentle touch or stroke. Again, it is important to emphasize that this should be done in a manner that is acceptable according to the habits of the child's cultural background. It is also crucial that your reactions are timed and subdued compared to the youth's emotions; otherwise you may take over and even silence the youth who might think that this is too much for you.

Fifth principle: Turn-taking means that you listen, you comment, you listen, you confirm, you listen, you follow-up and so on.

*How do you “take turns”?* To take turns does not mean that you, as the therapist, should talk for half of the time. The point is that an ideal communication seems to be like a game where there is alternation between the fields: yours and the child’s. It should be more with the child, but for a talk to have life there has to be regular switches back and forth. You should be especially aware of when the child is more or less directly addressing you, for example, the youth could be worried about their own reactions and conclude with “maybe I am going crazy?” You should hear that question mark and realize the ball is in your court. The time is now ripe for you to offer some comforting remarks, normalizing the child’s reactions, saying that afterwards you will give them some advice about how to overcome some of the most painful feelings related to the memory of the event. Your effort to communicate with traumatized children is not an exclusive issue concerning your skills as facilitator. You must keep the main aim constantly in mind. Therefore we have listed three main objectives for your communication with war-traumatized children: Express – Understand – Confront and Cope.
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Express: As parents or teachers talking to war-traumatized youth, we should help them in all appropriate ways to express their feelings and concrete experiences related to the war-events. But the youth do not just need to express their thoughts and feelings, they must also require a cognitive frame for what is going on – they need explanations, they need to understand.

Understand: In our efforts to help children and youth understand why they react as they do, we may apply the principles of insight therapy. That involves helping them grasp their own reaction patterns through psychological explanations of how anxiety, for example, is conditioned, and why sadness follows loss and may transcend to aggression.

The process of understanding, however, has another important related issue, namely understanding what caused the conflicts and the war. Children actually go through a great deal of mental struggling in order to grasp the difficult political situation leading to an open conflict. In our opinion, this part of the understanding is very important for effective trauma treatment and for reducing the intensity of the enemy picture. We have observed that children who have a good political understanding hate less and are more susceptible to peace education. On the other hand, we have observed that children with little background understanding, children lacking a cognitive frame for viewing the war events, make up their own frame, one that is mostly explained by the evil in all the people “representing” the enemy. The reason why children should express and understand is the fact that it helps them to confront and cope.

Confront and cope: The third stage in helping the traumatized is different training methods to overcome certain unpleasant feelings and inconvenient behavior caused by war situations. This training may range from systematic desensitization in order to help the child visit a place where he or she was once frightened
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to making up stories with traumatic content but which also contain coping strategies. In this manual, we have presented three methods of confronting: the drawing and talking about the worst nightmares in chapter 3 – writing about the worst experiences in chapter 4 and telling the worst story of my life in chapter 5. These (methods) are all about coping with and confronting the traumatic experience in order to systemize the event and connect feelings and words. When you invite the learner to an exchange about confronting, you should always look for and point out the different ways of coping. Always remember that your task is to motivate the learner to write and talk voluntarily. You should never pressure or force the learner to write or talk if they do not want to.
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The Practical Toolbox

In this chapter the various methods briefly mentioned in the third chapter of this manual will be elaborated on. Firstly, techniques that are found to be beneficial in reducing sleep difficulties are carefully explained. Thereafter distraction and thought stopping techniques aiming at reducing recurrent and intrusive thoughts and images are introduced. Finally, additional techniques that are not mentioned in the four sessions will be displayed.

Battling with Nightmares and Sleeping Problems
The variety of mind-body oriented techniques set out below aim at reducing physiological and/or psychological arousal which is assumed to delay sleep-onset and interfere with sleep-maintenance. Some of the techniques primarily focus on the somatic level with the purpose of restoring the body to a resting state. Others primarily focus on the cognitive level in order to reduce tension-inducing thoughts.

Establishing a Safe Place
Before beginning work that deals directly with nightmares, it is helpful for the learners to practice creating a safe place in their imagination. This self-control technique helps create distraction from stressful thoughts, thereby inducing relaxation, reducing vigilance, relieving emotional disturbance, and enhancing a sense of safety and control. The instructions below are mainly taken
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from the trauma manual, *Children and War*, written by Smith, Dyregrov and Yule (2002). Remember to encourage the learners to use all sensory modalities. Pace the instructions, to allow the learners time to use their imagination. Apart from this, the instructions may be adapted according to your liking. If following on directly from the education section outlined in session one, have the learners stand up and move around, jump up and down, or shake themselves so that they are refreshed to begin.

*Instructions:*

The technique which we are about to practice can help us create distraction from stressful thoughts. We are going to use our imagination to conjure up a scene or place that makes us feel safe, comfortable, and happy. This could be a real place where you have actually been, or it could be a place from your imagination. [Suggest some examples here that are relevant to the community in which the students live.] There is a connection between what we imagine and how we feel. You can control which images to focus on in your mind. Therefore you can make conscious attempts to control how you feel. Whenever feeling anxious, upset, miserable, or scared, you can use this technique to calm and secure yourself. You may find it hard to create images of a safe place the first time you try. However, the more you practice going to a safe place, the easier you will find it.

Make yourself comfortable and close your eyes. Take a few deep, steady breaths. Bring up a picture of the place where you feel secure, calm and happy. Imagine that you are standing or sitting there. Can you see yourself there? In your imagination, take a look around. What do you see? What can you see close to you? Look at the details of it and see what it is made of. Notice the different colours. Imagine reaching out and touching it. How does it feel? Now take a look further away. What can you see
around you? See what’s in the distance. Try to see the different colours and shapes and shadows. This is your special place and you can imagine whatever you want to be there. When you’re there, you feel calm and peaceful. Imagine your bare feet on the ground. What does the ground feel like? Walk around slowly, trying to notice the things there. Try to see what they look like and how they feel; what can you hear? Maybe the gentle sounds of the wind, or birds, or the sea. Can you feel the warm sun on your face? What can you smell? Maybe it’s the sea air, or flowers, or your favourite food cooking? In your special place, you can see the things you want; and imagine touching and smelling them, and hearing pleasant sounds. As your mind becomes more peaceful, your body will also lose some of its tension. You feel calm and happy.

Now imagine that someone special is with you in your place. This is someone who is there to be a good friend and to help you, someone strong and kind. They are there just to help you and they’ll look after you. Imagine walking around and exploring your special place slowly with them. You feel happy to be with them. This person is your helper and they’re good at sorting out problems.

Just look around in your imagination once more. Have a good look. Remember that this is your special place. It will always be there. You can always imagine being here when you want to feel calm and secure and happy. Your helpers will always be there whenever you want them to be. Now get ready to open your eyes and leave your special place for now. You can come back when you want. Gradually become aware of your surroundings here and now. Notice the chair underneath you and feel your feet touching the ground. Gently move and stretch your limbs. In your own time open your eyes. As you do so, you feel calm, relaxed and happy.
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To finish this exercise, ask the members of the group what they imagined. Ask how it made them feel. Point out the connection between imagination and feelings. Point out that they can have control over what they see in their mind’s eye and therefore over how they feel. Reinforce that this is a fun thing to do, that they can imagine being there whenever they feel miserable or scared and that it will make them feel better. Say that their special place will get easier to imagine the more they practice it. This technique needs practice and it is important to emphasize to the students that it gets easier the more they practice. (Adapted and cited from Smith, Dyregrov and Yule, 2002).

Richard 17 year
Richard’s safe place is a homestead with a front porch that gives protection from the sun. There are lots of beautiful flowers and a spacious field with green grass where he can play football.

**Fading Out Your Dreams - Imagery Techniques**

Intrusive phenomena can give rise to feelings of being out of control, something which is extremely distressing. The following techniques are designed to give learners more control over intrusive images (Smith, Dyregrov & Yule, 2002). These strategies aim to counter feelings of lack of control and will help to re-establish the learner’s sense of mastery and coping. As such, the style in which these techniques are taught is important and it should be active and hopeful without belittling or denying the seriousness of the learner’s difficulties. Although you will be working directly with learners traumatic images in this session, remember that this is not an individual treatment session so the group should not become too heavy. Rather, a sense of active coping should be developed. Not all techniques will work for all learners. Everyone in the group should be encouraged to try out the technique fully and see if it works for them. It is not a failure on the learners part if the technique does not work for him or her, this should be made explicit at the beginning.

The common goal of these techniques is to develop the learner’s ability to deliberately bring up their intrusive image, to change the image in various ways and to be able to switch it off. The following characteristics of visual images can be changed:

<table>
<thead>
<tr>
<th>Brightness</th>
<th>Contrast</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Movement</td>
<td>Distance</td>
<td>Detail</td>
</tr>
<tr>
<td>Color</td>
<td>Speed</td>
<td>Location</td>
</tr>
<tr>
<td>Form</td>
<td>Duration</td>
<td>Dimension</td>
</tr>
<tr>
<td>Clarity</td>
<td>Posture</td>
<td>Depth</td>
</tr>
</tbody>
</table>
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Screen Techniques
Here, the learners are asked to imagine their image as though it were on a television or movie screen so that changes to the image can be made.

Instructions: Next, we’re going to do some exercises to show you how to change the pictures of the traumatic event that pop into your mind when you don’t want them to. To do this, you need to deliberately bring the picture up so that you can see it. Remember that you’re the one in charge of your memories and that you can go back to your special place afterwards if you want in order to feel calm again. Keep your eyes open. Imagine that you can see a television screen on the wall opposite you. Get a good picture of the television screen. Now, try to see a picture of your traumatic event on this screen. Can you do that? Good. Do you see the image in color or in black and white? Can you change the colors to black and white? Try it and see what happens. Good. Do you get a moving picture, like in a film? Imagine using a remote control to freeze-frame. Freeze the action. Start it again. Try to rewind the image and watch it playing backwards. Can you do that? Good. Play it forward now, but slowly; now see if you can speed up the action. Try to change the colors again. Watch as the picture becomes fuzzy and blurred, like bad reception. See if you change the contrast so that the picture just fades. Play around with the image. Now imagine that you can press the off button. What happens?

If the picture keeps on reappearing when you turn off the TV then try walking away from it. As you walk away, the TV gets smaller and smaller. Can you see the TV getting smaller? Keep walking; the TV keeps on getting smaller. Now the TV is so small that you can’t even see what is on the screen. Keep on walking until the TV is so small that you can’t see it at all.

Carry on like this for a few minutes so that learners can experience manipulating different aspects of the image. Learners can be
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asked to imagine recording the traumatic event on a video recorder, then taking the cassette out and putting it away in a cupboard or drawer where they can keep it. At the end, briefly ask what happened. Expect learners to report different things; encourage this, it may be their first experience of having some control over their intrusive images. Make sure that you notice if anyone in the group has not experienced any changes at all. Say that this isn’t their fault, but they did well for trying and that some of the other techniques might work for them. (Adapted and cited from the trauma manual, Children and War, written by Smith, Dyregrov and Yule, 2002).

Breathing Procedures
A wide variety of breathing procedures have been proposed to induce relaxation. The three exercises presented here are all yoga practices adopted from Saraswati (2006). In short, they aim at increasing breath awareness, relaxing the body, calming the mind, inducing tranquillity, and lowering levels of stress and anxiety. They can either be employed one at a time or together, preferably in the order depicted below. These breathing procedures all work well in conjunction with the safe place and tense-and-release exercises described elsewhere in this practical tools section. It is important to remember that breathing should occur at the natural pace of the individual and never be strained or forced.

Deep Breathing
Instructions: When we feel nervous, scared or angry, we sometimes take quick, shallow breaths. Breathing like this can make us feel dizzy and out of breath. One way to calm and relax the body is by controlling our breathing. When you breathe in, the stomach should get bigger; when you breathe out, the stomach should slowly fall inwards again.
Now, let us focus the attention on how we breathe, placing one hand on the stomach and the other one on the chest. Slowly breathe in and out through the nose. You should be breathing in a tempo that you find comfortable. Notice if your stomach is rising slightly as you breathe in and lowering again as you breathe out. Try to direct the breath downwards into the stomach, rather than breathing with your chest. You should not force the movement. The stomach should be gently swelling and sinking, like a wave, when you breathe in and out. This way of breathing is not easy – it takes practice. You may find it helpful to imagine that a deflated balloon or hollow pouch is lying inside your stomach. As you breathe in, air travels down to fill the balloon or pouch, making the stomach swell. As you breathe out, the balloon or pouch is emptied, causing the stomach to sink back in.

It may be easier to take deep breaths from your stomach, when you are lying on your back. Place an object on your stomach and see if you can make it move up and down while breathing in and out. Remember that whenever you feel scared or restless, taking deep breaths from the stomach will help calm and relax the body. See illustrations.
Hare Pose

*Instructions:* Kneel on the ground. Bring the big toes together and separate the heels. Sit on the pit formed by the parted heels. Place the hands on the knees. Keep the spine and head straight. On inhalation, slowly raise the arms above the head, keeping them straight and a shoulder-width apart. While breathing out, slowly bend forwards from the hips until the abdomen rests on the thighs and the hands and forehead rest on the ground in front of the knees. Close your eyes. Make sure not to raise the buttocks. Adjust the arms, bending them slightly so that the elbows are resting on the ground. Breathe normally while resting in this position for a while. *Focus your awareness on the movements of your stomach while breathing in and out.* When you are ready to bring the practice to an end, inhale and slowly return to the upright position with arms.
Altanate Nostril Breathing

This breathing exercise should not be practiced when you have a cold, as forced breathing through the nose might lead to complications.

Instructions: Sit in a comfortable position and with your back straight, either on the ground or on a chair. In this exercise, breathing is done through one nostril at a time. Rest the index and middle fingers of the right hand gently on your forehead. Place your thumb next to the right nostril and your ring finger beside the left. If necessary, you can support your elbow with your left hand. Use your thumb to close the right nostril and softly inhale through the left. At the end of inhalation, immediately close the left nostril with your ring finger, at the same time removing your thumb from the right nostril. Exhale through this nostril. Next, inhale through the right nostril, close it, and then exhale through the left nostril. This completes one round. Practice five full rounds, making sure that there is no sound as the air passes through the nostrils. Breathing should be slow, effortless and rhythmic. If any dizziness or discomfort is experienced then either shorten the duration of each inhalation and exhalation, or discontinue the practice. See illustration.
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Tense and Release
The script set out below is derived from Payne (2005), and Smith, Dyregrov and Yule (2002) who have each based their instructions on recognized sources within the tradition of progressive relaxation training.

Make sure that you pause for long enough between instructions so that the learners have time to carry out the actions. When instructing, your tone of voice should be quiet and calm. Bring the exercise to a gradual end, allowing the students to make a slow return to the alert state. Ideally, the learners should be given the opportunity to express their reactions or experiences. Ask what it was like, whether they were able to relate to the different parts of the body, whether the exercise made them feel more relaxed and so on. The three above-mentioned exercises focusing on breath awareness can successfully be used at the beginning or end of this relaxation technique.

Instructions:
This technique has proved to be very effective when it comes to relaxing the body. I am going to lead you through some of the major muscle groups of the body, asking you to tense and release them, one by one. First, we are going to focus on the hands and arms, before moving on to the face, neck, shoulders, stomach, legs and feet. (Quickly demonstrate how the learners can create tension in the various muscle groups and ask them to copy what you do.) When doing this relaxation exercise, I would like you to concentrate on the sensations you will experience in the muscles. Focus your awareness on the difference between muscle tension and relaxation. The more you practice this technique, the easier it will become and the more you will benefit from its effects.
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Get into a comfortable position. You can either have your eyes open or closed. Take a few deep, gentle breaths. Breathe in through your nose, letting the air fill your lungs. Then slowly breathe out through your nose. As you breathe in, imagine that you are gathering up all of your worries and tensions. As you breathe out, imagine that these stressful feelings are flowing out of your body. Notice how your feet are touching the floor. Feel the chair underneath you.

First focus your awareness on the hands and arms. Clench your fists as hard as you can. Hold it. (Apply tension to the different muscle groups for approximately five seconds.) Feel how tense it is. Now relax. Let the tension go. Notice how it feels when the tension leaves your hands and forearms. Now, tighten you biceps by drawing your forearms up toward your shoulders as though you were lifting a heavy weight. Feel the tension in your muscles. Hold it...and then relax. Let the tension disappear. Notice the difference between the tension and relaxation. Tighten your triceps – the muscles on the undersides of your upper arms – by holding your arms out straight in front of you and locking your elbows. Make sure your muscles are really tense. Feel the tension in the back of your arms. Hold...and then relax. Notice the relief, how the tension has left your arms. Keep breathing steadily, with each breath out, a little more tension leaves your body.

Next I would like you to focus your attention on your facial muscles, starting with the forehead. Lift your eyebrows as high as possible. Feel the tension...and relax. Let the tension flow out. Feel the wrinkles being smoothed. Now clench your eyes tightly shut and wrinkle your nose. Feel the tension. Hold...and relax. Notice how the tension disappears and sensations of deep relaxation are spreading around your eyes. Focus your attention on your jaw. Clench your teeth and pull back the corners of your
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mouth. Feel the tension in your jaw. Hold…and relax. Release the jaw muscles. Feel the tension fading.

Now become aware of your neck and shoulders. First, tighten the muscles in the back of your neck by making a double chin, keep your chin in to your chest and press your head back. Hold…and then relax. Notice how the tension leaves your neck. Now hunch your shoulders up as though you were going to touch your ears. Feel the tension around your shoulders and neck. Hold it, register the sensation…and relax. Let the shoulders drop and continue to drop as the tension ebbs away. Next, bring your attention to your shoulder blades. Push them back so that they get nearer to each other. Feel them being gently squeezed together…and then relax. Let the muscles soften. Notice the difference between the tension and relaxation.

Next, focus on your stomach. Make your stomach really hard and tense by pulling it in as far as you can. Feel the tension. Hold…and then release. Imagine a wave of relaxation spreading through your abdomen.

Focus your attention on your legs and feet. Hold your legs straight out in front of you, locked at the knee, and keep your toes up in the air. Tense your legs as much as you can while tightening your buttocks. Feel the tension in your shinbones, calves, thighs and buttocks. Notice what it feels like. Hold it…and then relax. Notice the relief, how the tension has left you. Last, focus your attention on your toes. Curl your toes down. Feel the tension in the sole of your foot and the calf of your leg. Then…relax. Let it go. Notice the difference between tension and relief. Feel the tension leaving you.

Finally, I would like you to tense your entire body, feeling tension in your arms and hands, face, neck, shoulders, stomach, legs and feet. Hold it…and then relax. Now your whole body should feel relaxed. Keep breathing steadily. With each breath out, you
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feel a little more relaxed. The tension is leaving your body. You feel heavy, relaxed, calm and warm. This exercise will soon be over. Feel the floor underneath your feet. Notice the parts of your body that are touching the chair. Move your arms and legs. Gently stretch your limbs. When you are ready, open your eyes and let this exercise come to an end.

Dealing with Unwanted Thoughts and Memories

Distraction Techniques

One thing you can do to keep unwanted thoughts away is to use distraction techniques. The following instructions are based on the book, *Think Good – Feel Good*, written by Stallard 2002). Distraction techniques may be helpful in two ways:

- They can help you take your mind off your negative thoughts.
- They can help you take control over your thoughts by thinking about something else.

Thinking Puzzles

At other times, you may want to occupy your thoughts by giving yourselves thinking puzzles to take your mind off whatever negative thought you are experiencing.

Examples:

- Try counting backwards from 123 in nines or in threes.
- Spelling the names of your family or your friends backwards, or forwards if backwards is too difficult.
- Naming all the players in your favorite sports team.
- Naming all the flowers or animals you know.
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The puzzles should be hard enough to challenge you, so don’t make it too easy. The idea is that the tasks take over and drowns out any unhelpful negative thought you are having.

_Describe What You See_
This technique involves describing what you see around you to yourself in detail, instead on focusing on the unwanted thought. Try describing what you see as quickly as you can, think about colors, shapes, size, smells, textures and so on.

_Thought Stopping_
Sometimes you may find that you are only able to stop your unwanted thoughts for a short while before they reappear in your mind. One method worth trying is thought stopping. This technique may be hard to manage straight away and in order to succeed you have to practice. In many ways, it is just like learning how to ride a bike. At first it is really hard but as soon as you get the hold of it then you can do it without even thinking about it. Before you start practicing this technique, you have to find a positive thought that you are going to replace the negative thought with. This can be a thought such as:

- I can manage.
- I am calm and relaxed.
- I can control my thoughts.
- I can do things.
- An activity that you enjoy doing such as football or singing.
- A good friend.

As soon as you become aware of the thought follow the steps below:

- Immediately and quite loudly say STOP.
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- Some people find it useful to emphasize this by banging a table or gripping a table, a chair or something else tightly.
- Immediately start thinking your replacement thought.
  - It may be easier the first times to say this replacement thought out loud to emphasize.

Rubber Bands

Another technique that may be used to stop unwanted thoughts involves wearing a rubber band around your wrist; every time the unwanted thought appears in your mind, you snap the rubber band. The rubber band will probably hurt a little but it should help you stop the unwanted thought. The rubber band, and the small amount of pain it causes, helps to wake the brain up and helps you to think about something other than the intrusive memory.

The learners may find these techniques very strange and even stupid at first, and that is OK. It is important, however, to tell the student that, even if they find them strange or stupid, they are actually very helpful if they believe in them and practice them. Not every technique is effective for everyone so it is important to try the different techniques out to see which is best for the individual learner. (Stallard 2002)

Additional Techniques for Taking Control of Body and Mind

The Worry Safe

Sometimes it may be difficult to stop worrying and turn off the thoughts that are appearing in your head. When this happens, it may be useful to draw these thoughts or write them down on a paper and lock them away.
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- Find a box and make your own worry safe. Choose a place to keep it.
- When you find you can’t stop your worries, find some paper and either draw them or write them down.
- Once you have finished, lock them away in your safe.
- At the end of the week, unlock your safe and allow yourself to think the thoughts for 5-10 minutes before you lock the safe again. If you have someone to talk to about your thoughts then you can do this instead of thinking about them by yourself. (Stallard 2002)

Bedtime Breathing
The transition from consciousness to sleep is characterized by modifications in breathing, a decrease in respiration and an increase in carbon dioxide concentration. Increase in CO₂ is associated with a fall in central nervous system activity, producing sedative effects and inducing sleep. The following breathing procedure, designed by Chóliz (1995), creates drowsiness in a very short time by moderately increasing the pressure of CO₂. It has proved to be efficacious in reducing sleep-onset time in insomniac individuals.

Instructions:
Make yourself comfortable, preferably in a supine position with your head at the same level as your body or lower. Close your eyes and focus your attention on your breathing, while getting ready to sleep. Inhale softly, making sure that you do not breathe in too deeply, then exhale all air. After breathing in and out three times, exhale all the air and stay like this for as long as you can without breathing in. Resume normal breathing, inhaling and exhaling three times. At the end of the third exhalation, delay breathing again. External breath retention can only
be sustained for a few seconds, however. While doing so, it may be helpful to distract yourself with any mental image. This exercise may be slightly uncomfortable. Thus, once you have repeated this cycle between five and eight times, you will feel the desire to breathe normally. Five to eight rounds should be sufficient to produce relaxation and drowsiness, though. Continue taking soft, gentle breaths.

**Distraction and Relaxation**

This is a distraction-based technique which may help to keep unwanted thoughts out while trying to sleep (Levey et. al. 1991). The following instructions are to be given: When you are lying in bed and having problems falling asleep then do the following: say the word DEN (or any other word that doesn’t remind you of any real words) three to four times per second. Be careful not to let too long elapse between each time you say the word, since unwanted thoughts may slip through and make it harder to concentrate. Even though you are saying the word to yourself (inside of you), move your mouth and tongue as though you are saying it out loud; if you are alone you can say the word out loud. Do this until you fall asleep.

**The Relaxation Response**

Meditation is an ancient method of quietening the mind. The Relaxation Response, which is a non-religious form of meditation, is developed by Herbert Benson. The following instructions are based on the book, *Relaxation Techniques*, written by Payne (2005).

*Instructions:*

The relaxation method you are about to learn requires that you sit comfortably in a quiet place; that you focus your attention on the
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word ‘one’ and that you adopt an attitude which is accepting and unconcerned. These conditions will help you to experience the so-called ‘relaxation response’. That means the heart rate will become slower and the blood pressure will fall. You will notice that you feel calmer than usual and the whole sensation will be a pleasant one. At no time will you lose consciousness or be controlled by an outside force. The state you reach is one that you will have induced in yourself.

Settle down comfortably in whichever position you have chosen and close your eyes. Relax all your muscles in turn, starting with your feet and ending with your face. Feel yourself deeply relaxed. Notice the rhythm of your breathing. Let the air in through your nose, allowing the breaths to take place quite naturally. Each time you exhale, recite the word ‘one’ under your breath. Repeat the word slowly each time you breathe out. If thoughts intrude, try to ignore them and continue repeating the word ‘one’. Avoid any inclination to judge how successful this is. Keep your attitude passive and allow relaxation to occur in its own time. Please continue for ten minutes... When you are ready to end your meditation, continue to sit quietly for a few minutes with your eyes closed, then for a few minutes longer with them open.

A Final Note of Caution

Possible disturbing feelings when doing relaxation exercises
Even though the benefits of relaxation-based techniques are widely recognized, they are not without adverse effects (Harding, 1996). Relaxation weakens the psychological defences, occasionally increasing the frequency of distressing recollections and allowing disturbing feelings such as anxiety, panic or irritability to rise to the surface (Lazarus & Mayne, 1990; Payne, 2005; Smith, Dyregrov & Yule, 2002). Other side effects mentioned in
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the literature are: dizziness, headaches, paradoxical increases in tension, feelings of vulnerability, fear of losing control, and dissociation. When employing relaxation-based techniques the instructor therefore needs to be aware of whether anyone in the group seems to experience difficulties. Relaxation-induced anxiety for instance can be recognized by excessive perspiration, trembling, rapid breathing, or general restlessness. Relaxation strategies should be experienced as comfortable and must be brought to an end for those who respond negatively. Participants must be encouraged to listen to their own bodies and end the exercise if they do not find it relaxing and comforting.

If very uncomfortable – the learner should stop
If the learner becomes very uncomfortable with the exercises he should stop, calm down and be encouraged to try again later. If it continues to be very uncomfortable she/he should not continue these exercises. Remember that you as a teacher should never force or push the learner to participate, only motivate those who have volunteered. It is all voluntary and it is a delicate learning process where the learner try, fails and try again.

Strong reactions will most likely occur during the sessions
Having nightmares and frequent episodes of re-living is scary for those who encounter it, but also for those who witness it. For some of the traumatized learners this occurs several times a week or even daily. Even though they get scared they are somehow used to it. As a teacher you must remember that episodes of re-living will occur in some of these sessions and they are not considered as dangerous. But you have to be aware and sensitive to these situations so you can comfort the learner and help her/him to calm down. The learners should in all sessions be encouraged
to call upon one of the session leaders when they are about to feel overwhelmed.

**Discuss the reactions with the learner**
As a session leader you should pay attention to learners and discuss their reaction with them. When talking about and addressing the reactions they tend to become less scary. You should ask the learner detailed questions about the reduction of fear and pain when talking and thinking about the worst memories. If the fear still persists in the original way of arising scary reactions, the learner should be encouraged to continue to practice what he has learned in these sessions. The teacher should follow up to make sure that he or she is not getting worse from this practice – if they get worse they should stop.

**Teachers should receive training**
The intention of the authors of this manual is that the YEP-teachers, who become leaders of the sessions, receive specific training in the three types of sessions described in this manual.

**The effect of the manual**
This manual is based on trauma research and clinical experience and it is tailored to meet the needs of YEP-learners in areas of conflict and post-conflict. The manual has been tested out in YEP-schools in Uganda, but we have not yet carried out proper evaluation. We can not at this point document the effect of this manual based on research.
Acknowledgments

We wish to thank the YEP-staff in Uganda and Liberia for all the practical preparations and the necessary and stimulating discussions. In particular, we would like to thank: Patrick Sikana, Ochitti Ochora, Mercie Blanch, Lawrence Odong, Christine Onen, Fred Magumba, Akello Florence, Abalo Rebecca, Ojok Charles and Elin Gjære. We had interesting and helpful discussions in Norway with Eldrid Midthun, Cecilie Gulbraar Orestis and Miriam Skjørten.

This manual is inspired, and partly based on, manuals written by researchers connected to the Children and War Foundation, Norway. Their web address is http://www.childrenandwar.org

About the authors

Jon-Håkon Schultz  Ph.D., Educational psychologist and researcher at the Department of Special Needs Education, University of Oslo, Norway.

Magne Raundalen  Child psychologist, specialist in children and trauma, works as a clinician at the Center for Crisis Psychology, Norway.

Marit Dalset  Masters degree in Special Needs Education, works as a clinician at a clinic for children with special needs in Norway.
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Jon Atle Støen  
Masters degree in Special Needs Education, works as a clinician at a clinic serving schools in the city of Oslo, Norway.
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Appendix 1
How to Motivate Learners to Open up

Time to repair the cables in your brain
You have experienced a trauma when you are often or constantly bothered by fearful memories, day and night, of what happened in the past. What happened a long time ago scares you and troubles you, in your present everyday life. Trauma means that damage has occurred, and this damage has happened in your brain. It is not big damage, it is not a dangerous damage, but it causes you so much trouble that the time has come to repair it. We will explain this to you in detail: At the top of your brain, also called the big brain, all your thoughts and words are located; it is almost like a computer. Here you have stored all your memories, like the story of your life. In your big brain you also store everything that you learn at school. Deeper down in your brain you find the center for your feelings. This also includes painful feelings like fear and panic. There are connections between your memory at the top of the brain and your feelings deeper down. You can imagine that your feelings at the bottom are connected to the top with your thoughts and language centers through solid cables. These links enable you to think, speak and talk about feelings. It is these links, between the big brain and the emotional brain, that are damaged by trauma – the memory of a terrible event.

We could say that the fear in your memories has disconnected or damaged your cables. When you open up by gradually talking, singing, dancing, writing, drawing and telling people about the worst event, you repair the damage. You are repairing the cables. You are repairing the broken connection in your brain between your memories and your words and feelings.

When these two parts of the brain – the language brain and the emotional brain – are connected you will be better able to control the emotions connected to the trauma. With a good connection, you can communicate with your feelings and calm them down.
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It is time to repair the cables in your brain. To do this I will help you and support you during these sessions where you are telling the worst story of your life. To fix the cables we are using both writing medicine and talking medicine.

writing medicine and talking medicine
Writing methods have turned out to be very important for the recapitulation of extreme events experienced during war and flight - along with the healing of the emotional wounds that they have caused. The act of writing has proven to be one of the best ways to gain control in the situation of recapitulation. Research and practical experience strongly indicate that when you put emotionally upsetting experiences into words this can positively affect your thoughts, feelings and physical health. This means that both your mental health and your physical health can improve by either talking or writing. It has proven to work so well that we can actually call it medicine: talking medicine and writing medicine. Like all other medicine, both talking and writing medicine is unpleasant at first. But after a while you should feel the effect.

Holding back your thoughts and feelings can be hard work. If there are a lot of thoughts you are fighting to hold back, without telling anyone then you will feel tired and exhausted. This job of holding back usually comes with a high cost of unwanted thoughts, nightmares and loss of energy.

You must remember: the war/conflict/catastrophe is not your fault. What you witnessed and what you were forced to do – none of this is your fault.

We can’t change the past
We can’t change what happened but together we can try to change the way you think about it today. You can use two highly effective techniques: talking medicine and writing medicine.

By talking and writing about your experiences, you can translate it into language and better understand the experience. Then you can better control it and it won’t hurt so much when you think about it.
Appendix

Stimulate your own “self-healing”
Research has indicated which mechanisms are at work amongst those who experience «self-healing» after a critical incident. This group seems to effectively manage to put terrible experiences behind them and to not think of them that often. It turns out that most of these people haven’t entirely healed themselves, but they got help from others. First of all, they had someone they could talk to, they have talked extensively to at least one person they trust. In addition they have an understanding and supportive environment and a family climate that offers the opportunity of open communication. Family members and knowledgeable persons in the network of the youth may enhance the “self-healing” process – the YEP-teacher play a key role in this crucial support.
- Select a teacher you trust and talking with her or him on a regular basis.

How the learner can evaluate the healing process
You can test the effectiveness of the repair work yourself. You do this by paying attention to how you react every time you think, talk and write about what happened. After doing these tasks to repair the cables for a while, the goal is that you should be able to think and talk about the terrible event without racing heartbeat, getting terribly upset and being overwhelmed by memories and fear.
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How to fight ghosts
The past in the present: when you are traumatized, you suffer from the memory of the traumatic experience that happened to you in the past. The past is revisiting you in the most disturbing way.
- The memories are strong and seem real in such a way that you might think it is happening right now.
- Loneliness and social isolation might happen because you feel you can’t talk to anyone about what you witnessed or what you were forced to do.

When the memories of the past come alive in the present, it can take control over your body and mind. When people don’t understand about this they then may look at you strangely, they could even be afraid of you because they don’t understand. They might say and believe that you are haunted by ghosts. We don’t believe in ghosts. Research has told us that when you are exposed to traumatic stress your body suffers because the fragmented memories need to be connected to words in order to integrate the experience in your body and mind. This can be done with writing medicine and talking medicine.
Appendix 2
How Does a Traumatized Person Feel?

Traumatization means suffering from a memory of a traumatic experience that has happened in the past. Re-experiencing the traumatic event means that the survivor involuntarily relives the situation, either while awake in the form of flashbacks or at night in the form of nightmares. Both of these are accompanied by intense feelings of fear and anger, often similar to the emotions experienced during the traumatic event itself. The body reacts in a stress response while remembering the event: the person’s heart beats fast; they begin to sweat; painful bodily sensations may arise. The memories may come back repeatedly no matter how much the person does not want to remember. Flashbacks can also be experienced in different ways: the person may know quite well that the flashback is just a memory and feel safe in the here and now, or the person may not realize it is just a memory and may feel an intense feeling of fear and lack of safety. The person may actually believe that the traumatic situation is happening again. In rare cases, this can last over ten minutes. Some survivors describe the memories as pulling them back into the past, saying that they become stuck in those moments of greatest fear. When nightmares occur, the survivor often awakes in a state of fear and can’t go back to sleep again. Re-experiencing can be elicited by environmental cues, such as sounds or smells similar to those experienced during the traumatic event. Although the patient may not know exactly what triggered the memories, these situations are often avoided in future. For instance, one may stop seeing cer-
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tain people, stop going to certain places, or stop doing certain activities, all in an attempt to avoid reminders of the dreadful experiences. The patient may learn to be numb or to dissociate from reality. This in turn may lead to a loss of loving feelings and loss of being able to feel close to people, even to one’s own spouse or children. The patient may lose hope or may feel the future has nothing to hold. At them same time, the heightened level of arousal (excitement), resulting from permanent or repeatedly triggered fear, leads to states of increased alertness and readiness to counter danger at any time. Patients may become mistrustful and suspect danger everywhere or may have difficulties focusing their attention to activities of daily living or listening to others. When asked what they have just heard, read or seen, they may be unable to tell you.

(Schauer, Neuner & Elbert, 2005:9)