

## Trauma paedagogical Tools

...for psychosocial work  
and emotional support  
of refugees and migrants  
under the scope of their flight



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## **A) Background Information until mid-March 2016**

From summer 2015, the numbers of migrants<sup>1</sup> (refugees, economic migrants and asylum seekers) which originate from countries of Asia and Africa, and through the territory of Serbia are going towards the countries of Western Europe continues to rise. According to UNHCR until the end of December 2015 there were 577.995 registered intentions to seek asylum. In December 36% of registered intentions were expressed by minors. By the end of 2015 approximately 815,000 had transited through Serbia.

Reasons of leaving, geographical origin coupled with cultural factors influence on age and gender characteristics of migrant groups which are moving over Serbian territory. Syrians usually travel with the whole families which include different generations, among them children, including infants (some born in the course of time), as well as persons who fall into the category of the elderly. Among the significant part of the Syrian refugees are children, women and the elderly, while infants and pregnant women are considered to be in especially vulnerable category. Age-sex structure of migrants who come from Afghanistan, Pakistan, Iraq and other countries is different - among them are dominantly men, who belong to the young and young-middle-aged population (20-40 years). Other members of their families are mostly still in the country of origin, with the eventual aim to later join relatives in Western Europe or to stay in their home country in which a relative will send monetary funds.

The increase in the number of migrants in Serbia is the result of several factors, among them the war in Syria, the unstable political situation in Iraq, Afghanistan, Libya, and other countries of the Near and Middle East and North Africa, an unstable economic and political systems in the countries of sub-Saharan Africa, as well as the geographical position of Serbia, which is located in one of the most important roads which leads from mentioned countries to Western Europe.

Majority of immigrants entered Serbia from the territory of Macedonia near Preševo (at Miratovac) and a smaller part of them from the territory of Bulgaria (near Dimitrovgrad, Bosilegrad, Zaječar and Negotin). The movement from Preševo continued directly to Adaševci/Šid, on the border with Croatia (because of organized bus transport), and from Dimitrovgrad the movement continued to Belgrade (due to the lack of direct transport) with the shorter or longer retention time before continuing to Croatia.

In places where migrants stayed longer there were provided temporary accommodation facilities which were not sufficient to ensure that all have accommodation. Frequent and sudden changes in direction and intensity of migration flows past few months make it difficult to secure the necessary accommodation and other capacities, and to provide medical and psychosocial support to migrants. Centers for temporary reception and accommodation of migrants were provided in points of accumulation of migrants, in the border areas with Macedonia (temporary accommodation center in Preševo), Bulgaria (Dimitrovgrad, Bosilegrad, Zaječar and Negotin) and Croatia (in Principovac and Adaševci near Šid). They also performed registration and provided the appropriate administrative support for obtaining documents and medical assistance, a place for rest and food.

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<sup>1</sup> In the following text term migrants refers to a very heterogeneous group consisting of the asylum seekers and irregular migrants (including refugees and economic migrants), unless stated otherwise.

In Preševo some migrants resided in reception centers, however capacities were not nearly sufficient to satisfy needs of all incoming migrants and people were staying in the open air - on the streets, sidewalks, tents, etc.

The accommodation facilities for asylum seekers (there are 5: Krnjača, Banja Koviljača Bogovađa, Obrenovac, Sjenica and Tutin with total of 810 beds) are not located on the main roads which refugees and migrants use. It has to be pointed out, that refugees and migrants, who have not officially applied for asylum in Serbia, had no right to enter the above mentioned accommodation for asylum seekers even if they only wanted to stay over-night in order to escape the often very bad weather conditions in winter time.

### Location of accommodation facilities for asylum seekers in Serbia





**B) Pictures and Impressions of situation for Refugees in Serbia  
(at Boarder Entry Point in PRESOVO)<sup>2</sup>**



<sup>2</sup> Pictures from October 2016 during Visit at Boarder in Presovo













## **Development of psychosocial tools in the framework of potential Project implementation**

### **“Live – saving assistance for refugees and migrants transiting Serbia”**

**C) Introduction:** Within the planned activity Cluster “Protection” short, efficient and effective “psychosocial emotional support” should be offered, which enables the beneficiaries to better deal with their current extraordinary and difficult situation. At the same time in the face of adversity, resiliencies, resources and positive adjustments should be strengthened. It has to be underlined that any interventions that are carried out in the psychosocial (Trauma pedagogical) context have to be seen as a potential offer, emphasizing the beneficiary to help themselves. They should understand and learn to deal with possible inexplicable occurring mental suffers, discomforts and overwhelming emotions, by receiving tools and techniques for an immediate and short-term stabilization. At the same time they should be enabled to develop a sense of security and “well-being” under the scope of their flight.

An essential precondition to any kind of “psycho-emotional-social support” is the satisfaction of basic needs, which justifies forgoing activities of Cluster 1 “Food” and also Cluster 2 “Shelter/NFIs”.

#### D) Suggestions and recommendations of different suitable tools in context of psychosocial emotional support for refugees stranded in Serbia:

<b>1. Psychosocial tools for Men and Parents</b> If from logistical aspect possible, establish a comfortable, “relaxing corner”, equipped with Toshacks that offer parents, adults some time for a rest, to relax, recreate, exchange information and the possibility to talk about their flight.				
Time	Form / Type of Trauma (acute /post trauma, short term / longer lasting repetitive, complex)	Measures	Description	Justification / explanation for the usage of methods and tools
<b>1.1. Short Term Activities</b>				
1.1.1. Short term activities	Possible for any type of acute- and post trauma	Celebrate <b>cultural practices</b> and habits	<ul style="list-style-type: none"> <li>- Arrange tea ceremonies</li> <li>- Offer variety of nuts to crack and nibble</li> <li>- Provide Newspapers, Magazines from their home countries</li> <li>- etc.</li> </ul>	<ul style="list-style-type: none"> <li>- to create secure feelings</li> <li>- to offer some “normality” and “fond habits” during stressful times and situations</li> <li>-</li> </ul>
Time	Form / Type of Trauma (acute /post trauma, short term / longer lasting repetitive, complex)	Measures	Description	Justification / explanation for the usage of methods and tools
1.1.2. Short term activities	Probably not practical for persons in acute traumatic stress situations	Any <b>sport activities</b> (if possible) preferable team and / or ball games	<ul style="list-style-type: none"> <li>- Encourage and motivate them for physical exercises (caregiver have to check the location, spaces what kind of activities are possible in the given environment)</li> <li>- Afterwards <b>Body awareness techniques</b> (breathing , relaxation techniques , Yoga, Massages etc.) are useful to detect physical symptoms and suffers and to improve relaxation and regulation</li> </ul>	Sportive activities, physical exercises can help the brain to better structure and may improve <b>body awareness and perception</b> .  <i>Often refugees and migrants have a poorly developed sense of their own body (due to the given circumstances and their cultural background). Consultants should be encouraged to ask them “how /what they feel”. That might be</i>



				<i>easier for refugee to detect and realize after physical exercises.</i>
<b>1.2. Long Term Activities</b>				
1.2.1. Long term activities	More appropriate for persons in post-traumatic situations	Provide <b>culture related parlour- and board games</b>	<ul style="list-style-type: none"> <li>- For example "Sheshbesh" (similar to Back Gammon</li> <li>- etc.</li> </ul>	<ul style="list-style-type: none"> <li>- to offer some "normality" and "fond habits" during stressful times and situations.</li> </ul>
			-	-
1.2.2. Long term activities	Consultancies are necessary for any affected persons, no matter if Trauma is acute or long time (weeks) ago. The approach of consultation however will be different. In acute trauma phase reassurance and stress regulation has to be assured first.	<b>Professional consultations</b> Provide opportunity for <b>talks</b> and exchange <b>with professional consultants</b> / Aid workers of Centar Inventiva (in acute phase assure: <i>"You are safe now, I will stay with you, don't be afraid any more".</i> )	<ul style="list-style-type: none"> <li>- To <u>open contact</u> to beneficiary, be empathic, signalize interest and will for support. At same time inform them about what I possible to provide, in order not to awake false expectations</li> <li>- If Beneficiaries' Biography presents <u>stress related, distressed</u> or even traumatic <u>symptoms</u>, promote <u>Psycho-education</u>, by explaining the affected why they feel like they do ("<b>Concept of good reason</b>")</li> </ul>	<ul style="list-style-type: none"> <li>- Affected person should learn and understand what is happening with him (<b>Psychoeducation</b>)</li> <li>- Only those who recognize perceptions are able to regulate stress, can change behaviors, calm down and can afterwards can look ahead.</li> </ul>
<b>Time</b>	<b>Form / Type of Trauma</b> (acute /post trauma, short term / longer lasting repetitive, complex)	<b>Measures</b>	<b>Description</b>	<b>Justification / explanation for the usage of methods and tools</b>
			<ul style="list-style-type: none"> <li>- If Beneficiaries announce sufferings /symptoms, bad feelings from their own intention, reflect, observe possibilities (<b>Resource-Anamnesis</b>) that enable them to better deal with it and to create a secure, stable, calm condition again.</li> <li>- Strengthen his/her resilience in that context</li> </ul>	
1.2.3. Long term	Probably more effective and therefore recommended in post trauma phase, while	Explanation of the " <b>Traumatically stress response</b> " (die	See Annex xy (Figure of "die traumatische Zange" / traumatic forecps	Explanation of what happened to person in the consequence of bad / serious happenings and

activities	acute trauma demands stabilization and regulation at first step.	traumatische Zange) to the affected persons		incidents, to better understand and classify any emotional, physical suffers.

### !! 1.3. NAWA: information and exercises for traumatized persons

NAWA “the place of safety and security” (Kurdish) , is the title of information set, available in different kind of languages (Persian, fasi, dari etc.) which should be an assistance for traumatized refugees and victims of violence. It helps traumatized refugees, relatives and friends, to better understand what happens during a psychotrauma, and which behaviors are useful. The CDs – created by Prof. Dr. Cinur Ghaderi- available in different languages are a novelty, as they take into account cultural characteristics and are produced in mother languages of countries where access to such information is rarely available.

Link: [http://www.wiki.psz-duesseldorf.de/NAWA\\_%28CDs%29](http://www.wiki.psz-duesseldorf.de/NAWA_%28CDs%29)

2. Psychosocial Tools for Mother and Child (newborn up to approx. 3 years)				
If from logistical aspect possible, establish a Safe (Mother&Child friendly) Space, including breastfeeding corners.				
Time	Form / Type of Trauma (acute /post trauma, short term / longer lasting repetitive, complex)	Measures	Description	Justification / explanation for the usage of methods and tools
<b>2.1. Short term activities</b>				
2.1.1. Short term activities	Possible and helpful for acute- and post trauma types	Provide a variety of <b>playful activities for Mother and child</b> to create some normality, feeling of security and well-being	Variety of <u>playful activities</u> : - Nursery rhymes (culture related children songs) - View picture books, read out funny, subject adjusted and culture related stories for children - Finger plays	- to create secure feelings, to offer some “normality” and “fond habits” during stressful times and situation
<b>2.2. Long term activities</b>				

2.2.1. Long term activities	Consultancies are necessary for any Trauma affected persons, no matter if Trauma is still acute or already long time (weeks) ago...	Provide opportunity for the mother to <b>talk</b> and exchange <b>with professional consultants</b> / Aid workers of Centar Inventiva	<ul style="list-style-type: none"> <li>- <i>see above (p.1)</i></li> <li>- in addition any child related worries and concerns can be made a subject of discussion</li> <li>- etc.</li> </ul>	<ul style="list-style-type: none"> <li>- Mothers should understand what is happening to them /their children (Psychoeducation)</li> <li>- Only those who recognize perceptions are able to regulate stress, can change behaviors and calm down</li> </ul>
2.2.2. Long term activities	Possible and helpful for any type of acute- and post traumata	To teach the mother <b>techniques</b> for better <b>stress management</b> of their children in order to reduce occurring emotional pressures during their flight	<ul style="list-style-type: none"> <li>- Teach the mother to closely pay attention to their children to immediately recognize symptoms, signs of mental distress and discomfort</li> <li>- Encourage mother (despite her own suffers) for consoling receptions to her child(ren)</li> </ul>	<ul style="list-style-type: none"> <li>- enable mothers to quicker recognize and better deal with stress situations of their children;</li> </ul>
<b>Time</b>	<b>Form / Type of Trauma</b> (acute /post trauma, short term / longer lasting repetitive, complex)	<b>Measures</b>	<b>Description</b>	<b>Justification / explanation for the usage of methods and tools</b>
			<ul style="list-style-type: none"> <li>- Show and teach her helpful relaxation and breathing techniques to be applied to their children</li> <li>- etc.</li> </ul>	
2.2.3. Long term activities	Possible and helpful for any type of acute- and post traumata	<b>Re-framing of repeatedly upcoming nightmares</b>	<p>A) earn and teach children (by mother or care giver) to fall asleep with good thoughts and save comfortable pictures in mind</p> <p>B) If the child is willing, it should describe and tell the story of nightmare. Together care giver and /or mother with child different, better Endings should be developed, imagined, created. Child can</p>	<p>A) uncomfortable and stressful feelings can be avoided in advance when falling asleep and reduces child's fear for possible upcoming nightmares</p> <p>B) By changing the stories end, the nightmare's tension and threat is taken away. It is even possible to resolve and clear up</p>



			then choose the one he/she likes best. <b>Language necessary!!!</b>	nightmares by this.
2.2.4. Long term activities	Probably more effective and therefore recommended in post trauma phase,	Educate the Mother in general <b>Hygiene, Newborn / Child Health Care and Breastfeeding</b>	<ul style="list-style-type: none"> <li>- Provide pregnant women and women breastfeeding their children &lt;6 months with supplementary feeding rations and breastfeeding / Lactation counselling</li> <li>- Ensure improved Newborn/Baby Care and strengthen or teach feeding /lactating practices to mothers</li> <li>- Provide children aged 6-23 months with nutritious complementary foods and counselling for caregivers in appropriate hygiene and feeding of child</li> <li>- Applicate Hygiene Books, counselling cards, WHO Flyers, leaflets to Mothers</li> </ul>	
<b>3. Psychosocial Tools for Children</b> (pre-school age upwards). A quiet separated setting indoor is recommended. <i>General remark for short term activity:</i> any traditional games, dances, songs, and stories provide a sense of stability and continuity during crises, and therewith help to strengthen children's positive sense of cultural identity				
Time	Form / Type of Trauma (acute /post trauma, short term / longer lasting repetitive, complex)	Measures	Description	Justification / explanation for the usage of methods and tools
<b>3.1. Short Term Activities</b>				
3.1.1. Short term activities	Possible and helpful for any type of acute- and post trauma	Provide space for <b>free and/or assisted playing</b>	Create a play corner for children with a set of different toys (picture books, puzzle, etc.)	To create secure feelings, to offer some "normality" and "fond habits" during stressful times and situation
			Offer coloring picture	It is a helpful introductory way of

3.1.2. Short term activities	Possible and helpful for any type of acute- and post trauma	Provide the possibility for <b>creative Drawings</b>	Encourage children to free and creative paintings;  <i>Drawing is always method of choice, especially if language problems occur!!!</i>	making contact to the aid workers and also enables the child to express feelings and thoughts. When a child speaks about its drawings it is referring to itself
3.1.3. Short term activities	Mainly in acute phase during highest level of arousal, however <b>“out of space”</b> incidents can also happen in post-traumatic phases  <i>The tool is also appropriate for younger aged children!!!</i>	<b>Paradoxical Intervention as dissociation and stabilization technique</b> In highest level of arousal (“out of space”) the aid worker tries with paradoxical orders to irritate the child in order to interrupt the “happening”.	Important for aid worker to have a strong calm appearance, be submissive to authority. Examples when child is “out of space” tell him <i>1. “Count backwards from 100 in 5 steps”; 2. “Tell me subjects in room that are green”; 3. “Yes, scream louder, give everything”.</i> In Closing, when incident is over, conversation is necessary to describe what happened, for what reason. The child often isn’t able to name it due to fear shame	Objective is to irritate the affected person in order to interrupt the “freaking out”  <i>In case of language problems: Preparation of 1-3 (translated) cards can be helpful to show to child. Number exercises are always helpful!!!!</i>
Time	Form / Type of Trauma (acute /post trauma, short term / longer lasting repetitive, complex)	Measures	Description	Justification / explanation for the usage of methods and tools
3.1.4. Short term activities	Mainly in acute phase, when level of arousal initiates, however “out of space” incidents can also happen in post-traumatic phases.	<b>Self-regulation and stabilization technique</b> <b>Early intervention by children themselves</b> in order to prevent entering stage of crisis (“out of space”)	Helpful, necessary to talk and ask the child itself, finding out what measure could be suitable and helpful. Examples how children can intervene when they feel arousal rising up 1 put stones into the shoes 2 elastic rubber band around wrist joint 3 spicy sour things etc.	Early Intervention methods that offers child opportunity to self – regulate and prevent from entering stage of crisis (“out of space”)
<b>3.2. Long Term Activities</b>				
3.2.1. Long term	Probably more appropriate for children in post-	Perform <b>role plays</b>	The form of play (role-play) closely adheres to the needs of the child, making use of the	Playing helps the children to re-establish communication with their surroundings. It serves the

activities	traumatic situations.		medium of either animals or dolls No experience, whether such form of play is accepted due to their culture and habits!!!	purpose of helping the child express its feelings (grief and/or fear)  Language!!! TRANSLATION REQUIRED & NECESSARY!!
3.2.2. Long term activities	Possible and helpful for any type of acute- and post trauma phase	Offer exercise / Imagery method “Safe Place” as self-help technique	Effect and Guidance for this exercise procedure see Annex 1;	Imagery Methods are useful for helping the children to gain control over negative memories. The method “Safe place” implies that one creates a perception of a safe place.  Language!!! TRANSLATION REQUIRED & NECESSARY!!
Time	Form / Type of Trauma (acute /post trauma, short term / longer lasting repetitive, complex)	Measures	Description	Justification / explanation for the usage of methods and tools
3.2.3. Long term activities	More appropriate for children in post-traumatic situations. Not recommend in an acute trauma phase	Offer “Resources exercises” / Questions cards that stimulate and address positive memories	Examples for question cards see Annex 2;	The exercise underlines and emphasizes the importance to continuously integrate and include resource orientated thoughts and feelings into the psychosocial work with the children. With this card game good and effective approaches are offered to imaginative work with positive and strengthening subjects. Language!!! TRANSLATION REQUIRED & NECESSARY!!



3.2.4. Long-term activities	Mainly in posttraumatic phase ( also possible in acute trauma, as long as child is somehow stabilized)	<b>Dissociation stops – How to stop and interrupt overflowing memories (“the inner film”)</b> <b>“The principle of a remote control”</b> . Learn and teach child to control his/her own film!!  Very effective method for children!!!	To work with the method of a remote control, children always like it beforehand to draw, craft, design their own model. In next step discuss together with child(ren) what <u>main functions</u> the remote control can offer like for example # switch off / change # dark/light # change sound # fast forward # still image # soft focus <b>Functional examples:</b> 1 change of channel, start to watch a better nicer movie (better tool than to switch off) 2 fast forward terrible scenes of inner film 3 change / switch of the sound 4 soft focus to darken bad scenes , put fog above pictures Etc.	Try not to change the film, better to control it.... Discuss with child how it can modify the bad inner film, to make it bearable .... Always repeatedly ask the child during “functional changes” how it feels ....  Self-efficacy!!! “There is a lot you can do yourself to support your own healing process!”
Time	Form / Type of Trauma (acute /post trauma, short term / longer lasting repetitive, complex)	Measures	Description	Justification / explanation for the usage of methods and tools
3.1.5. Short term activity (but needs time in its preparation)	Possible and helpful for any type of acute- and post trauma phase	<b>Resource Exercise</b> <b>“The Emergency Suitcase”</b> <b>Emergency List</b> <b>A unsorted</b> <b>B sorted</b>	A Create your own emergency list (unsorted). <i>“What until now helped me so far, what in concrete can I do, when I am not doing well?”</i>  B Sort your above created list. “What can I do at first, and then step by step in concrete, when I am not doing well ?”  Format for Emergency List (sorted and unsorted) see <b>Annex 3</b> .	Let children exchange in order to collect different things that might help them in stressful situations. I prioritization is helpful so that in acute situation no further decision making is necessary.  Children like to create their own kit / box. Once it is equipped it should be put at a safe, visible, present place. A “Group Kit” is also possible!!!

3.1.6. Short term activity (but needs time in its preparation)	Possible and helpful for any type of acute- and post trauma phase	<b>Resource Exercise</b> <b>“Encourage / inspiration stones or “pearlnecklace”</b>  <b>Effective tool for children during their flight!!!</b>	Let the children select a nice stone or craft their own pearl string for neck or wrist. The stone or each pearl can stand for a different resource the child can revert to in stressful situations or when bad memories come up.	The gift can be picked up and help the children to gain control over bad memories and situations! The stone /pearls emphasize the importance to continuously integrate and include resource orientated thoughts and feelings i
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4. Art and Music-therapeutically non-verbal stabilization methods for all ages, adults and children				
Time	Form / Type of Trauma (acute /post trauma, short term / longer lasting repetitive, complex)	Measures	Description	Justification / explanation for the usage of methods and tools
<b>4.1.Art – therapeutically Method</b>				
Short term activities	Possible for any type of acute- and post trauma	Individual or “Group”- Painting with <b>Soft Pastel Crayons</b>	<p>Topic and content of paintings can vary...</p> <ul style="list-style-type: none"> <li>- let them paint whatever they want</li> <li>- let them paint their “own safe place”</li> </ul> <p><b>Group Exercise “The tree and its gifts”</b> Ask group members each (4-6 persons) to paint a tree (tree= as a symbol of strength, firmness, rooted, nature, life and beauty etc). After some time, the facilitator asks the group members to forward their painting to its neighbor. Now request them to paint a gift for the arrived tree (fruits, water, sun, birds, animals, children etc.) Repeat and forward the paintings inside</p>	<ul style="list-style-type: none"> <li>- effective Resource Exercises</li> <li>- working with Soft pastel can have a creative, calming and relaxing effect on the person concerned</li> <li>- Special advantage of Soft Pastel Crayons is that besides painting with it, you can also wipe the colors, by using your fingers.</li> <li>- When the painting is finished, fix it with Hair Spray!</li> </ul> <p><b>Caution!!!</b> Working with oil chalk is also possible. But be aware that</p>

			the group until your tree painting of origin returns to you (now with many gifts that your group colleagues made to your tree)...a fascinating "Ressource exercise" to share your exposure with others and receive it in return with many gifts.	toddlers like to take things into their mouth...Watch out that they do not swallow it and also check whether the oil chinks are made from materials that are not dangerous for children...
<b>4.2.Musical Stabilization Techniques</b>				
Short term activities	Possible for any type of acute- and post trauma	<p>Individual or "Group" Exercises possible</p> <p>Usage of music can be a very use-and helpful non-verbal method for traumatized refugees to stabilize. However it has to be carried out very cautious &amp; careful,as it can also lead to irritations, discomfort or even trigger traumatized people. Small short exercises are recommended in the beginning to watch and see how people / children react on it.</p>	<p><b>Usage of different instruments possible!</b> Principally they are divided in 3 Groups: 1 Rhythm instruments (mainly drums) 2 Sound (example: sound bowls, bells, , string instruments 3 Melody (instruments with different tones, xylophones, guitar).</p> <p>A cheap effective exercise is also the "<b>Body Percussion</b>", creating Rhythm perceptions. Rhythm creates a save hold.</p> <p><b>Specially for children:</b> play - moving songs (like for example "Aramsamsam"</p>	<p>As very useful and effective are especially <b>Drums</b>, and <b>as a beginning- instrument</b> recommended. Not only children mostly love playing drums, and <u>the arising beat and rhythm mostly give some sort of "save hold"</u>.</p> <p>String instruments (which are somehow floating, less structured) can also lead to emotions that go "into fast expanse". Such sensations can (but do not have to) also lead to fear and discomfort. Therefore it should be tested first in small short exercises with the participants if they like it or not.</p>

## Annex 1: Exercise on creating a Safe Place

Imagery Methods are useful for helping the children to gain control over negative memories. The method “Safe place” implies that one creates a perception of a safe place. It is based on a relaxation exercise where the child is asked to visualize, describe and/or draw a particularly “good place, a place characterized by well-being and security, a place it feels good to visit using imagination. Young children can, for example, visualize mother or father sitting beside their bed and reading, singing or talking and that they took them snugly in at night before they go to sleep. This positive image can later be activated to help the child alleviate the anxiety and tension, awakened by the negative memories. When the child has created such a safe situation or place, one can then observe whether the child appears to be comfortable while they are thinking about it.

### Guideline and instruction given to the child:

#### Safe place and compassionate colour imagery

In this imagery we are going to try to *create a place* in our mind – a place that could give you the *feeling of safeness and calmness*. If you are depressed or distressed those might be difficult feelings to generate, but the act of trying, and the sense of *it being* the sort of place you would like to be, is the important thing. So remember, it is the act of trying the exercise that is important, feelings may follow later.

The place may be a beautiful wood where the leaves of the trees dance gently in the breeze. Powerful shafts of light caress the ground with brightness. Imagine a wind gently on your face and a sense of the light dancing in front of you. Hear the rustle of the leaves on the trees; imagine a smell of woodiness or a sweetness of the air. Your place may be a beautiful beach with a crystal blue sea stretching out to the horizon where it meets the ice blue sky. Under foot is soft, white, fine sand which is silky to the touch. You can hear the gentle hushing of the waves on the sand. Imagine the sun on your face, sense the light dancing in diamond spectacles on the water, imagine the soft sand under your feet as your toes dig into it and feel a light breeze gently touch your face. Your safe place may be by a log fire where you can hear the crackle of the logs burning and the smell of wood smoke. These are examples of possible pleasant places that will bring a sense of pleasure to you, which is good, but the key focus is on a feeling of *safeness* for you. These examples are only suggestions and yours might be different to these.

### The Exercise

Engage in your soothing rhythm breathing and when you're ready try to create a place in your mind – a place that could give you the feeling of safeness and calmness.

- Imagine looking around you, what can you see? It might be a beautiful wood where the leaves of the trees dance gently in the breeze. Powerful shafts of light caress the ground with brightness. Or it may be a beautiful beach with a crystal blue sea stretching out to the horizon where it meets the ice blue sky. Or relaxing next to a log fire.
- Now focus on what you can feel, like the sensation of the sun on your face or a breeze caressing your hair. Or can you feel soft, white fine sand underfoot, which is silky to the touch.
- Next think about what you can hear. Can you hear the rustle of the leaves on the trees, or birds, or crackling fire or the gentle hushing of the waves on the sand.
- Now think about whether you can smell anything such as the salty smell of the sea or the smell of wood smoke or a sweetness of the air.
- When you bring your safe place to mind allow your body to relax. Think about your facial expression; allow it to have a soft smile of pleasure at being there.
- Imagine that, *the place itself takes joy in you being here*. Allow yourself to *feel* how your safe place has pleasure in you being here. Explore your feelings when you imagine this place is happy with you being there. Even if it is just a fleeting sense of where the image might be, try to create an emotional connection to this place.



## **Annex 2: "Resource Exercise - Questions Cards"**

In general question cards can be done by one selves. They should intend to arouse positive, good feelings, be vital, full of "thirst of action", arouse feelings of joy and happiness, power but not tiredness.

### **Possible formulation of questions:**

- 1) From everything that you have achieved in life, what is it that you are mostly proud of?
- 2) If you could chose a powerful animal, which one would fit very well to you?
- 3) Once you felt full of energy, what was it like?
- 4) If you feel alive and vital from the head to your toes, what does it feel like?
- 5) One day in the body of the other gender, how would that be?
- 6) Tell a joke!
- 7) Barefoot walking at the beach...!
- 8) What was it that lately made you laugh?
- 9) In which way do you recover the best?
- 10) Tell us about a funny incident with your child / friend etc.
- 11) What would a nice excursion day look like?
- 12) What are the 10 most important success stories in your life?  
(if not possible to answer, or after a TRAUMA, you can also ask.....)
- 13) What are your 3 most important successes, since you are in Germany?

## Annex 3\_1: Resource Exercise “The Emergency Suitcase”

### Emergency List (unsorted)

**“What until now helped me so far, what in concrete can I do, when I am not doing well?”**

( if fear, panic, desperation appear, or impulses that can do harm to me or others, or grasp to addictive substances or any other addictive behavior...)

[illegible]

## Annex 3\_2: Resource Exercise “The Emergency Suitcase”

### Emergency List (sorted)

## “What can I do at first, and then onwards, when I am not doing well?”

(Relaxation, mindfulness practices, Sports, movement, Nature, Animals, Talks, go for a walk, reading, playing, listen to music, make music, favorite odors/smell, Imagination exercises ...)

[illegible]

For Protection: external / outside assistance (Friends/ therapist)

For Protection: external / outside assistance (Doctor, Clinic, Police )