

*A therapeutic training course for traumatised adolescent refugees  
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# A therapeutic training course for traumatised adolescent refugees

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*This article describes a therapeutic training course suitable for traumatised adolescent refugees, aimed at coping with nightmares. The training connects directly with the complaints and symptoms of these refugees. As a result they feel less helpless. Sometimes this training becomes a point of departure for therapy during which traumatic experiences are discussed.*

**Keywords:** adolescents, unaccompanied minors, PTSD

## **The problems of adolescent refugees in a western country**

A substantial amount of the refugees arriving in Western countries are adolescents. The majority of them are not accompanied by their parents, and thus are unaccompanied minors. When these adolescents are referred to a mental health facility, they often suffer from symptoms of Post Traumatic Stress Disorder; such as nightmares, intrusive memories, tiredness, and loss of concentration, outbursts of anger, and a depressed mood. Moreover, these young people frequently find themselves in a social isolation; they often have little trust in others and a low self esteem. Often they have become apathetic. As asylum seekers, they have an uncertain legal status which blocks each perspective on their future. Yet

they are faced with the task of growing into adults in a culture that is alien to them, without support from their relatives and a wider social network. Because of the symptoms, they often do not look after themselves well, underachieve at school and dysfunction in their contacts with others.

Many of these youngsters have been kidnapped by rebel groups and have been (forcibly) made child soldiers.

## **Lack of skills**

In the Sinai Centre, a Jewish<sup>1</sup> centre for Mental Health Care in The Netherlands, a therapeutic approach was developed for this target group. This approach is based on the assumption that adolescents suffering from with post-traumatic reactions need to acquire three kinds of skills (Van der Veer, 1998):

1. *self observation*, by which they can signal the first signs of emotions that could overwhelm them, such as anxiety, anger, confusion. These signs are often physical sensations, such as a feeling of pressure behind the eyes or trembling hands, but also certain thoughts like 'they treat me badly because I am a refugee' can be a signal. By giving these signals some thought, the client group learns that overpowering physical sensations, feelings or thoughts are auto-

matic reactions to some external cue. They will also learn to link the occurrence of such signals to certain situations and events. Stimulating the refugee to keep a diary or to make notes of their symptoms may help him to develop this skill.

2. *skills to prevent being overpowered by emotions:* like engaging in soothing activities such as relaxation and breathing exercises; letting off steam through jogging, exercises inspired by the martial arts and other forms of physical exertion; expressive activities, like making music. The therapist can advise on these matters.

3. *cognitive skills that are necessary to think in a balanced way about existential and moral issues,* such as being able to think on the basis of a hypothetical situation. For example: it may be helpful if an adolescent can form a picture about how his parents would judge him *if* they were still alive and had a full understanding his experiences and position. These matters can be discussed during therapy.

## The training

During the initial interview it often becomes clear that the adolescent would rather not talk about the past. As their therapist I will not insist that he does, but ask permission to read a copy of his request for asylum which usually explains why they have applied for asylum. Instead, an overview is made of the present day problems of the adolescent. The training has three phases.

*Phase 1: Preparation.* Because of nightmares, the youngster is often afraid to go to bed, or afraid to sleep. I first talk to him, about what his bedroom looks like, how the bedroom is decorated, whether it is a nice accommodation, whether he may feel safe in his bedroom, and whether the bedroom has some articles that belong to him, etc. I

always keep some knickknacks and presents to give him so that he can have something of his own in his bedroom.

A small night lamp can serve as an identification mark when he wakes up from a nightmare.

We draw a floor plan of the bedroom and we discuss what he likes about his room, or what should be changed.

*One boy had his bed near the heating. During his nightmares he hurt his head against the knob of the heating several times. Simply moving the bed could prevent this. One girl always became frightened when she heard someone walking in the corridor. She felt much safer when her bed was moved so that she could see the door and the window.*

We talk about fresh air. The Dutch are brought up with open windows and fresh air for a healthy night's rest. We investigate what they need at present: they may rather like a hot stuffy air in the room to fall asleep, but this may also be experienced as stifling when waking up.

I also discuss with my pupils what clothes they like to sleep in: cotton nightdresses or synthetic sweaters that make them sweat a lot. This also applies to the bedclothes. I usually advise them to wear a cotton nightdress.

Then I discuss with the young person what his condition is when going to bed: is he tired; has he had an unpleasant conversation, or has he seen an action film? We discuss the most favourable circumstances for going to bed: the one would prefer to go to bed after playing football; others may prefer to go to bed after listening to music with the walkman or after talking or daydreaming about how it was when he was at home.

I tell them about the typically Dutch custom of hot milk with aniseed or honey and try to find out what hot drink they would like to have before going to bed.

We also discuss the activities of the day, and

try to find out whether they could possibly influence the night's rest, and whether there are any activities that may or may not induce nightmares.

This may seem matters of minor importance, but my pupils like it when they can exercise influence on their sleep comfort. This is also the principle of the training: clients must feel more in control with regard to having a good night's sleep.

*Phase 2: Waking up from a nightmare*

When a young person has had a nightmare he is usually tense when waking up. He may have thrashed about, he often has a contorted posture and is afraid to re-enter the space of dream.

The first step is therefore about *getting back to reality*, and is focused on bringing him back to here-and now: 'Look at the night lamp or at the light, and say to yourself: I am safe, I am in the Netherlands', etc.

The second step is the *regulation of breathing*. During the anxiety of the dream, the youngster often pants and breathes shallowly. By vigorously breathing out, the contents of the lungs are ventilated which gives him a relaxed feeling. This exercise is described as 'deflating'.

The third step is *relaxing the muscles*. Often fists are clenched, and the head is locked between the shoulders, etc. In the nightmare the youngster may have dreamed that he could not run away because his legs were paralysed and rigid, waiting for the shot from the pistol against his head. By working with the muscles, the rigidity of the muscles will relax.

The fourth step is therefore *leaving the bed* and moving about for a while, swinging arms and legs, turning the head and giving the scalp a hand massage where tension is highest.

It is also important to *drink* something nutritious, or eat something. Much fluid and

energy has been used during the nightmare, and it is sensible to replenish these substances for the body to recover. 'Go to the toilet/bathroom for passing water, in order to remove the waste products.

Before going to bed again it is necessary to find *diversion*: 'you may take a shower or listen to music for a while, depending on what works for you personally'.

The last step is *going back to bed* to get some sleep or to relax. 'You may think of the nice memories you had of the time before the period of violence'.

By going through these steps, youngsters may recover physically and mentally more quickly from the nightmare. The next morning they will be less exhausted, have less muscular pain, their moods may be less gloomy, and they will be able to focus better on the actual situation in the here and now.

*Phase 3: the subject matter of the nightmare*

If a relationship based on mutual trust has been established, it may become possible to discuss the content of the nightmare. According to Sjeff de Vries (2000, p.241) 'it is paramount that the client understands why these phenomena take place. The occurrence of nightmares and flashbacks has a function: what once was a necessary repression is now a breakthrough to integrate the experience. It is a sign that the sufferer wants to get over his experiences, and that they will disappear gradually if they are carefully observed and discussed'.

It is my experience that some adolescent refugees won't accept this explanation. The contents of the nightmare may refer to a reality they cannot accept yet.

*Li, a Chinese girl with a six-month-old baby, fled the country together with her parents. She had become pregnant after being raped by one of the human traffickers. Her parents perished during the flight. In her nightmare, her parents were killed by*

*the baby's father. She assured me that her parents were drowned, because that is what the smugglers told her.*

*Mohammed, a child soldier, experiences two things in his nightmare: he feels an intense fear for the rebels that killed his parents and raped and killed his sister. At the same time he hears the screaming of the victims of his own actions: he had mutilated people, and had set fire to huts with whole families inside.*

Instead of elaborating on the meaning of the nightmare, I explore together with the pupil whether it is possible to *influence* the contents of the nightmare, and/or to change the effect (being a victim, feeling powerless). First I explore *who* may be able to help the pupil with this. Often they name figures from their own set of relatives and culture. We explore how these figures can give them power during the nightmare.

*It so happened that a boy from Sierra Leone now hears his mother's voice in fearful moments, telling him the steps of the training: 'You are safe now, breathe out deeply,' etc. and then he wakes up peacefully (and is sad about his mother).*

*From another boy I learned that he received charms against nightmares from an African Imam, and these were effective when combined with my 'incantations'.*

In our talks we try to build up the strength these pupils already (unconsciously) have. It is in fact strengthening their coping skills. I make former child soldiers realise that they made a different choice: they opted for leaving the country without knowing what their future would be. It was their choice *not* to kill and *not* to torture any more. It had never been their choice to start it all. *In reality*, they defeated the enemy that is threatening them in their nightmare. Together with them I explore how they may defeat the enemy *also during their nightmare*, and who may be able to help them in doing so. If they have had a heavy day and realise

that there is the chance of having nightmares, they must think this over before sleeping. I tell them: 'Dare to confront the enemy, and realise that you have won. Tell yourself before going to bed: "I did not let them kill me, they did not get me'.

*In his nightmares, Achmed experienced that he was threatened again with a gun against his head. He fled uphill, but was unable to run. In one of his last nightmares he turned around with a feeling of 'come on then, its ok'. He woke up differently and realised that he had not lost out to his fear.*

Influencing the content of the nightmare and diminishing the effect of the nightmares depend on external factors, such as the future in our country, social contacts, having a place at a host family, religion, sports club, band, etc.

### Dealing with gruesome stories

When a client tells his or her story I listen with empathy. In my mind I connect my own images to their story. If the story becomes too gruesome, a protective mechanism seems to be unconsciously activated. My mind drifts away and I find myself thinking about such matters as what to cook for dinner that night. As soon as I am aware of this, I interrupt my client's story and explain what happened to me. The contacts between the victims of violence and persecution and myself are often fragile and sensitive, especially if they are willing to tell me what happened to them. By telling them how I experience this, they feel acknowledged and realise that I take the matter seriously.

### References

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<sup>1</sup> The Sinai Centre provides assistance to both Jewish and non-Jewish clients

*Marieke van de Weem-de Jong has worked as a socio-psychiatric nurse for the Sinai Centrum since 1990. She developed a module for nurses about dealing with patients suffering from PTSD*

## Notice to readers

The Editorial Board is privileged to introduce a new member of the International Board of Editors: **Victor Igreja** (Mozambique) Psycho pedagogue, medical anthropologist, & war trauma researcher (MA). He is affiliated to Leiden University Medical Center, Department of Culture, Health and Sickness, Leiden, The Netherlands.

The Editorial board also welcomes the support of three new Regional Editors: **Lesley-Ann Barnett** (Midrand Graduate Institute: South Africa), **Mohammed Farrag** (Middle East; ACCESS Center for Psychosocial Rehabilitation of Torture Victims), **Berenice Meintjes** (South Africa; SINANI KwaZulu-Natal Programme for Survivors of Violence). These Regional Editors will provide support to *Intervention* by keeping track of psychosocial initiatives in their region and facilitate the sharing of valuable field experiences or insights with the readers of the journal. They will encourage practitioners to contribute to *Intervention*, and give assistance with the production of articles or other contributions where necessary.