Trauma-Aid, Humanitarian Assistance Program Germany

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Trauma-Aid Germany was founded in 2002 by dedicated eye movement desensitization and reprocessing (EMDR) therapists to help people traumatized by calamities, disaster, or violence to overcome the psychological consequences and regain emotional stability and mental health. Trauma-Aid, also known as the Humanitarian Assistance Program Germany, works in crisis areas abroad, offering nonprofit trainings in EMDR therapy and establishing projects to support and treat trauma victims and survivors. Projects in China, Slovakia, Indonesia, Thailand, Cambodia, Burma, Rwanda, and Haiti, in cooperation with other nongovernmental organizations and the German government, have supported trained participants in the treatment of clients in the respective countries and the initiation of local research projects. The basic principle is to work with networks of local practitioners or mental health worker, experts, and universities to establish structures that will maintain themselves in future. Nearly all countries to which Trauma-Aid Germany has taken training have meanwhile set up their own EMDR organizations, with many local EMDR trainers already trained or in training.

Keywords: eye movement desensitization and reprocessing (EMDR) therapy; disasters; Trauma-Aid Germany, Humanitarian Assistance Programs; therapist training

This article discusses the development of Trauma-Aid, a German nonprofit organization that conducts trauma therapy trainings, especially in eye movement desensitization and reprocessing (EMDR), in countries where people cannot themselves afford specialized trainings. Starting with small projects at first, and teaching mainly in cooperation with local experts, Trauma-Aid successfully implemented three big projects between 2007 and 2014: the Aceh-Project (2007–2010) in Indonesia; the Mekong-Project, combining project-parts in Indonesia, Thailand, and Cambodia (2010–1014); and the Haiti-Project (2010–2012). During this period, Trauma-Aid was also able to access funds to employ trained therapists in the treatment of traumatized clients in the respective countries.

Trauma-Aid, Humanitarian Assistance Program (TA-HAP) Germany's core training approach uses EMDR therapy, an innovative and integrative clinical treatment developed in the late 1980s by Dr. Francine Shapiro, a psychologist and senior research fellow at the Mental Research Institute in Palo Alto, CA (Shapiro, 1989, 2001). EMDR is an evidence-based psychotherapy for posttraumatic stress disorder (PTSD) and is also successful in treating other psychiatric complaints, mental health problems, and somatic symptoms. EMDR theory rests on what Shapiro termed the *Adaptive Information Processing* (*AIP*) *model* (Solomon & Shapiro, 2008), postulating that most psychological distress symptoms relate to the maladaptive encoding, or incomplete processing, of traumatic incidents or adverse life experiences. This weakens the client's ability to integrate these experiences in an adaptive way (Shapiro, 2012).

EMDR is a comprehensive therapy integrating many of the successful elements of other therapeutic approaches, combining them with eye movements or other forms of bilateral stimulation (Shapiro, 2001). The goal is to stimulate the brain's information processing system to reprocess dysfunctionally stored memories toward more adaptive resolution.

EMDR is one of only two treatment methods recommended for trauma by the World Health

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Organization (WHO), which states in its 2013 guidelines

> Like CBT with a trauma focus, EMDR therapy aims to reduce subjective distress and strengthen adaptive cognitions related to the traumatic event. Unlike CBT with a trauma focus, EMDR does not involve (a) detailed descriptions of the event, (b) direct challenging of beliefs, (c) extended exposure, or (d) homework.

Establishment of the First EMDR Humanitarian Assistance Programs in Europe

After the huge success and fast development of EMDR therapy and trainings in the 1990s (Maxfield, 2009a, 2009b; Shapiro, 2002), EMDR spread rapidly in many European countries, especially at first in Germany, Italy, France, Spain, The Netherlands, and United Kingdom. Around the turn of the century, European EMDR practitioners resolved to follow their EMDR colleagues in the United States, where what was first called *EMDR-Humanitarian Assistance Program* (*EMDR-HAP*) is now known as *Trauma Recovery*, and set up nonprofit humanitarian assistance programs aimed at alleviating the traumatic distress of natural or man-made disaster and crisis in countries elsewhere in Europe and in Asia and Africa. Working not only internationally in crisis areas but also on a national level and offering nonprofit trainings in EMDR and in the treatment of trauma victims, the shared purpose of HAP organizations is to help people overcome the psychological consequences of calamity, disaster, or violence and regain emotional stability and mental health. Activities focus on those countries that do not yet have the necessary knowledge and education in psychotraumatology and EMDR.

Under European law, donations to nonprofit and nongovernmental organizations are tax-deductible only in the countries in which they are made, so each nation in Europe has had to develop its own national HAP. TA-HAP Germany was founded in 2000 as the first European HAP organization. Because there were colleagues from other European countries already taking part in TA's first projects, the idea arose to spread HAP's work more widely in Europe, intensifying each country's individual efforts, synchronizing national plans for the nonprofit teaching of EMDR, and all leading to the establishment of an umbrella organization in the form of HAP Europe.

During an EMDR conference in Frankfurt in 2002, a 12-nation international group founded EMDR Europe, with structure and bylaws at first accredited in Germany and then moving in 2007 to Switzerland. Many other European HAP organizations followed, including Belgium, Denmark, France, Israel, Italy, Norway, Spain, Sweden, Switzerland, The Netherlands, United Kingdom, and Ireland. Some of the national therapists developed their own infrastructures, with separate constitutions and articles of association, whereas others formally associated with their national EMDR organizations or operated just as private persons doing humanitarian work.

Today, EMDR Europe HAP is an organizational network responsible for the promotion and development of EMDR as an evidence-based and empirically supported psychotherapy, in assisting communities affected by the consequences of psychological trauma.

Trauma-Aid

As one member of the European HAP network, TA Germany links with partner organizations to enable and/or coordinate the teaching and learning of EMDR as a humanitarian intervention by training experienced mental health workers in communities experiencing psychological trauma in the aftermath of conflict or disaster and encouraging research in ways to break through cycles of violence.

An important principle for the good choice and planning of TA-HAP projects is the solid support from colleagues in cooperating countries as well as from local health workers and nongovernmental organizations (NGOs). These will function as multipliers in their country, either as trainers or supervisors, and they can also be supported in pursuing academic tracks and/or collaborating with local universities or nonprofit organizations.

Historical Development

Starting with the first projects, the participants of the first HAP Europe meeting in 2002 discussed different types of trainings for humanitarian EMDR projects, ranging from simple practical support to the provision of funds or manpower. At all times, responsibility for projects lays with licensed clinicians trained in EMDR therapy and with experience of work with a wide range of trauma diagnoses. Because the emphasis lay on transferring skills and knowledge of trauma therapy to countries with perhaps a different cultural background, teaching teams were made up of experienced therapists and trainers who already had a rich background of group work and supervision. All persons active in the HAP projects work on a

voluntary basis, without payment from their sponsoring organizations.

The first EMDR trainings were held in countries that already had at least partially developed psychiatric and psychotherapeutic education and trainings. Consequently, teaching focused on two-part EMDR trainings for therapists and medical practitioners already versed in the establishment of psychotherapeutic relationships and the practice of therapies in general. TA has also taken training to countries without a tradition or practitioners of psychotherapy. Encouraged in this by the German-speaking branch of the International Society for Traumatic Stress Studies, TA started to offer training in the basics of psychotraumatology besides EMDR itself; for example, in assessment and diagnostic skills, awareness, and stabilization techniques, aiming to give a broad perspective of skills in general trauma therapy. Part of this approach is continuing education and supervision after the end of the initial trainings.

Besides direct teaching in workshops for psychotherapists, locally trained colleagues and HAP activists from abroad offer psychoeducation and promote presentations, meetings, and publications about the effects of trauma on mental health, especially aimed at conflict prevention. There has also been good and fruitful cooperation and exchange of information with other humanitarian organizations outside the immediate trauma-focused community.

Trauma-Aid Humanitarian EMDR Projects

Selecting Projects

TA finds that the success of a project depends critically on careful evaluation in advance and on the project partners in the recipient country. It is therefore essential in the early stages to find out as much information about the following on an institutional level:

Will the Project Have Political Backing? This is important on both national and local levels because the degree of political support impacts on logistics, workshop facilities, visa invitations, and other relevant permissions being granted. It is also critical on an institutional level, in terms of impact on cooperation with universities, medical institution, and so on.

Can the Project Partner Make a Long-Term Commitment? Is the project partner and/or institution willing to commit to the project long term? All project participants will need more than 5 years of personal development to become skillful and experienced teachers with the appropriate local credibility to take EMDR forward.

Can the Project Partner Liaise With Other Organizations? Is the project partner willing and able to network with other interested associations and organizations within the country because this has to be the basis for development and cooperation with NGOs, political institutions, professional clinical groups, and other organizations promoting traumatology. It is counterproductive to focus on one group of practitioners only; for example, on psychiatrists at the expense of psychologists.

Qualities and Competencies for Direct Cooperation Partners

In cooperation with other HAP organizations, TA developed a list of qualities and competencies for direct cooperation partners. First and most important is professional integrity and professional qualifications, combined with a good reputation in the host country. An academic background with university links and already-established contacts with professional community/organizations in the host country are always helpful. We seek multipliers who are motivated to spread learning in the area of traumatology and EMDR. Sometimes, it is not easy to find a colleague who is not too egocentric or in search of personal gain, either financial or reputational. Because most team support comes from abroad, internationally oriented individuals are required who are good at languages and team players as well as team leaders with the good social skills essential for developing and establishing constructive relationships with TA trainers and participants alike.

Because projects last always several years, TA Germany depends on responsible and reliable cooperation (e.g., prompt responses to e-mails), and on committed individuals good at organizing and capable of choosing appropriate participants for trainings and involvement in projects.

Logistics

As with any human undertaking, problems and pitfalls are part of the development of any project, so TA aims to work with at least two contact persons in each country/region, ideally with teams from professional organizations such as universities or NGOs.

Project Objectives, Designs, and Funding

Funding agencies in Germany (*Terre des Hommes*), together with the German Ministry of Cooperation, focus their humanitarian and developmental aid work

on populations in need, mainly women and children. TA projects center therefore on this client-oriented objective, seeking to build efficient services for these populations within a defined time frame, usually 3–4 years. Cooperation and networking with local institutions and NGOs, private and official, supports the sustainability of project objectives after the end of the financing period. For the maintenance of psychological services, appropriate supervision must be in place, with qualified therapists as project staff—and this in turn requires sufficient funds and a monitoring team to accompany the process effectively. A reliable local partner organization is essential for the management of funds and the longer term implementation process.

Agencies, and especially government institutions, have, of course, their own funding priorities and definitions for developmental aid; and, as well as that, natural disaster or conflict can sometimes mean money is prioritized for particular countries or events. For TA, this means adapting to events and seizing opportunities as they unfold, as with Aceh after the 2004 tsunami and Haiti after the earthquake. Once significant sums have been committed, and projects successfully implemented, there is a greater likelihood that funding will be continued.

For successful funding, good personal contacts to the staff of the funding agency are critical. Otherwise, even with an excellent project, the best proposals might end up in the dustbin. It is also an unfortunate fact that development agencies are still reluctant—although this is changing slowly—to commit funds to "psychological help" because mental health continues to be positioned lower on development aid priorities.

Ensuring a match between TA's project ideas on the one hand and the objectives and budget lines of different funding agencies on the other is hard work, requiring much patience and a willingness to adjust TA priorities toward opportunities offered. A good prior knowledge of the region and of the local situation is also essential, highlighting the value of preliminary needs assessments in the support of all project initiatives. As a result, the most successful of TA's projects tend to be those which combine training and therapy treatment for a period of at least 3 years.

Humanitarian Training Programs

The major aim of TA is to improve the quality of trauma treatment for people who have been exposed to violence and other forms of extreme psychological distress. To achieve this, TA focuses on the training of therapists in countries where so far no sufficient training in psychotraumatology is available. European standards of training and therapy are taken as the relevant quality level.

The basic course in psychotraumatology introduces psychotherapists to the specific problems related to coping with traumatic events. Trainees learn about diagnostic techniques (including specific tests), systemic perspectives, and new insights from neurobiology. This first phase also focuses on the stabilization of the client as the basis for all further treatment, using, among other things, imaginative and hypnotherapeutic methods. Some specific techniques using a more confrontational approach are also introduced.

The second training phase includes information on differential diagnostics, comorbidity, and learning to tell the difference between simple and complex traumatic stress symptoms. EMDR is at the heart of this training, introducing bilateral stimulation via eye movements, sounds or physical "tapping" with the hands, both for the mobilization of positive psychic resources, and for the processing of stressful (traumatic) events. These are often found to be the root cause of a much wider range of mental illness than just PTSD. Moreover, to enhance significantly the effectiveness of therapeutic treatment, EMDR integrates elements from other psychotherapeutic methods, including psychodynamic, cognitive behavioral, interpersonal, and body-oriented therapeutic approaches.

The third training concentrates on complex traumatic disorders. As well as diagnostics for complex trauma and dissociative disorders, trainees learn more about neurobiology and practice a range of hypnotherapeutic and other techniques to address the trauma directly within the EMDR method. For highly dissociative clients, some potential modifications of these techniques are introduced, such as working with fragmented memories or inner parts of the personality.

To ensure the continued quality of therapeutic skills and treatment, trainees are required to attend regular supervision between the training events, allowing them to refine further the methods they are learning. As with all good supervision, trainees present the cases they are personally working with and discuss how they are integrating EMDR into their own therapeutic approach. Diagnostic findings, treatment plans, and therapeutic interventions are discussed and fine-tuned to the specific case of the client.

To qualify as a supervisor themselves, therapists must have a firm grasp of the theoretical basics as well as several years of experience and a high degree of confidence in using various techniques with a wide spectrum of diagnoses. They need good didactic

teaching skills and sensitivity in working with clients from differing cultures and traditions.

The next step in the training sequence is to become a facilitator. Here, supervisors are taught how to instruct and support most effectively small groups of therapists during training seminars.

The last step in training is to become a trainer oneself. This requires as a rule many years of experience as a therapist and an excellent command of the underlying theoretical knowledge, not only regarding traumatology. Very few participants reach this level because trainings are carried out according to extremely strict European standards.

Participants for HAP Trainings

The selection of the participants in TA trainings is crucial for the success of a project. Selection criteria depend on one hand on the specific demands of the project and on the potential that professionals in the respective country can offer. In discussions among HAP organizations, it was agreed that HAP trainers need to have some input into selecting participants for HAP trainings. TA has to depend largely on the project partner in the host country, but our experience shows that, without guidance, participants are sometimes chosen inappropriately.

If the project consists of the first two EMDR training units only, in general, the organizing hosts will select the participants. If the project is more complex, for example, extending over several years (as with projects in Indonesia, Thailand, and Haiti), TA conducts an assessment before starting the selection process. The following guidelines were drawn up following discussions within the HAP Europe group.

- Candidates for HAP trainings should provide a detailed curriculum vitae (CV) in English, supplied by the national organization supporting the training and as a responsibility of the project partner.
- Trainees should be licensed and are mental health practitioners in their own countries, and of course, TA-HAP has to accept the rules and criteria of the host nation and accrediting bodies.
- In countries where there are no organizations that set professional standards (e.g., in some countries in Africa and Asia), TA takes responsibility for assessing levels of knowledge and clinical experience at the beginning of the process.
- In some countries, training focuses first on basic knowledge, personal experience, and basic counseling skills, rather than on EMDR.
- The most important criterion is that participants should be chosen and trained in a manner that ensures they will at least cause no harm to potential clients. This might mean that they are instructed to abstain from using the standard EMDR protocol until both they and the client are ready.

China Project

In the People's Republic of China, despite its long experience of profound natural and man-made trauma (floods, earthquakes, political turbulence and revolution, famine, mine accidents, and much more), psychotherapy is not yet fully developed nor the consequences of frequent traumatization sufficiently diagnosed and treated.

Through private contacts, the Psychological Institute at Beijing University approached TA Germany, inviting them to conduct the first EMDR trainings in the Chinese capital. These began in August 2002 with 37 participants. Three years later, in 2005, 34 of these received their certificates as EMDR trauma therapists. TA-HAP Germany worked with HAP United States to deliver three further courses in Sichuan Province from 2008 to 2010. Two further TA-HAP Germany–financed courses were run in Beijing and in the northern city of Harbin between 2009 and 2011.

Since then, more than 300 therapists have completed EMDR training in China. Since 2009, what is formally titled the *Chinese EMDR and Trauma Therapy Working Group*, or more briefly *EMDR China*, has operated under the roof of the Chinese Mental Health Association. EMDR China's aim is to organize further high-standard EMDR trainings locally, to disseminate knowledge about this therapy method, and in the longer term to found an organization such as TA in China. Since the founding of EMDR-China in 2009, all qualified therapists are certified by EMDR-China; supervisors and trainers are still certified by EMDR-Europe and/or EMDR International Association. When the Chinese training began in 2002, knowledge of trauma and trauma treatment was at a low level. But as the training developed, that began to change, and many TA workshop participants brought their new expertise in stabilization, psychoeducation, psychological first aid, and early intervention to bear during the severe acute respiratory syndrome (SARS) flu epidemic and later after the Sichuan earthquake in 2008. Public opinion and the media in China now appear to understand rather better the importance of addressing the psychological consequences of disaster and tragedy.

Parallel to the basic trainings, there are also workshops for counselors (supervisors), facilitators, and trainers took place. At first, Chinese colleagues came to Germany and were trained alongside other

would-be trainers from other countries where TA and HAP have been working. More recently, counselors and therapists have been trained in China itself. Nowadays, about 20 supervisors are trained. In the meantime, China got its own traumatology organization; there are three EMDR trainers trained.

Furthermore, a comprehensive training for EMDR with children was conducted. The content of the seminar reached from attachment problems, basic neurobiological knowledge of trauma in children, and stabilization to EMDR with children and youngsters, focusing on practical exercises with all participants. Following the tradition of TA, teachers from Germany as well as from Thailand and from India supported the training with presentations and supervision of the small working groups.

Slovakia Project

There is a great need for trauma therapy in Slovakia, reflecting the country's own eventful history, the radical changes after the collapse of the Eastern Bloc and the breakup of former Czechoslovakia and separation from what is now the Czech Republic. Psychiatric clinics are overcrowded while being strapped for funds and notoriously badly equipped. And although Slovakia has since joined NATO and the European Union and now uses the Euro as its currency, when TA-HAP Germany started work here, the country still fell short in many ways of the standards of its West European neighbors.

Through personal contacts with a group of committed Slovak psychotherapists in Trencin, TA-HAP Germany was able from 2003 to 2005 to carry out first general training programs in traumatology. Forty local therapists underwent three trainings and several weekend supervision workshops. Since then, Slovak colleagues have established their own organization for psychotraumatology and EMDR, with one local trainer and several counselors and supervisors. Some of these colleagues have since taken part in trainings elsewhere in Europe and have attended European trauma conferences. A second and third training round with a further 40 participants took place between 2007 and 2013 and saw the active involvement of the first Slovak trainer, supervisors, and facilitators. Some of our Slovak team members have also been involved in other projects in Asia.

Rwanda Project

In October 2010, TA-HAP Germany concluded its first 2-year training in Rwanda, building on psychodynamic and resource-oriented trauma therapy. The participants were clinical psychologists, social workers, and psychiatric nurses. The course included five 3-day training sessions in the capital Kigali, which included skills and theory teaching and case discussions. Among other themes, the courses covered the basics of psychotraumatology, symptom diagnosis following trauma, therapeutic counseling techniques, understandings of psychodynamic relationship, distancing, strategies to activate patients' personal resources, and techniques for relaxation and reassurance. The participants successfully learned and began to practice new resource-activation strategies, developing and adapting these to fit with local culture. Despite some initial skepticism, several experienced remarkable success with imaginative stabilization techniques. Two TA-HAP Germany–sponsored Rwandan counselors completed their psychotraumatology and EMDR training during TA courses in Thailand in 2011 and 2012 and joined also the trainings in Haiti. They now work for the project in Rwanda.

In early 2012, TA-HAP began a new 2-year course in Rwanda for 30 trainees in psychodynamic resource-oriented trauma therapy. From the graduates of this course, 12 "prospective experts" will be selected who show a special aptitude for further training as trainers, and this will take place in the third year. Rwandan colleagues may also join in as participants and facilitators in a new TA Germany project starting in Kenya. In addition, teachers and priests who work daily with the consequences of Rwanda's trauma history have been instructed on how to deal with traumatic crises. Aside from higher level training, TA carries out basic 2-day coaching in psychotraumatology, targeting not experts but occupational groups. So far, eight of these coaching events have been held.

Southeast Asian Projects

Aceh: 2007–2013. After the 2004 tsunami and needs assessments study the following year, TA-HAP Germany began a 3-year project in Indonesia's Aceh province. The assessment had highlighted an urgent need for psychosocial support, reflecting not only the impact of the tsunami but also the consequences of more than 30 years of civil conflict. The project focused therefore on equipping Indonesia's educational system with awareness and knowledge of treatment options, especially EMDR, for the posttraumatic stress of victims of crisis and catastrophe.

In the first instance, 90 social workers were trained as psychosocial health assistants, able to identify the symptoms of posttraumatic stress, to coordinate professionally and give basic psychological support, and to refer clients as required to project therapists. Because

Aceh did not have enough clinical psychologists of its own, 14 local Indonesian therapists were taken on as project staff and trained in psychotraumatology and EMDR. By the end of the project, there were 2 Indonesian supervisors and 12 practitioners in Aceh itself. More than 3,000 individuals had been treated.

TA-HAP's local partner organization *Himpsi Jaya* (the Indonesian Psychology Association) managed and implemented the project, establishing the EMDR Association Indonesia, which went on to hold further trainings of its own in partnership with the University of Indonesia in Jakarta and also to organize the first Asian EMDR congress in Bali in 2010.

Mekong Project: 2010–2014. The Mekong Project, covering Indonesia, Thailand, and Cambodia, started during the last year of the Aceh project, allowing for particular efficiencies because Aceh therapists who already knew each other well brought their new expertise to bear in the added regions. Over 4 years, psychosocial services were established across the three countries, with 39 EMDR and trauma-trained therapists' altogether; 9 from Cambodia, 14 from Indonesia, and 16 from Thailand. Two supervisory trainings were held in addition. As a result, 14 independent supervisors trained to international standards were able to start work in the different project regions.

Trainer training took place in two seminars, with three therapists being accorded trainer status, one of those additionally as trainer for using EMDR with children. Altogether 850 social workers from all three countries were trained as health assistants in 21 workshops throughout the project region. Half of these health assistants went on to join a second advanced training. More than 5,000 patients were treated during the course of the project. In Thailand, as well as in Cambodia, local EMDR associations were set up alongside the one already established in Indonesia, and all three have themselves since organized further trainings.

A significant gap was noted right at the beginning of the project between the educational levels of the Indonesian and Cambodian therapists and their colleagues from Thailand. Thanks to their better educational system, participants from Thailand had a far better understanding of the training content and were almost immediately able to understand and apply the treatment and training methods. For the participants from Cambodia and Indonesia, highly motivated as they were, there was a need for intensive repetition and supervision. The high number of clients treated in these countries illustrates their dedication. By the third year of the project, therapists from all three countries had all reached the same internationally recognized standard, evidence that with appropriate training and resources, even vast differences in initial educational backgrounds can be successfully leveled out over time.

All participants had an educational background in psychology, psychiatry, and/or psychotherapy and were eager to learn and on the whole to accept the training content, based as it was on a Western scientific paradigm. There were, however, some challenges regarding cultural and religious attitudes and some components of the training. Training schedules had to take into account prayer times for Muslim participants, and this had to be accepted by the other participants. To start with, some participants found it difficult to be individually evaluated and criticized during supervision sessions. A couple of training sessions were needed before they felt confident that this worked to their advantage. Some also took time to appreciate how the role of the therapist differs from that of traditional healer, medical doctor, or religious specialist.

Haiti: 2010–2013. After the 2010 earthquake in Haiti, which killed approaching quarter of a million people, TA was granted funds for psychosocial care of the population. A local partner organization was identified, and trainings organized over a 3-year period, using the same design and principles already established in former projects. Twenty trained therapists were employed as staff and built up a psychosocial service in the different camps and institutions. Various trainings were successfully held in psychotraumatology, EMDR, EMDR for children, systemic approach, and family violence and dealt with large numbers of complex trauma cases in a society marked by extremely high levels of interpersonal violence directed against women and children.

Trauma-Aid's Future Plans

TA looks forward to continuing its work around the world in the training and support of future EMDR therapists. In particular, we have plans for Burundi, Cambodia, Kenya, Myanmar, Indonesia, Rwanda, and Thailand and will focus also on offering training for EMDR supervisors and trainers.

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