

What is STARTTS counselling not for?

Trauma counselling does not pretend to have all the answers. Refugees with drug and alcohol (D&A) abuse or psychotic illness will not be counselled at STARTTS until their D&A intake or their psychotic features have been addressed. Domestic violence and other marital issues are normally not taken on by STARTTS unless they are clearly the consequences of torture and trauma (T&T). Similarly, critical conditions, eg. suicide attempts, though they might be related to past T&T experiences, are better catered for by crisis intervention services elsewhere.

What are the benefits of trauma counselling?

Trauma counselling is largely a process whereby traumatised people work through their distressing memories to the point where they feel far better. While they might not ever be able to forget their most painful experiences, they may be able to have recollections of these experiences without feeling overwhelmed or seriously disturbed.

In the long run, it is expected that there will be a significant reduction or elimination of post-trauma symptoms and an improvement in work performance, family life, social or recreational activities and coping skills. One of the processes in trauma counselling involves establishing a link between the uncontrollable past event and the client's current response. Through this process people may come to understand that their symptoms are common reactions to extreme situations and are not signs of their own weakness or madness. They may gradually become freer from feeling trapped in the common reaction of guilt and self-blame.

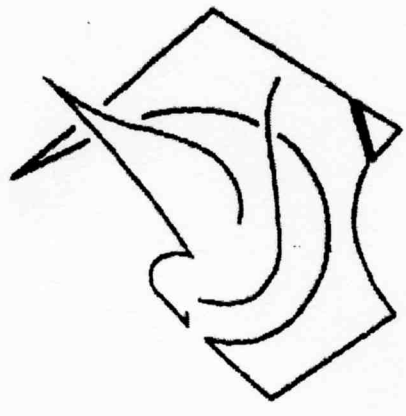
Where the family is involved, it is hoped that all members will have a clearer picture of why and how problems arise, and thus there will likely be less blame and more support.

In brief, through a nurturing and trusting relationship with the counsellor, trauma survivors will enjoy a higher quality of life, less governed by the trauma of their past.

Other interventions at STARTTS

While most traumatised clients show a good response to counselling, some need more than counselling to cope with their chronic post-trauma symptoms and regain an optimum level of daily functioning. Pharmacotherapy, especially the use of antidepressants, is sometimes required to settle a highly tense and anxious state or a seriously depressed mood. Physiotherapy and somapactic are also provided to relieve aches and pain resulting from musculoskeletal injuries and/or psychosomatic complaints. Groupwork and group activities, employment and training assistance, youth and children residential camps and other forms of psycho-social support are also available for clients.

Refugee Trauma and Trauma Counselling



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