


REFUGIO
MÜNCHEN



STARS –
SLEEP TRAINING
ADAPTED FOR REFUGEES

Gruppenangebot zum Umgang
mit Schlafstörungen

STARS: Sleep Training adapted for Refugees

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English translation of the German treatment manual:

Dumser, B., Werner, G. & Koch, T. (2023). *Behandlung von Schlafstörungen nach Flucht- oder Migrationserfahrung. STARS – das Manual: Sleep Training adapted for Refugees*. Stuttgart: Schattauer Verlag.

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I. Introduction

In which context has STARS been developed?

The manual STARS has been developed in a collaboration of Refugio Munich, a psychosocial treatment center for refugees, and the department for Clinical Psychology and Psychotherapy of the Ludwig-Maximilians-Universität (LMU) Munich. Refugio Munich has been providing clinical care for traumatized refugees since 1995 with an interdisciplinary treatment approach. It is Refugio's aim to provide highly professional and evidence-based care. We therefore perform clinical research in the routine care setting for refugees in Germany in a close collaboration with Prof. Thomas Ehring and this team at LMU.

STARS combines the clinical expertise of Refugio's team of licensed psychotherapists on context(/culture)-sensitive treatments with current theoretical research background on evidence-based treatments for sleep disorders. The manual itself has been developed in one of Refugio's research projects focusing on sleep disturbances in refugees (2019-2023) and is under evaluation in a randomized-controlled trial (registered in the Deutsches Register Klinischer Studien: DRKS00024419).

How can this document be understood?

This document provides an English and free version of the manual STARS, which has been published in German:

Dumser, B., Werner, G.W., Koch, T. (2023). Behandlung von Schlafstörungen nach Flucht- oder Migrationserfahrung (Sleep Training adapted for Refugees). Stuttgart: Schattauer. ISBN: 978-3-608-20604-3

To provide a free version, it has been limited to a minimum containing only the ten sessions of the manual. All further content e.g., on the theoretical background can only be found in the German full version. The related links are still included in the sessions (e.g., ► Ch. II.3.3)) to highlight aspects that might need further theoretical understanding.

Further online material used in the sessions can be downloaded via the publisher's website: <https://www.klett-cotta.de/produkt/behandlung-von-schlafstoerungen-nach-flucht-oder-migrationserfahrung-9783608119893-t-5490#> following the link „Download Zusatzmaterial“.

Why a new treatment manual?

STARS follows a cognitive-behavioral therapy approach (CBT). It is based on evidence-based treatment approaches for sleep disturbances e.g., *Cognitive Behavioral Therapy for Insomnia* (CBT-I; Riemann et al., 1996), *Treating sleep problems: A transdiagnostic approach* (TRANS-C; Harvey & Buysse, 2017), *Imagery Rehearsal Therapy* (IRT; Poschmann & Competence Center for Transcultural Psychiatry, 2017). However, people with the experience of seeking asylum or being a refugee live in a special context and face special challenges (e.g., high comorbidity, ongoing (postmigration) stressors/ living difficulties, culturally diverse concepts of illness and treatment), which should be considered in psychological treatment. Current evidence-based approaches fall short on these aspects and need further adaptation.

II. General information on the use of STARS

What's the aim of STARS?

This treatment program aims to improve the management of various sleep disorders, such as problems falling asleep and staying asleep, early waking and nightmares. and nightmares.

Due to its low-threshold approach, the program represents a good introduction to psychotherapeutic treatment concepts, so that, in the sense of a stepped care model, it can be continued in the future.

model, a disorder-specific individual therapy can be sought out afterwards and if indicated. individual therapy can and should be sought out.

For whom is the manual suitable?

The present program is suitable for people with sleep disorders of any kind (e.g. sleep disorders, nightmares, night terrors, ...). Since sleep disorders are understood as a transdiagnostic phenomenon, many affected individuals show symptoms of different mental disorders at the same time (e.g. depression, PTSD etc.). These disorders are not exclusion criteria for participation in a STARS program. Rather, they are taken into account in the transdiagnostic approach, although they are not brought to the the foreground. Central to inclusion in a STARS program is therefore the degree of burden caused by the comorbid mental illnesses mentioned. Exclusion criteria include severe depression or suicidality, psychosis, severe dissociation and substance use disorders.

How to use the manual?

STARS was developed as a group concept with ten 90minutes sessions for several reasons: Quite practically, sleep disorders unfortunately represent a very common problem and are accordingly a good topic for a topic-related group. In addition, the exchange about the complaints, successful or unsuccessful attempts at solving the problem, and the common understanding for each other is experienced as very helpful. If a group setting cannot be offered, the individual sessions can also be conducted in a one-on-one setting. In this case, focal points can of course be set according to the individual distress. A session duration of 50 minutes should be sufficient for the individual setting.

In which context can I use the manual?

The STARS program has been developed as a low-threshold training with a broad scope of application for people with refugee experience in different contexts. It can be carried out not only by therapeutic colleagues such as

psychotherapists or physicians, but has also been developed for professionals such as psychologists (e.g. psychological services), social workers in accommodation centers or youth welfare institutions and school social workers. have been developed. However, we explicitly recommend that at least one of the two already have experience in running groups.

What materials do I need?

A variety of materials are used in the individual sessions. Some of these are available in the appendix or in the online materials for this manual (for the link see above). Other materials should be obtained in advance. You will find an overview of the materials needed before each session.

III. The Manual STARS Sleep Training Adapted for Refugees

Session 1: Introduction

<p>Session Objectives</p> <ul style="list-style-type: none"> - Building group cohesion - Problem and goal definition - Building motivation
<p>Session Structure</p> <ul style="list-style-type: none"> • Part I: Introduction and getting to know each other (30-45 min) • Part II: Problem and goal definition / clarification of expectations (30-40 min) <ol style="list-style-type: none"> 1. Discussion about symptoms 2. Presentation of group concept • Part III: Closing the session (discussion of sleep diaries and feedback round, 15 min)
<p>Material</p> <ul style="list-style-type: none"> - Name tags - Wool/ball - Pictures of different aspects of sleep disorders (see online materials) - Glue dots - Pin board and cards with individual session headings that can be left in the room - Sleep bags for all participants - Appointment reminders for next sessions

Part I: Getting started and getting to know each other

1. Greeting

The group leader (including language mediator) briefly introduces him/herself. The person's own expertise may be explained in order to generate confidence in the quality of the treatment. Additional information about the length of employment in the field, a brief explanation of career path and why the person is qualified to be a group leader can be helpful for this.

2. Getting to know each other exercise: net of wool

At the beginning of the session, there is usually a lot of uncertainty and tension in the group. Therefore, it is important to be very transparent in the introduction of each exercise. A good explanation of the goal and reason for the exercise gives the participants a sense of control and makes it easier for them to get involved. It is good practice to normalize this initial uncertainty and tension. This creates an initial community experience, since everyone feels the same way.

Suggested wording: Coming to a group like this takes a lot of overcoming. It is unfamiliar for many of you to talk about your own problems with strangers, and most of you will also not yet be quite sure of what is really in store here, right? We may all be a little tense and cautious at first. But you'll see that change very quickly over the next few sessions. For a good group, we need a relaxed, collaborative atmosphere where people trust each other. Trust comes easier when you know each other a little. So today we'll get started with an exercise that will allow us to get to know each other a little.

Instructions: All participants stand in a circle, the group leader starts with a ball of wool in his or her hand. In several rounds the wool is thrown from person to person. One always keeps the ball of wool in their hand, so that gradually connections are made between the participants and thus a web is spun between the group members. Whoever is holding the wool makes a contribution to the current question.

In addition to answering the questions, the exercise aims to establish initial communication between participants and to bind attention in the room. This is encouraged by asking participants to each repeat the previous person's statement before making their own contribution. The purpose of the repetitions should be explained so that they are not experienced as "harassment." The group leader acts as a model and provides an example in each round.

Now you may ask: Why do I have to repeat what the others say? We do this because we know that many of you have had a lot of stress (in the past) and also currently still have many things on your mind. This leads to the perception that thoughts "go away" very easily or you are not really present at all. Do you know this as well? Due to the fact that you have to repeat what the other person said, you have to concentrate. This is very difficult, but at the same time it helps you to stay "here" with your thoughts. If it doesn't work sometimes, that's not a problem. Just ask the person before you again and keep going. We will often do exercises during the group sessions where you are in motion. We want to avoid just sitting down and listening. This often makes it very hard to concentrate. So if at any point you realize, whoops! I just got lost in thought and I didn't even catch what was said! - Speak up! Maybe someone else in the group is feeling the same way. We'll then take a break or do a little exercise. This way you can profit more from what we discuss.

Round 1: "What is your name and where are you coming from right now?", e.g. "My name is xy and I just came from training."

Here, the group leader can moderate a bit and ask for additional information if participants are very reluctant to answer (e.g., "What training are you doing and

where? How far is that from here?"). Additionally, these answers offer the opportunity to classify and validate the participant's current state of mind (e.g., "Then you must be exhausted from the long day at work! Great that you're here today anyway. Feel free to let us know if you need a break.").

Round 2: *What activities do you like to do or what activities are good for you?, e.g. I like to play soccer.*

Here, the group facilitator can highlight overlaps between different participants (e.g., "Here we have some very athletic people in the group.") and validate strengths that can be valuable or a source of strength for the group, but also for the individual person

The first two rounds serve to get to know each other and to establish an initial sense of community. To do this, it can help to take a meta-perspective and focus on the experiential aspect, e.g., "*Why don't you pull a little on the wool you're holding? How does that feel?*" The experiences are collected and related to the group by explaining the net as a symbol of cohesion in the group. The following aspects can be elaborated: *You can hold on to it/it gives support.* Everyone is an important part of the group. If someone leaves the group, the net gets mixed up. But there is also a pull through the connection to the others. This experience can be used to lead to the necessity of rules in a group. The train can be reinterpreted as similar to the rules that are binding for a group so that there can be a stable, trusting atmosphere in the group. If rounds 1 and 2 have already been long, the net is placed on the floor and remains visible between the participants for the rest of the session. The following two rounds are then done sitting without repetition and wool.

Round 3: *What would you like the group to do to make you feel comfortable and happy to come here over the next ten sessions?*

Round 4: *What do you want from each other to feel comfortable in the group and enjoy coming here?*

Summary of important group rules

- Confidentiality: This rule is very important to many participants because the community often knows each other.
- General conditions: Punctuality, regular participation, timely cancellations (possibly with reference to the network).
- Respectful interaction
- Focus on current topics (sleep) instead of the past

Part II: Problem and goal definition or clarification of expectations

1. Exchange about symptoms

The goal of this part is to start a conversation with the group about the problem. Everyone should be able to open up at their own discretion. At the same time, it should become clear that no one is alone with the problem, but that all participants share similar sleep problems.

Method: For this purpose, some sketches/pictures of different sleep problems (e.g. problems falling asleep, nightmares, daytime sleepiness, brooding in bed, problems sleeping through the night, etc.) are placed on the floor in the middle of the room (see online materials). Everyone receives some sticky dot:

Please walk around the room and see which sleep problems you recognize here. If you discover a problem that you know about, please stick a dot on it.

The group leader moderates the process by asking what was recognized in which of the pictures, how this is expressed and whether others share the same problem. The exercise encourages an initial, casual exchange about one's own symptomatology. If participants mention specific symptoms beyond those depicted, these can also be written down on slips of paper and added.

Conclusion 1: There are very different sleep disorders, and you are not alone with your sleep disorders!

2. Presentation of the group concept

From the exchange about different sleep problems, it is possible to lead directly into a short outlook on the different contents of the upcoming sessions. For this purpose, the headings of the ten STARS sessions are written on cards, hung up one after the other and the main goal of the respective session is explained in a few sentences.

Nr.	Topic	Goal
1	Introduction	Getting to know the group and the group concept
2	Healthy Sleep	Knowledge about healthy sleep and ground rules
3	Sleep Environment	What do I do when I cannot sleep in a certain environment?

4	Nighttime rumination and worries	How can I relax so that sleep becomes possible?
5	Relaxation	What can I do when I have too many thoughts in my head and I cannot seem to relax?
6	Nightmares I – Understanding and Overcoming Nightmares	Why do I have nightmares and how can I overcome them?
7	Nightmares II – Fear in the night	How do I deal with fear at night effectively?
8	Positive Imagination	How can I gain strength and inner peace at night?
9	Improving daytime functionality	How can I still manage my day after a bad night?
10	Completion of the sleep training	Revision and celebration

Here, the leader can refer directly to the difficulties mentioned at the beginning and assign them to a session in order to increase the motivation to participate. Participants are also allowed to name other topics that would be important to them. Hope for change should be conveyed. At the same time, it is important to point out unrealistic expectations early on and explain what will not be possible (e.g., arranging for a single room, solving all problems that lead to brooding at night). Additionally, it is helpful to anticipate that changing sleep problems is a lengthy process and to provide participants with a realistic horizon for change. At this point, for example, a soccer metaphor can help (group leaders are the trainers on the sidelines, but the participants themselves must "play") or a metaphor of learning a new language to emphasize the need to try out, implement, and practice the tips and exercises discussed.

3. Sleep first aid kit: Handing out little bags.

To illustrate how more knowledge and practice comes together from session to session, small bags are distributed. These will serve as a collection for small reminder items to be given at each session. The collection thus serves as a long-term relapse prevention tool. It can also be designated as a "sleep first aid kit," and thus provide temporary security within reach of the bed at night.

Conclusion 2: The group provides many tips and exercises to help you sleep better. The group can be particularly helpful if you get involved and implement what is discussed at home.

Part III: Closing the session

1. Self-observation/sleep diary

The sleep diaries that were handed out in the preliminary sessions are collected and briefly debriefed (e.g., "How did you do with the sleep diary? What was difficult? What stood out?") and its function is explained. The group leader evaluates the completed sleep diaries until the next session.

Note: If necessary, the sleep diaries can also be handed out during the first lesson. In the second hour, however, they should be available at the latest in order to build on them in terms of content.

The better we understand the problem, the better we can think about solutions. Sometimes everything seems to be just one huge, bad problem ("I always sleep badly!"). But if we then look very closely, we discover individual situations with which the problem is connected, when exactly it occurs - but also when it doesn't! Otherwise, this is sometimes overlooked. In this way, we can better come up with solutions

2. Feedback round

If there is enough time for a flashlight round, at the end of each session each participant should say one sentence about what he/she will take away from today's session in order to trigger memory consolidation processes and to get an impression of the mood in the group (► Ch. II.3.3). Finally, a brief outlook on the upcoming session is given.

<p>Summary of today's session: <i>"What are you taking with you from today's session?"</i></p>
<ol style="list-style-type: none"> 1. There are very different sleep disorders and you are not alone with your sleep disorders! 2. We have many tips and exercises to sleep better. It is very important to practice them. 3. We need to know where exactly the problem is in order to improve sleep.
<p>Homework: none (group leader evaluates sleep diaries)</p>
<p>Item to share:</p> <ul style="list-style-type: none"> - Sleep first aid kit - Appointment reminders for the next sessions

Notes for the group leader

Participants often come to the first group session skeptical and uncertain. It is important to provide them with a lot of security through clear group rules, transparency and loosening up games to get to know each other and to win them over right at the beginning with topics relevant to their everyday lives so that they continue to participate in the group.

Session 2: Healthy Sleep

Session Objectives
<ul style="list-style-type: none"> - Psychoeducation on healthy sleep - Building motivation for change in terms of maintaining regular sleep schedules and avoiding daytime sleeping
Session Structure
<ul style="list-style-type: none"> • Part I: Start of session with introductory exercise and review of the core objectives of the last session (15 min). • Part II: What is normal? - Establish basics of healthy sleep <ol style="list-style-type: none"> 1. Sharing contextual/cultural assumptions about healthy and disturbed sleep and treatment options (10 min) 2. Optional: short explanatory model on the development of sleep disorders (5 min) 3. Psychoeducation about basic sleep knowledge and sleep regulation <ul style="list-style-type: none"> - Basic sleep knowledge - What is "normal"? (10 min) - Sleep as a circadian process: the importance of regularity (20 min) - Sleep as a homeostatic process: effects of daytime sleep (20 min) • Part III: Closing the session (10 min)
Material
<ul style="list-style-type: none"> - Three to four balls for the introductory exercise - Participants' sleep diaries from session 1, now analyzed by the group leader - Pictures to share on basic sleep rules (regularity/no daytime sleep, see online materials)

Part I: Session start with introductory exercise and review of the core objectives of the last session

This is the first session that follows the usual structure. Therefore, each step is introduced transparently. This creates a sense of control among the participants.

1. Introductory exercise to strengthen group cohesion.

Various options for exercises can be found in the appendix.

We start each of our appointments with a short exercise to wake up, train concentration and loosen up a bit. Many of the exercises have to do with movement, and some are playful. It may seem a little strange to some of you that we are playing as adults. However, from our experience with groups, such initial exercises together help a lot to concentrate for the

rest of the session, especially if you have had a bad night's sleep and are tired.

2. Introductory round with debriefing of the therapy task.

Introduction to the weekly procedure (► Chap. II.3.3)

Starting today, we will have a round at the beginning of each week's group where each of you will briefly contribute something. Three aspects are important to us:

- 1. How was the last week? Did anything happen that you would like to share?*
- 2. What recommendations and exercises from the last session did you try? What worked for you? What did you have difficulty with?*
- 3. Can you remember the reason for this recommendation/exercise? What did we discuss about it?*

We take time each week to do this because we want to make sure you are having success with our recommendations. If something doesn't work, we can work together to find solutions or come up with something that works better for you. At the same time, we also want to have enough time for the new topics. So forgive us if we don't go into detail on every topic. If it's important, we'll hear it and come back to it elsewhere.

Part II: What is normal? – Setting the basics of healthy sleep

1. Exchange about contextually/culturally determined assumptions about healthy and disturbed sleep and treatment options (► info box "Dialogical Shuttling" in ► chap. I.3.3)

Introduction about differences in general sleep habits and rituals:

Today we're going to talk about what's important for healthy sleep. But before we give you recommendations, we want to understand what you associate with sleep. What is "normal sleep" for you and what you want or what bothers you may differ. Our ideas always depend on where we grew up and what we have learned. In the case of sleep, this can be the climate, for example, or the habits in the family, the expectations in the society around us, religious rules or even the living and working conditions.

- In general, have you noticed any differences in sleeping habits in [host country] compared to those in [country of origin]?

- Example 1: In Germany, there is a lot of talk about sleep. If you have a guest, you ask him or her in the morning, "Did you sleep well?" and at

work people complain a lot about their sleep. Is that the same where you grew up? Is sleep a constant topic there, too? (► Info box "Context vs. culture" in ► Chapter I.3.1).

Discussion on treatment-related aspects:

What about sleep problems such as difficulty falling asleep, nightmares, or anxiety at night? Do people talk about them freely? How would friends and family react to it?

Who would you turn to [in country of origin] with these problems? What treatment would they recommend you?

Summarize the discussion and transition to the topic:

In summary, there are very different ways to deal with sleep problems. For some of you it is new and perhaps unsettling to come to such a group when you don't quite know what to expect. For this courage, first of all, great respect! Please be sure to let us know if there is anything about our recommendations that you do not understand or that seems inappropriate for you. We can then consider together what the reason is and adjust them if necessary.

2. Optional: Brief explanatory model for the development of sleep disorders

End the discussion by validating the different approaches and expanding the group's expertise. Explain the development of sleep disorders and point out the issues that were already raised by group members in Session 1. Acknowledge the circumstances under which the group developed their current symptoms. Try to "normalize" without diminishing the immense stress of the situation:

The cause of sleep disorders is usually many problems in life. Sometimes it becomes so many that it becomes too much. Our body then reacts with stress. And stress ruins sleep. Some of you may have had poor sleep as children. Some people have naturally poor sleep. Just like other people have digestive or heart problems more easily. But many of you probably developed sleep problems during or after your escape, or it worsened during. This is because such a journey is full of terror and stress. People have told us that on the run, many bad events happen during the night. The night then is not a time of rest. Instead, it becomes a time of travel and danger. When you arrive, the stress and problems continue. One has many worries about the future and memories from the past. This is very stressful. Having sleep problems in this situation is neither weak nor crazy. With all

this on your mind, it is only understandable to lose your natural energy and strength. Do you agree with this? So sleep problems arise in difficult situations. At the same time, sleep problems also lead to new behaviors or habits. Some people prefer not to be in the dark. Others get used to brooding a lot at night. Unfortunately, these new habits then often persist for a long time. Some people simply "get used" to sleeping poorly and give up inside. They start working at night, for example, and think "I can't sleep anyway!" The good news is that this doesn't have to be the case. You can also "relearn" healthy sleep habits. This can help you sleep better again in the long run. It takes patience and discipline at first. But we've seen that it can help.

3. Psychoeducation about basic sleep knowledge and sleep regulation.

It is worth starting this core section with a few introductory sentences to set realistic expectations for this session. Explain that not all questions will be answered today, and the explanations and later recommendations will not solve every sleep problem. Nevertheless, emphasize the importance of having a baseline knowledge that is necessary for all future sessions. The recommendations in these sessions may be the most difficult to implement and may also be the most effective in restoring healthy sleep. Therefore, they can be considered both a goal and an intervention.

Basic sleep knowledge - What is "normal"?

Brief group brainstorming (and sleep myths) (in turn):

What would be the ideal time for you to 1.) go to bed and 2.) get up? And 3.) how long do you think you should sleep? What do you think or what recommendation would you make?

Most likely, ideas will vary within the group. This diversity is a good way to introduce individual differences in sleep needs and chronotype (and aging). The goal of this section is to break down dysfunctional beliefs about sleep and sleep myths (e.g., "Everyone needs eight hours of sleep"; ► Section I.2.1).

There are many false recommendations circulating about sleep. One should not be unsettled by this. The following aspects are important to know about sleep:

Knowledge to be conveyed during the discussion:	
Need for sleep	<ul style="list-style-type: none"> • Varies from person to person • Eight hours sleep on average, but five hours is enough for some people, ten hours for others • Comparison: shoe sizes (38 for ladies average, but 36 or 42 also possible) • Cannot be changed (but can change with age)
Various chronotypes	<ul style="list-style-type: none"> • Varies from person to person <ul style="list-style-type: none"> - <i>Some are still awake and active for a long time in the evening, and they like to sleep in for a very long time in the morning (in German they are compared to a bird that is active at night - the owl). It is difficult for them to get up early in the morning, and they have problems with professions where you have to do that.</i> - <i>Others are awake and active early in the morning and get tired earlier in the evening (they are compared to another kind of bird that starts singing especially early in the morning - the lark). They are often unable to concentrate well in the evening.</i> - <i>In times when sleep is disturbed and everything is confused, it is often difficult to judge to which group one belongs to. Nevertheless, do you have any ideas? Are you more active in the morning or in the evening?</i> • Chronotypes can not be changed (sometimes clashes with requirements of school or work).
Optional: Sleep and aging	<ul style="list-style-type: none"> • Sleep changes over the lifespan • Children and teenagers need more sleep than adults • Older individuals require less sleep at night than adults and therefore often need a nap.

Conclusion 1: There is no "ideal" sleep for everyone. Sleep needs and rhythms differ from person to person. So don't put pressure on yourself when you hear general recommendations!

Sleep as a circadian process: the importance of regularity.

Explanation (using flipchart/whiteboard; further background: ► Chap. 1.2.1.2 and ► Chap. 2.1.3):

However, there is one recommendation that is the same for all humans despite many differences - just as for the vast majority of processes in living beings (animals and plants) in our world.

Introduction of the idea of a rhythmic world:

We live in a rhythmic world. This means that everything in our world follows a certain regularity, a certain rhythm. Perhaps you can spontaneously think of examples of regular processes in our world that you can observe?

Examples: Sunrise and sunset, seasons, ocean tides, moon phases, animal breeding, bird migration.

→ *Examples can be adapted to the context of the group).*

The most obvious of all rhythms related to sleep, is the day-night rhythm, given by sunrise and sunset, among other things.

Psychoeducation on the circadian process (Process C):

Our human body, like everything in nature, follows a regular rhythm. We notice many bodily processes only indirectly, e.g., the body temperature is slightly lower at night than during the day, and thus we freeze more easily at night. Have you ever noticed this?

Step-by-step explanation of process C on a flipchart sketch with the involvement of the participants (► Fig. 2 in section I.2.1.3)

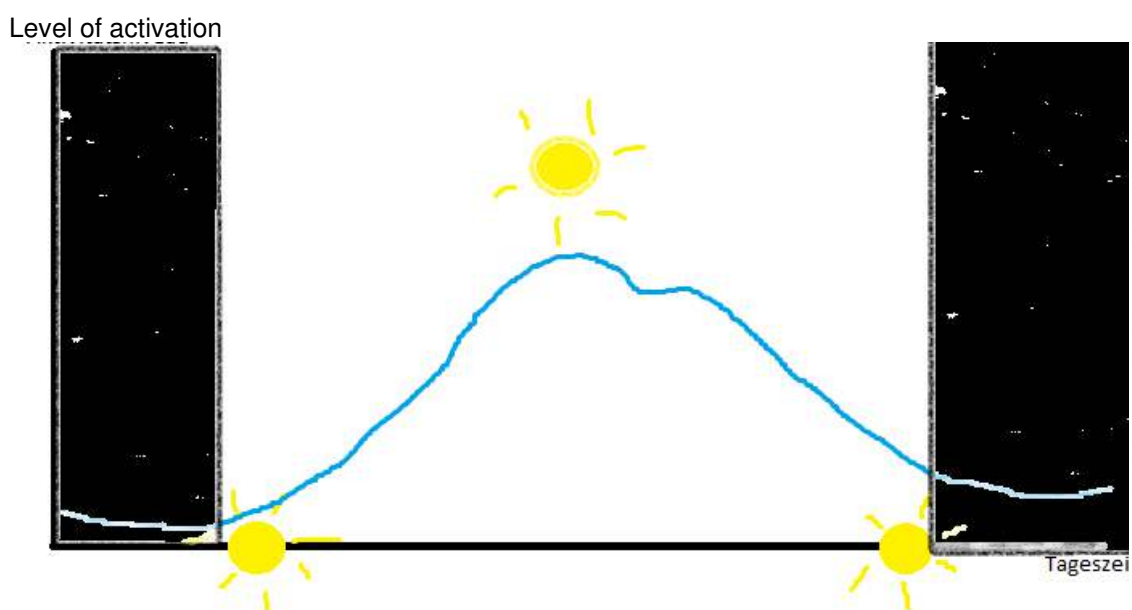


Fig. 1: Simplified two-process model (flipchart sketch); y-axis: level of activation; x-axis: 24h time period

Our body is active in different ways during the course of a day. [x- and y-axis as well as position of the sun during the day are drawn]. If we take a close look at the activity of our body over the course of a day, it looks something like this: Before sunrise [start on the left with a low line] we are particularly inactive, the body is in a kind of rest mode. Sometime after sunrise, the activity in our body slowly increases. Certain awakening processes get going. During the day, our body is then fully in wakeful mode, even if this fluctuates somewhat throughout the day. Towards the evening, the activity slowly drops again, and at night the body automatically goes back into a resting mode.

Explanation of the natural physical "resting state" during the night.

This resting state does not mean that we automatically sleep, but we are better prepared for sleep than during the day. When we go to a party at night - or even in stressful times and emergency situations - we can overcome this natural rhythm. Sometimes this has to be done, and in some situations it can be essential for survival. But it costs a lot of energy. In the long run, it harms our body, which is dependent on regular processes, and thus upsets sleep. So it is advisable to live according to your natural body rhythm. As we said, some people become active and tired a little earlier and some a little later. For very few people this is exactly at sunrise or sunset. But it is important for all of us to follow our individual body rhythms as best we can. Think of a farmer who depends on the regular flow of the seasons. If he wants a rich harvest, he should not plant his seeds before winter (alternatively, an owl develops its great strength - its eyesight - at night and is well advised to hunt at night).

Conclusion 2: Sleep needs a regular rhythm. Go to bed as regularly as possible! And more importantly, get up as regularly as possible!

Transfer the recommendation to the participants' daily lives (possibly including sleep diaries):

How are you doing lately with this recommendation? How regular are your sleep times? Where are the difficulties?

Note: At this point, it is important to address in detail any objections or doubts participants may have, as the recommendation may evoke feelings of misunderstanding or helplessness in the face of circumstances. It is important to emphasize the difficulty of this supposedly simple recommendation and to

make the case for proceeding in small steps with achievable subgoals. Include information from the sleep diary on bedtimes in the discussion.

A problem that has set in over a long time cannot be solved overnight. Especially the sleep rhythm can only be influenced very slowly with a lot of perseverance. It may take several weeks until you reach your goal.

Sleep as a homeostatic process: effects of daytime sleep

This section may be relevant only to individual participants (note information from sleep diaries for this). For others, reference may be extended to other maladaptive behaviors such as drinking energy drinks, black tea, or coffee a few hours before sleep.

Introduce sleep pressure (Process S) using the flip chart graphic building on Process C:

Our sleep is influenced by our body rhythm. But it is also influenced by how long it has been since we last slept. We refer to this as sleep pressure. The longer you have not slept, the stronger the need to sleep (= sleep pressure). This does not necessarily match our body rhythm. Perhaps you also know that after a night in which you slept poorly or not at all, you could (or do) fall asleep at any time during the day?

Develop the vicious circle using the graphic: Pick another color.

Ideally, this sleep pressure would be especially high in the evening and especially low in the morning, right? [mark in the graphic, ► Chap. I.2.1.3] Then you would be able to fall asleep well in the evening and be rested in the morning. However, this assumes that you sleep during the night and that the sleep pressure becomes less. Accordingly, it would rise again during the day. [draw in each case in the graph]. But what happens if you had a bad night when you couldn't sleep? [draw on the graph with a new color] Your sleep pressure is so high in the morning/day that you lie down again at noon, for example, and sleep. What happens to the sleep pressure then? What is your experience? Can you fall asleep well in the evening if you have slept during the day? Usually, after an extensive nap, you are too rested in the evening to fall asleep again. So you lie awake for a long time and only fall asleep very late. How do you feel the next day? You have slept poorly again and are tired during the day. What do you do? You might lie down again during the day and sleep.

You see: By sleeping during the day, sleep problems continue from one night to the next. Daytime sleeping can thus cause sleep problems to become more entrenched and more severe in the long run.

Conclusion 3: Daytime sleep makes sleep problems worse in the long run. Do not sleep during the day!

Note: In some contexts, it is common to sleep during the day, e.g., for climatic reasons (► Ch. I.3.1). It is important to acknowledge this and to note that the recommendation applies primarily to individuals with persistent sleep problems in order to interrupt the continuation of the problem from one night to the next. It does not represent a worldwide and universally valid sleep recommendation.

Transfer the recommendation to the daily life of the participants:

How are you doing lately with this recommendation? Do you sleep during the day? Can you imagine giving up your daytime sleep in the coming week? Where do you see difficulties?

Again, take time to discuss obstacles and resistance to behavior change in the group, acknowledge difficulties, and, if necessary, brainstorm ideas with the group on how to implement the recommendation (e.g., no homework in the afternoon hours if particularly tired, but go for a walk in the afternoon instead, more ideas ► Session 9).

Note: Given the high burden of daytime sleepiness in individuals with chronic insomnia or nightmares, forgoing daytime sleep may be overwhelming. In this case, a realistic limit is preferred (e.g., to 20 min, getting up no later than 2 pm to have several hours before going to bed again). In this case, work with the group on strategies that make it easier to achieve these goals (e.g., arrange to meet a friend at 2 p.m.).

Part III: Closing the session

Summary of today's session, "What are you taking with you from today's session?"

What do you take away from today's appointment?

1. There is no "ideal" sleep for everyone. Sleep needs and rhythms differ from person to person.
2. Sleep needs a regular rhythm. Go to bed as regularly as possible! And more importantly, get up as regularly as possible!

3. Daytime sleep aggravates sleep problems in the long run. Do not sleep during the day!

Therapy Task:

Apply one of today's sleep rules:

Over the next week, try to implement the three recommendations we discussed today. This can be very difficult at first. Start with getting up regularly. Keep at it, even if it is difficult. At the same time, don't be too hard on yourself. Every day you get closer to the time you set for yourself is a success! Report back next week on what worked well and where the difficulties were.

It is highly recommended to ask that goals be realistic and specific (e.g., get up at 8:30 am every morning/sleep only from 1 pm to 2 pm maximum). However, working out individual goals may take too much time in a group setting. Take the position of a cheerleader to provide hope for symptom change and motivate behavior change.

Item to share:

- Flyer with graphic "Go to bed and get up regularly".
- Flyer with graphic "Avoid daytime sleep"

Preparation for the next session (environmental conditions):

In the next session we will talk about your sleep environment, specifically your bed, the room you sleep in, and the circumstances around you. We know some of you are currently living in an environment that is very bad for sleep. Still, it helps if we can get as good a picture as possible of what you mean when you say "bad." So, if you would like, you are welcome to bring a picture or video of your sleep environment to the next session. This is optional. But sometimes it can help once we've seen where the problem is. We can then better think together about what might be helpful in those circumstances.

Notes for the group management

Objections often come up with the recommendations in this session.

Possibilities to deal with them are:

- **1. Objection:** *I do try to go to bed regularly, but then I just can't fall asleep for hours!*
 - o **Suggestion:** Validate the difficulty of the task, refer to upcoming sessions (e.g., on dealing with worry), and encourage small-step change: *For most, it's easier to start with getting up regularly, and we know from research that getting up is especially important for*

body rhythm. So start with getting up regularly and set realistic goals. What time of day could you manage in the next week?

- **2. Objection:** *I'd love to get up, but I just can't get out of bed in the morning when I've had a bad night's sleep! Or: I would like to get up, but there are other people sleeping in the room with me whom I don't want to disturb in the morning. Therefore I lie awake in bed for quite a while.*
 - o **Suggestion:** In both cases, it is a good idea to look for concrete solution ideas in the group on how to make getting up easier or more convenient (e.g., make sure there is plenty of daylight, take a shower, get your clothes ready in the evening and leave the room directly for a morning walk, etc.). Be sure to validate the difficulty of this task as well.

Depending on participant input, other sleep hygiene rules can be incorporated, such as consumption of energy drinks/coffee/tea or heavy meals, which can affect body rhythms and make it difficult to fall asleep. The same applies to evening screen activities (e.g. movies, social media, games on smartphones). Blue light inhibits natural processes of getting tired, similar to daylight. Setting a so-called blue light filter/night mode can help.

The issue of sleep quality can also come up here (*e.g. I sleep but not deeply and wake up at every little thing. or I don't feel refreshed after sleeping*). From this, the conclusion is sometimes drawn to compensate for the poor sleep, e.g., by spending a few extra hours in the morning or afternoon. However, this is counterproductive because it reduces the probability of deep sleep the following night (► section I.2.1.1). In this case, it is also important to maintain regular sleep times as far as possible, to tend to reduce bedtime, and to avoid daytime sleep.

Shift work poses a special challenge for the sleep rhythm. These difficulties must be validated. Here, too, however, sleep hygiene rules and stimulus control have proven effective (► section I.2.2.3).

Session 3: Sleeping Environment

Session Objectives
<ul style="list-style-type: none"> - Validation of challenging contextual circumstances - Development of practical solutions for disturbing sleep environments
Session Structure
<ul style="list-style-type: none"> • Part I: Session start with detailed recap of last session (30 min). • Part II: Shaping sleep in an unfavorable environment <ol style="list-style-type: none"> 1. Discussion in the group and problem identification in relation to the current sleep environment (20 min) 2. Pointing out room for action and promoting solution focus (30 min) • Part III: Closing the session (10 min)
Materials
<ul style="list-style-type: none"> - Flipchart with graphic from ► Session 2 for review. - Pictures of current accommodation (brought by participants. Prepare images from the internet as an alternative). - Earplugs, glow-in-the-dark stars, sleep masks, smartphone with sleep apps (sleep sounds, sleep light), sleep light lamp (if available), soundproof headphones (if available)

Part I: Session start with detailed recap of last session

1. Introductory exercise to strengthen group cohesion.

Recommendation: "All who ..." game (see appendix), including questions for repetition and sleeping environment, e.g. All swap places who ...

- are tired at this moment
- have not slept during the day in the last week.
- tend to have the rhythm of an owl.
- sleep with another person in the room.
- often wake up because it is noisy.

2. Introductory round with repetition and debriefing of the therapy task.

Since this first therapy task involves key aspects to be changed, sufficient time should be allocated for this repetition and debriefing, e.g.:

How well did getting up regularly work? How did it work not to sleep during the day? What helped on the days when it worked well? What were difficulties?

Part II: Shaping sleep in an unfavorable environment

1. Discussion in the group and problem definition in relation to the current sleeping environment.

In the previous week, participants were asked to bring photos or videos of their own sleeping environment. Voluntariness is important here, as this is a private and therefore sensitive environment. Participants for whom the sleeping environment causes high distress are often grateful for the opportunity and sometimes show photos of their own accord. In case no pictures were brought along, pictures from the internet should be prepared and brought along by the group leader, showing typical sleeping environments of people with and without refugee experience in the host country (e.g. in initial reception facilities, asylum shelters, shared apartments, partnership bedrooms, children's rooms, etc.). The aim is to give space for experiences and emotions and to validate the difficulties.

Which aspects in your sleep environment do you consider good, which ones problematic? What disturbs your sleep the most? How exactly does this problem manifest itself? How do you usually deal with this problem? What have you already tried to change to make the situation more comfortable? Who else knows this problem? How does it manifest itself for you?

The group leader moderates the discussion and writes down a keyword for each problem mentioned on a moderation card, which is placed in the middle of the circle (e.g. "noise"). This makes the statements more concrete and commonalities between group members can be highlighted.

Notes for the group leader

Facilitating this exchange can be challenging if participants are housed very differently and differ greatly in the level of suffering in this issue (e.g., in youth care settings versus community shelters). This can cause envy or frustration. This makes it all the more important to keep a good eye on group cohesion and, in case of doubt, to attribute such injustice to external reasons in the system that are beyond the control of all persons involved in the session (including the group leader).

Some problems related to the sleeping environment may arise from the different expectations of a sleeping environment resulting from participants' personal experiences and contexts prior to migration (► Ch. I.3.1 and ► Ch. I.3.3).

It should also be clearly communicated at all times that the aim is not to provide each and every participant with a single room, so as not to raise false expectations.

Conclusion 1: The sleeping environment is important for a good night's sleep. At the same time, many of you are currently living in (permanently) unacceptable conditions. We see that, and you are not alone in this!

2. Identifying room for action and promoting a focus on solutions

Deciding on a problem area

In order to focus on changeable sub-aspects, the group leader picks out one of the problem areas already noted that affects as many participants as possible.

Note: Depending on the composition of the group, it can vary greatly what is in focus and causes the most stress. Accordingly, the solution-focused session part can be designed flexibly. Under certain circumstances, individual aspects from later sessions can already be brought forward. In the case of complaints about cramped space, which leads to spending large amounts of time on the bed during the day, anticipating stimulus control is a good idea. Other common problems with easy-to-implement, concrete starting points are noise or darkness. More complex is addressing interpersonal difficulties (e.g. conflicts with roommates who behave disturbingly at night). This usually requires more time and previous therapeutic experience in order to contribute to targeted changes. In the context of the group, it proves useful to validate interpersonal difficulties very strongly and, under certain circumstances, to involve the group for this purpose. The challenge for the group leader is to guide the session focus in such a way that pressing issues are sufficiently validated in the group and, at the same time, something is addressed that involves a realistic expectation of change, so as not to reinforce feelings of helplessness and frustration, but to convey a minimal self-efficacy.

Collecting solution strategies together

If not already sufficiently asked during the exchange:

What aspects of this have you already tried to change? By what means? What was successful, what was not? What ideas do the other participants have about this problem? Can you recommend something you have already tried?

Successful solution attempts and strategies are briefly noted or placed in the center as an object (e.g., earplugs) for the respective problem area.

Tab. 9: Overview of possible topics for the comparison of the current state and associated solution ideas

Current state (Unpleasant, but also pleasant things can be noted here)	Goals and ideas for solutions (possible alternatives that could be addressed, for example)
Problem 1: Noise/Loudness <ul style="list-style-type: none"> - Walls to neighbors are too thin - Children of other families scream at night - Roommates comes home late - Roommates makes noise (listens to music/plays mobile games/phones etc.) 	Goal 1: Silence at night <ul style="list-style-type: none"> - Demonstrate earplugs insertion! - Apps with "sleep sounds/music" or "white noise" Demonstrate examples! <ul style="list-style-type: none"> - Arrangements with other residents - Consultation with home management/social services/care or security staff
Problem 2: Comfort/cleanliness <ul style="list-style-type: none"> - Too cold/too warm - Clutter in the room - Bed is uncomfortable, creaks 	Goal 2: Comfortable bed <ul style="list-style-type: none"> - Extra blanket - Nice cover - Bedspread that is taken away at night - Turn over bed or turn over in bed - Put mattress on the floor and make cozy corner, etc.
Problem 3: Joint living <ul style="list-style-type: none"> - Having to share all areas of life - Many (unknown) people in the room - Roommates awake for long periods of time - Roommates has unhelpful behaviors (e.g., smokes at night, gets up frequently, invites people over, etc.) - I myself disturb roommates with my symptoms/behaviors (screams at night, gets up because of nightmares, wants to sleep with lights on, etc.) 	Goal 3: Being alone (privacy) <p><u>Note:</u> Complex point, since a lot of social competence is required here and the feasibility depends on the other person. Single rooms are hardly feasible in most cases.</p> <ul style="list-style-type: none"> - Arrangements with fellow residents - Consultation with home management/social services/care or security staff - Curtains/towel/bed sheet to cover bed - Possibly move furniture, e.g. cupboard/shelf in the middle to divide the room.
Problem 4: Darkness/brightness <ul style="list-style-type: none"> - Room cannot be darkened 	Goal 4: Brightness/darkness <p><u>Note:</u> Varies greatly from individual to individual and is often a cause of conflict with roommates who have opposite preferences</p> <ul style="list-style-type: none"> - Sleep mask - Demonstrate cell phone display with night light app - Demonstrate foot light - Glow-in-the-dark stars

<p>Problem 5: Sense of insecurity</p> <ul style="list-style-type: none"> - Room cannot be locked - Roommate is suspicious to me - Diffuse feeling of insecurity - Not being able to sleep in the room with unknown person - Large windows, easily visible 	<p>Goal 5: Feel safe/be able to complete <u>Note:</u> This may be advanced to Session 7, depending on time.</p> <ul style="list-style-type: none"> - Priority: Place safety signals in room/next to bed (► Session 7) -> Sleep stars? - If real dangers exist: check with facility management or security company, possibly take own action, such as placing noisy objects behind door at night to wake up if room is entered.
<p>Problem 6: Confinement/lack of space</p> <ul style="list-style-type: none"> - Not enough space, all daily activities happen in bed (eating, studying, sleeping) - Bed as a storage place for items due to lack of storage space 	<p>Goal 6: Bed is only for sleeping</p> <p>Stimulus control:</p> <ul style="list-style-type: none"> - Use bed in certain position only for sleeping. - For all other activities, e.g., sit at the end of the bed or the other way around in the bed - Use bedspread or move bedding aside during the day and only make the bed again at night - Sitting on a chair or the floor next to the bed

Note: If good approaches have failed, the reasons should be asked. Strategies are often discarded too quickly, e.g. earplugs are often inserted incorrectly and then fall out easily or people just need to adjust to them. At best, the group leader demonstrates the use of earplugs, shows different models and tries them out together.

3. Expansion of action strategies by the group leader

If no more solution ideas come from the group, the ideas should be supplemented by the group leader. At least one recommendation from the group leader strengthens the "expert role" and confidence also for future sessions. Here it is important to demonstrate the tips and write them down so that participants can photograph the recommendations and proper implementation is encouraged. Possible solution ideas for the different topics can be found in the table above (► Tab. 9). The list is not exhaustive and only serves as an orientation for the exchange in the group. A maximum of one or two problem areas should be singled out.

Conclusion 2: It may not be possible to solve the overall problem (yet). Nevertheless, use all the means at your disposal to make your sleeping environment as tolerable as possible. There are always little things you can do!

We, too, will keep the environmental issues in mind when making recommendations in upcoming sessions and will adapt the tips for you.

Part III: Closing the session

<p>Summary of today's session: <i>What are you taking with you from today's session?</i></p>
<ol style="list-style-type: none"> 1. The sleeping environment is important for a good sleep. 2. The fact that my sleeping environment is unacceptable is seen. I am not alone in this. 3. There are always small aspects that can be changed. Creative solutions are needed for this and I have to "stick to it".
<p>Therapy task: The participants take turns to pick a small aspect that has disturbed them so far and for which one of the new solution ideas seems realistic. They try these out in the coming week.</p> <p><u>Note:</u> In addition, from this session on, the continuation of the basic recommendations from ► Session 2 (regular bedtimes and abstaining from daytime sleep) should be referred to again and again.</p>
<p>Item to share:</p> <ul style="list-style-type: none"> - Small card with the solution idea written down from the middle of the circle or alternatively - A pair of Ohropax® and/or sleeping stars for sleep first aid kits to support ideas.

Notes for the group leader

The recommendation to suppress the sense of hearing (e.g. by using earplugs) may be aversive for some participants (with traumatic experiences). Affected persons try to be alert even during sleep (► Ch. I.2.2.4, Fear of sleep). Noise protection or a sleep mask contradict the need to maintain control during sleep (e.g., in relation to roommates, the alarm clock, the fire alarm). Here it is useful to make this conflict of goals between "feeling safe" and "being able to sleep in peace" transparent (and possibly to refer to ► Session 7). For the time being, gentle sleep sounds using appropriate apps can be referred to as an alternative to earplugs.

In the case of interpersonal difficulties, elements of social competence training (see Hinsch et al, 2007) can help (e.g. in individual settings).

In case of great suffering and narrowing on this topic, techniques of acceptance and commitment therapy (see Frase et al., 2016) can also be used.

For example, if topics such as homesickness, loneliness, or sadness are addressed due to the absence of family members, it is important to validate these feelings. Under certain circumstances, individual aspects from ► Session 7 can also be brought forward here (e.g., feelings are stronger at night). Depending on the situation, an object can be found for the sleeping environment that reminds of the family and gives strength in these moments.

If the topic does not play a relevant role in the group, because all participants are accommodated satisfactorily, the topic of stimulus control can already be anticipated in detail here: How can the bed be exclusively a sleeping environment?

Session 4: Nightly brooding and worrying

Session objectives
<ul style="list-style-type: none"> - Gain distance from nightly thoughts circles: "There's no point in brooding at night." - Develop action strategies for nighttime brooding: Interrupt and distract
Session Procedure
<ul style="list-style-type: none"> • Part I: Start of session (15 min) • Part II: Nightly brooding and worrying <ol style="list-style-type: none"> 1. pen metaphor (10 min) 2. exchange about circling thoughts and psychoeducation (15 min) 3. dealing with nightly thoughts: phrasing, classifying and discarding (25 min) 4. transfer to everyday life: strategies for distancing thoughts and stimulus control (20 min) • Part III: Closing the session (5 mins)
Material
<ul style="list-style-type: none"> - Pens - Flipchart drawing "body rhythm" from ► Session 2 - Rope or string for timeline and cards ("Night," "Tomorrow/Future," "Yesterday/Past") - Materials for strategies: Blank journals, mandalas, Sudoku, journals, etc. - Booklet for writing down thoughts

Part I: Start of session

1. **Introductory exercise e.g., "Counting in the group"** (see appendix)
2. **Introductory round with review and debriefing of therapy task, e.g.**
How well did interventions discussed to improve environmental conditions work? What worked well? Where were there difficulties?

Part II: Nightly brooding and worrying

1. Pen-Metaphor

All participants are handed out pens. They are then asked to hold them directly in front of their noses and focus on them.

The pen metaphor

What do you see? What does the pen look like? Is it big or small? Do you perceive other things in the room? How do you perceive them? Is it pleasant to have the pen in front of your nose like this?

It should be worked out that the pencil appears very large and obtrusive, that the surroundings behind it are only perceived as blurred or double, and that it is unpleasant or possibly even hurts the head to stare so closely at the pencil.

The pen should now be held further away or placed on the floor in the second step.

Now that the pen is a little further away: How does the pen seem now? Do you perceive it and your surroundings differently? Is it more pleasant this way?

Discussion of the pen exercise:

Do you have any idea what the pencil might stand for?

Input:

Sometimes problems are like the pen in front of your face. When you think about them over and over again, they seem oversized and almost threatening.

Thinking about a problem over and over again is like holding a pen right in front of your eyes. The pen gets bigger and bigger the closer you hold it in front of your eyes. Likewise, the more you ponder or the more often you think about it, the bigger the problem becomes. In addition, you can only perceive the surroundings around you in a blurry way when you look at the pen so close in front of your nose. You don't even recognize when something beautiful is happening around you anymore, because you can only see it blurry.

If you put the pen on the floor, it is small. If you put it on the other side of the room, it is even smaller. Try it out! Now you can see your surroundings clearly and sharply again.

When you think of nothing but your problem, it seems very big, just like the pencil becomes huge when you hold it right in front of your eyes. You no longer perceive anything around you in your life, only the problem.

And the bigger the pencil becomes in front of your nose, the more threatening and dangerous it appears. It is the same with your problem. It also seems worse and more dangerous when you think about it all the time.

However, if you manage to keep the problem further away, it looks smaller. It doesn't disappear or shrink. It remains as big as it is, but is perceived as smaller, and other issues come back into your consciousness again.

It is important to have moments where you can also put the pen, i.e. your problems on the side to focus on other things in your life. Staring at your pen all the time does not necessarily help. But of course it is also important to look at the pen from time to time, to think about possible solutions of your problems. We need a good balance.

You are welcome to take the pen home with you as a reminder and put it in your sleep first aid kit.

Conclusion 1: Sometimes it doesn't help to think about your problems all the time because then you miss out on other things in life, or because it makes your problems seem even bigger. Try to stop thinking deliberately every now and then.

2. Conversation about circling thoughts and psychoeducation.

Do you know those circling negative thoughts that keep recurring? Some also describe this condition as "thinking too much". When, i.e. in which situations do the problems and thus the thoughts seem particularly big and frightening?

Short exchange on this. Participants usually state that it mostly happens at night or when they are alone.

Transition and explanation regarding nightly ruminations:

In fact, we certainly all know this, that at night the problems seem even much bigger and more unsolvable than during the day. This can be very stressful and prevent you from falling asleep. There are a few reasons why problems seem worse at night in bed, e.g. why the pen in front of your face seems much bigger in the night. Do you have any ideas?

Biological reasons: *Remember the session where we talked about body rhythm? [Show flipchart again] At night, processes happen in the body that put us in a kind of "resting" state. The head is also less focused at night, it is slow and less clear. These processes fit in with the fact that we are asleep. However, if we are awake during this time, the processes*

have inappropriate effects instead: We then get bad moods more easily due to the "rest mode" and everything seems worse than during the day.

No distractions in the dark: *At night, when it is dark, we have hardly any (visual) distraction for our thoughts, which makes the circling of thoughts more intense. In addition, some people feel uncomfortable in the dark.*

Being alone: *We are often alone at night. However, loneliness promotes worry. We feel more alone with our problems, making them seem worse.*

We should try not to think too much about our problems at night in bed for the above reasons. It is better that we take some time for it during the day where we sit down (preferably with another person) and think about possible solutions of our problems. However, it is not so easy to turn off our thoughts at night, just as we turn off a light. We will discuss later how we can influence our thoughts after all.

Conclusion 2: Night is the time to sleep. Thinking and finding solutions works better during the day.

3. Dealing with nightly thoughts: phrasing, classifying, and shelving.

Collecting frequent, circling thoughts and worries with bullet points (Individual work):

What issues/problems do you think about too much at night? Please write down one word per card for the things that occupy and bother you at night. It is important that you do not write everything down. Try to assign some sort of "heading" to the thoughts. For example, if you are very worried about your family, please write down "family." We know that you have a lot of worries and thoughts, and we also understand that they are big problems. Nevertheless, try to find only short bullet points for these thoughts once today.

The exercise can alternatively be done orally in the group for non-literate participants, the group leader writes them down or finds symbols for them. Overall, it is important to validate the concerns that are described and at the same time still keep the focus back to a meta-perspective. Content-rich details should be kept very limited so as not to cause an increase in tension in other group members via the descriptions, which cannot be addressed appropriately at this point.

Introducing the timeline and assigning the thoughts "where they belong"

A rope or string is placed in the center of the room, with the "past" and "future" cards placed at opposite ends. At the center of the rope, the card "Night" is placed together with the brooding graphic in the bed. The cards can also be translated in writing by the interpreters if needed.



Fig. 2: Timeline with rope and cards

Explanation of the exercise with the help of examples from the group leader

Many of the problems that occupy us at night have nothing at all to do with the current situation at night (group leader presents his or her own formulated thoughts on the "Night" card). For example, before exams or difficult tasks at work, I sometimes worry a lot like: "Can I do it? Have I studied enough? What if I don't pass?" I have therefore noted the term "exam." But this exam is not at night. And I can't concentrate at night to study again. Basically, I can't do anything at night except worry. And worrying doesn't do anything for me. It just keeps me from sleeping. So where do these worries actually belong? They belong in the future. Tomorrow I can study again. So I put these worries where they belong: in the future. Do you understand what I mean? Other worries, thoughts, and perhaps images that occupy us at night relate to the past. They are memories of events that happened yesterday or earlier in my life. These thoughts also belong to the past (e.g. "Should I have made a different decision then?). Today at night it doesn't change whether I think about it or not. These worries also deprive me of sleep. That's why it helps to say to yourself, "No! This belongs in the past!" and "file it away" there. Are there any questions about this?

All participants place their thought cards in the place on the timeline where they actually belong. This can be done face down or face up. Most cards are usually easy to assign, but cards are still assigned to tonight. Here it offers itself, with permission of the participants, to come into the discussion, why it nevertheless thinks, these thoughts really belong to this night and cannot be pushed away so easily. Usually, these are either actual problems that need to be addressed

(e.g., concern about being harassed or stolen from at night by a particular roommate with whom there has been conflict), or they are feelings rather than thoughts (e.g., loneliness, fear). Neither can be resolved on a purely cognitive level. So it would not be helpful here to get into a discussion about attribution. Instead, it proves useful to name the associated feelings as such, to validate them, and to refer to future sessions, e.g.

What you described is not just a thought, but a feeling. I'm sure many in the group know this feeling of "being alone", don't they? It is completely understandable! Feelings can sometimes be attributed to the past or future, but that is often not enough for them to subside. We will keep this aspect in mind and come back to it in the upcoming sessions, because it is very important! We will learn some more strategies for dealing with feelings [Anxiety -> Nightmare session, Loneliness -> Positive Imagination]. Today, for now, we'll stick with strategies for dealing with lots of thoughts. Is this okay for you?

4. Transfer to everyday life: strategies for distancing thoughts and stimulus control.

Reflection with focus on the experiential level

How does it feel to write down the thought like this and put it aside? We would recommend that you try this technique once over the next week and each evening write down existing ruminative thoughts that keep you from sleeping in a notebook and then put it aside.

Many participants experience writing them down and putting them away as pleasant and relieving. However, doubts and concerns may arise about writing things down, such as that it reinforces thoughts. It is important then to explain well that the exercise is not to bring all thoughts and problems here before going to bed, but to write down brooding thoughts that are there anyway, in order to better conclude them. There may also be thoughts of the past and memories. Again, these should only be marked with a heading and should not be thought about in depth.

Collecting other strategies

Once you have gained distance from the thoughts by writing them down, the question naturally arises: what to do now? It is now very important that you leave your bed as soon as you start ruminating again (stimulus control) and then consciously distract yourself. In other words, you should consciously direct your attention to something other than the pen (your problems). Do you have an idea what that might be? What can you do in the evening or at night to distract yourself from your thoughts?

Ideas should be collected from the group, which can then be supplemented by individual ideas from the group leader.

Possible alternative strategies for "filing away" thoughts.

- Tell a trusted person about the worries: In doing so, it may be important to tell the person in addition that you are not seeking a solution together with them at the moment, but simply want to "get the worry out of your head."
- Send a voice message to yourself (or a trusted person) so that it has been spoken and "sent off".
- Do a few physical stretches to get the thoughts off your mind: (This can be tried and done directly in the group!): Stand up, strip limbs, loosen up, shake out and "shake off" (see final exercise).
- During evening personal hygiene (e.g. brushing teeth, washing face) consciously think about it and mentally "wash it away". This may resemble ritual ablutions before prayer, but should be done carefully. If carried out excessively and in extreme cases, this procedure might correspond to a compulsion to wash.
- For religious participants: Incorporate worries into evening prayer and "hand them off" to a divine entity for the duration of tonight. (Place a prayer symbol in the center).
- At night: change position: sit on floor next to bed or at end of bed.
- Make a round of the living unit, consciously concluding with thoughts for the day. Possibly find a quiet place and tell the thoughts there and then stop and return (based on old rituals from e.g. Afghanistan, where in earlier generations people told their worries to the river and let it wash away).
- Solving Sudokus, solving arithmetic problems
- Drawing, painting by numbers, coloring mandalas
- Reading, looking at a magazine
- Listening to podcast/audiobook

Conclusion 3: We can actively do something to create distance from our thoughts at night and distract ourselves. But this requires practice.

Part III: Closing the session

Summary of today's session, "What are you taking with you from today's session?"

1. Sometimes it doesn't help to think about your problems all the time, because then you miss other things in life or the problems seem even bigger as a result. Every now and then you should consciously try to stop thinking.
2. Night is the time to sleep. Thinking and finding solutions works better during the day.
3. We can actively do something to create distance from our thoughts at night and distract ourselves. But this requires practice.

Therapy task: "Putting away" the thoughts by using one of the strategies discussed (e.g., writing down a heading in the booklet given). Again, anticipate difficulties and motivate small steps of change.

Brooding usually happens automatically. Sometimes you don't even notice it, and for many it has long since become a habit. Accordingly, other strategies must also first be laboriously tried and practiced night after night so that they become new habits. Every minute that you manage to step out of the thought circles is already a success in the beginning.

In addition, reminders can be given about maintaining regular bedtimes and skipping daytime sleep.

Items to share:

- Pen from the pen metaphor exercise.
- Notebook for the thought headings

Final exercise "Shaking out thoughts":

Participants are instructed to stand up and "tap out" and shake out all parts of their bodies one by one. Finally, everyone stretches to the ceiling three times and, with an audible exhalation, "falls" forward, bent over with momentum, to let go of the last heavy thoughts of the session.

Notes for the group leader

In our experience, the topic of brooding and worrying is a very relevant topic and a great burden for the participants. Therefore, it might be a good idea to stretch the topic over two sessions in order to go deeper into it. In this case, the aspect of stimulus control can also be deepened ("The bed is only for sleeping. If you are brooding, you should get up").

Session 5: Relaxation

Session Objectives
<ul style="list-style-type: none"> - Identify importance of relaxation for sleep - Become familiar with activities that promote relaxation in the evening - Learn about and be able to use progressive muscle relaxation (PMR)
Session Structure
<ul style="list-style-type: none"> - Part I: Beginning of the session (15 min) - Part II: Role of relaxation for sleep. <ol style="list-style-type: none"> 1. Introduction and psychoeducation: Why is relaxation so important? (10 min) 2. Developing relaxation strategies and evening routines (30 min) 3. Progressive Muscle Relaxation (PMR; 25 min) - Part III: Closing the session (10 min)
Material
<ul style="list-style-type: none"> - Water glasses and water - Sleeping or relaxation tea - Small picture of PMR explanation (see online materials) + if possible PMR audio file

Part I: Beginning of the session

1. Introductory exercise to strengthen group cohesion and physical activation, e.g. "The two-legged chair" (see appendix).

2. Introductory round with repetition and follow-up discussion of the therapy task, e.g.:

- *How did it work to "put the pen aside at night"? What new things did you try for this? What helped? What didn't?*
- *How are you continuing with regular bedtimes and avoiding daytime sleep?*

Note: As the topic of brooding is often experienced as particularly stressful, it may be necessary to make this review session more detailed, to specifically address difficulties in the implementation of the discussed strategies and, if necessary, to add further recommendations.

Part II: Role of Relaxation for sleep

1. Introduction and psychoeducation: Why is relaxation important? The Glass- Metaphor

All participants receive an empty glass, and a water bottle is available.

We can think of our general stress/tension level as a glass filled to different levels. The more water in the glass, the more stressed we are.

- *How full is your water glass right now/currently? All participants fill their glass with water as high as they perceive their current stress/tension level and briefly comment on this.*
- *With a new glass, how full do you think the glass needs to be for you to sleep? Why not fill the glass in your hands as full as you think is good for falling asleep.*

Conclusion 1: Stress and tension prevent good sleep. It is necessary to lower the stress level before going to sleep.

2. Developing relaxation strategies and evening routines

Transferring the model into everyday life

*What do you do in the evening? What did you do last night?
Does this activity make water run into the glass or make it run out?*

The collected activities are written on cards and then placed next to the full glass (= symbol for stress-inducing activity) or to an empty glass (= symbol for relaxation-promoting activity).

If the participants had few ideas, a general collection can be made or the suggestions of "former participants" can be used as examples for sorting: e.g. talking on the phone with the family, playing PC games, drinking alcohol, watching YouTube videos, watching emotional series, watching/reading news (from the home country), doing homework, studying for exams, reading, listening to audio books,...

Psychoeducation and gathering strategies together.

The evening must be arranged in such a way that we make it as easy as possible to sleep. Remember the 2nd session when I told you about the body rhythm [► Session 2: Show graphic again]. In the evening, the body 'shuts down'. The body becomes less active. The body and thoughts should adjust to sleep and relaxation. When we support these processes, we help ourselves fall asleep. Now let's think together about how you can create a good evening routine."

Examples of relaxation strategies

Relaxation strategies
<ul style="list-style-type: none"> - Drink sleep or relaxation tea (caution: no black or green tea!) - Take a warm shower / bath - Take a walk - Listening to or reading a (boring, relaxing) story/podcast/fairy tale - Flipping through a magazine, reading something simple - Listen to relaxing music - Praying/listening to verses from the Koran - Little light -> Before sleep, as little lighting as possible, very little "white", bright light. Relaxing is cozy, warm, yellow light, screen dimmed. - Doing light arithmetic exercises or solving Sudoku puzzles - Drawing, painting (e.g. painting by numbers, mandalas)

3. Progressive muscle relaxation (PMR)

The relaxation strategies before bedtime can be very personal. Maybe Person A likes to sit with a friend over a cup of tea and talk about the day, while Person B prefers to say a prayer, and Person C prefers to listen to certain music by himself. But there are also exercises that help a lot of people to relax, so-called relaxation exercises. There are relaxation exercises with the breath, with beautiful inner images or also with the body. Everyone has to find out for himself or herself which of these relaxation exercises help him or her best. Today we will do a relaxation exercise for the body together. This is especially popular with people who feel stress very strongly in the body, for example, through tension and muscle pain. However, it also helps other people. You can practice it, and if you do it regularly, water will run out of the glass every time, i.e., your personal stress will become less.

Comment: Relaxation and focusing on yourself may initially be experienced as unpleasant for traumatized people. In addition, it is important to allow a feeling of control to develop in the participants. We therefore conduct the exercise in a seated position and are very transparent and small step in the explanation:

I will briefly explain what's coming up so you can be prepared. We're about to do an exercise that takes a little over five minutes. I'll instruct you to tense various parts of your body firmly one after the other, then hold them tense for ten seconds, and then let them relax again. We'll do this first with the head, shoulder, and neck area, then with the arms, then with the abdomen, then the legs, and finally again with the whole body. I will demonstrate each step. It's important that you really always tense properly when you tense with about 80 percent force. And even more

important is that you then concentrate fully on the relaxation and allow time for it to take effect and for the tension to completely dissolve into relaxation.

Pre-exercise:

Let's try this out briefly with just a fist so you understand why this works and is important. Together with me, tighten one fist firmly. You will see that the knuckles immediately turn white, the muscles are tense, and you may even see the fist tremble a little with tension. [And now relax the hand completely again, put it down very loosely. Watch how it takes a moment for the skin to redden again and blood to flow into it, the muscles gradually letting go of all tension. Often the hand is more relaxed afterwards than it was before. How does this feel to you? Is it a pleasant or unpleasant feeling?

It should be briefly explored what the participants' experience of physical tension is and whether they can relate to it. The preliminary exercise allows those participants who avoid body awareness due to trauma or who have a very poor body awareness due to a very high level of arousal to express themselves. They are asked if they are nevertheless willing to try the exercise once together with the group (giving control). If necessary, they could also loosely shake out the referred body region instead of tensing it.

Performing Progressive Muscle Relaxation

The text for the exercise can be found in the appendix.

Reviewing the exercise

What was that like for you? How do you feel now? Can you imagine trying this out this week in the evening?

Transfer to everyday life

This exercise, like all relaxation exercises, needs some practice to work well. It's best to do the exercise first during the day in a quiet moment until it works well.

Then, if it works well, you can incorporate the exercise into your evening routine (but not right before sleep) or even practice it over and over again during stressful moments during the day. If you are less stressed during the day, you will be more relaxed in the evening and sleep better.

Conclusion 2: You can do a lot to relax at night e.g. relaxation exercises like the PMR

Fig. 3: Progressive Muscle Relaxation (see online materials for this figure)

Part III: Closing the session

<p>Summary of today's session: "What are you taking with you from today's session?"</p>
<p>1. Stress and tension prevent good sleep. It is necessary to lower stress levels before going to sleep.</p> <p>2. There are many things you can do to relax in the evening, such as relaxation exercises like PMR.</p>
<p>Therapy task</p> <p>1. Evening routine: <i>This week, do an experiment by consciously doing something relaxing half an hour before bedtime each night. Avoid objects, people, and activities that normally cause your stress level to rise again in the evening (= let water flow into the glass) and instead try to do something that relaxes you (= let water flow out of the glass) every night for a week.</i></p> <p>2. PMR: <i>Please practice the PMR exercise at least twice this week, either during the day or in the evening (possibly as an evening routine, see Therapy Task 1).</i></p>
<p>Items to share:</p> <ul style="list-style-type: none"> - PMR picture (and possibly audio file). - Tea: relaxation or sleep tea for the bag.

Notes for the group leader

To facilitate the transfer to everyday life, it is useful if the participants have an audio file of the PMR in their language on their cell phones. Here it has proven useful to either record the PMR in the session directly with the participants' cell phones or to distribute links where the PMR exercise can be found on the Internet. Helpful addresses here are:

- "Newcastle Hospitals Progressive Muscle Relaxation" on YouTube: PMR in English, French, Farsi, Arabic and Urdu, English version can be found here <https://www.youtube.com/watch?v=912eRrbes2g>

- Relaxation exercises of the Techniker Krankenkasse in German, <https://www.tk.de/techniker/magazin/life-balance/aktiv-entspannen/download-anleitung-entspannung-2006922>
- Project Nawa of the PSZ Düsseldorf: various relaxation techniques in different languages, <https://psz-duesseldorf.de/wir-fuer-sie/nawa/>

Current research results show that an increased level of tension (in the evening) is related to the occurrence of (post-traumatic) nightmares. Accordingly, an improvement in the ability to relax is also conducive to a reduction in nightmares in the long term (► Section 1.2.2). This aspect can also be included as information in the session in order to increase the participants' motivation with regard to relaxation training and the establishment of an evening routine.

Session 6: Nightmares I – Understanding and coping with nightmares

Session Objectives
<ul style="list-style-type: none"> - Developing an understanding of one's own nightmares (depathologizing, relation to trauma) - Get to know strategies for dealing with nightmares after awakening
Session Structure
<ul style="list-style-type: none"> - Part I: Beginning of the session with recap of PMR (15 min) - Part II: Understanding and dealing with nightmares <ol style="list-style-type: none"> 1. Culturally sensitive introduction to nightmares (15 min) 2. Psychoeducation I: What are dreams/ nightmares? (15 min) 3. Psychoeducation II: How can nightmares be treated? (15 min) 4. Short-term coping strategies after a nightmare (20 min) - Part III: Closing the session (10 min)
Material
<ul style="list-style-type: none"> - Dream catcher - Box with crumpled paper/tissues (darker and lighter) - Re-orientation skills: picture/postcard of a nice/safe place (e.g., from host country), glow-in-the-dark stars, footlight lamp, taste-intensive chewing gum (e.g., Center-Shock), scented oil - Large white cloth

Part I: Beginning of the session

1. Introductory exercise: Repetition of PMR from the previous week.

By performing the PMR again briefly, its application is consolidated. It provides an opportunity to clarify open questions. At the same time, the exercise sets a physical focus in relation to the rest of the session. Alternatively, a short physical stretching and tapping exercise is recommended, for example, which can be referred to in the course of the session if there is a tendency to dissociate (see appendix).

2. Introductory round with review and follow-up discussion of the therapy task, e.g.:

How well did you manage to make your evenings relaxing last week, i.e., to skip stressful activities and try relaxing ones instead? What worked well for you? What difficulties did you encounter?

Part II: Understanding of and dealing with nightmares

1. Culturally sensitive introduction to nightmares

The participants are shown a dream catcher.



Fig. 4: Dreamcatcher

Image source: <https://en.wikipedia.org/wiki/Dreamcatcher#/media/File:Atrapasuenos.jpg>

Have you ever seen something like this?

It is an ancient tradition. It comes from North America. There are cultures that hang so-called "dreamcatchers" over their beds when they have bad dreams. According to their legend, good dreams come through the holes, but bad dreams get caught in the net. Thus, according to the belief of these people, this dream catcher should protect the sleeping person from bad dreams.

- ➔ *How are dreams and especially nightmares explained in your country or in your family? What meaning do they have? Are there any stories/myths/folk sayings about them?*
- ➔ *How are nightmares treated as a result? What advice would parents or grandparents give about this?*

Dreams and nightmares, as well as evil nighttime spirits, have always preoccupied and troubled people all over the world. There are very

different explanations for them and also very different ideas about what can help against nightmares. In the last decades, scientists all over the world have been trying to study and understand dreams with different approaches. This is not easy, and not all questions can be answered yet. Today we want to present you a possible explanation of how to understand dreams and nightmares from a scientific point of view. It is very helpful because it gives ideas for proper treatment at the same time.

Note: The aim is to open discussion for various explanations and to present them side by side in a non-judgmental way. This introduction opens up the possibility of also introducing shame-related explanations, e.g., the belief that one is haunted by demons. This is sometimes stigmatized and is often not brought up spontaneously or only indirectly (e.g., an acquaintance would have this problem).

Apply the topic to the participants:

What is it like for you? Are nightmares part of your sleep problems? How many of you know the problem of regularly waking up from terrible dreams? Do the dreams tend to be about situations you have experienced or are they jumbled and chaotic? Do you have an explanation for what you dream?

Note: Depending on how high the trauma level (tendency to dissociate, intrusions, etc.) of the participants in the respective group is, a more protective or more normalizing approach can be chosen here. The tendency is to normalize rather than to build up an even higher fear and avoidance threshold. At the same time, the group leader is responsible for the well-being of all participants in the group. In the case of an unstable group, it can be helpful at this point to clarify the framework for the session and to clearly ask not to give details or to anticipate that the leadership will have to interrupt narratives of dream content. There should be no fear of reporting dream content in front of the group, nor of having to bear the heavy burden and inner images of others.

2. Psychoedukation I: Was sind (Alb-)Träume?

Suitcase metaphor

As already announced, this brings us to an important question if we want to understand and also treat nightmares: Why do we actually dream? You have already mentioned some explanations. [If not, briefly ask for ideas].

The group leader takes an empty box or a small suitcase and a pile of cloths and starts explaining dreams in general:



Scientists explain dreams and nightmares like this: The head processes at night what we experience during the day, what occupies us and what feelings we have. Each experience is like one of these cloths [taking one at hand] and is processed in the head [putting it in the box]. We experience many different aspects during the day: what we see, hear, feel, thoughts, conversations, feelings [put a cloth in for each until the box is full]. When we sleep, all these aspects are processed. That is, the brain "looks through them again" [take out one at a time, look at them, fold them] and then stores them as memories [pack them in sorted, folded, the cloths visibly take up less space and no longer completely fill the box]. We then dream about many different things that occupy us. This usually goes wildly awry in dreams, and researchers have not yet fully understood exactly how it works. What we do notice, however, is that the more intense our feelings during the day, the more intense our dreams. And often, the more stress and strain we have during the day, the more restless and unpleasant the dreams: there's more to process.

Transition to post-traumatic nightmares:

But there are also terrible experiences that threaten our lives or the lives of others [take dark cloth at hand that is significantly larger than the rest or many dark individual cloths]. The images, sounds, thoughts and especially feelings in these situations are so strong and terrible that it is too much for the brain [stuff dark cloth into the already full box so that it overflows]. These experiences cannot be properly processed or stored [box does not close well, cloth ends peek out]. Instead, they keep coming out as unwanted memories [cloth comes out of box when a new light cloth is inserted because there is no more room]. This already happens sometimes during the day, although you try to keep the box closed. But especially it happens at night when you are sleeping. Because when you are asleep, you have even less control over your thoughts. Almost all people who have experienced a trauma, i.e. a terrible/life-threatening

situation, experience nightmares in the first weeks and months afterwards (acutely). For some they go away on their own, for some they persist and repeat over and over. We explain it like this: the brain does not manage to finally process the enormous stress of a situation. It was just too much, and these memories remain incompletely processed or untidy in the mind. Can you understand this? Does this explanation make sense to you?

Conclusion 1: I am not alone with the problem of nightmares, and it is normal to have nightmares after terrible experiences.

3. Psychoeducation II: How can nightmares be treated?

Based on this explanation, do you already have an idea how to treat nightmares? How could you solve the cloth chaos in the box? Now there are two ways to deal with this situation. One way helps in the short term and another helps in the long term.

Short-term coping strategies explanation:

The short-term solution is: you can learn techniques to help quickly stuff the cloths back into the box, that you can close it again. That is, strategies to help quickly get back in control of one's feelings, thoughts, and body [stuffing cloths that spill out back in and closing the box]. These techniques are important at night when you've woken up from a nightmare so you can get back to sleep in the first place. Knowing what to do after a nightmare to get calm again can already make the nightmares much less distressing.

Prospects for treatment options for long-term coping through Imagery Rescripting and Rehearsal Therapy (IRT; see ► Chap. 1.5.2):

To make the nightmares stop coming, however, you have to do something more. You have to help your head to process the stressful experience or the great stress you have experienced. You can't do that by trying with all your might to forget what you experienced [trying in vain to close the overflowing box with force, even though cloth ends continue to hang out the sides]. Instead, it helps to talk about it in a specialized individual therapy. There you learn to tell and process it piece by piece in such a way that at some point it doesn't have to come back. It's like taking out each piece, looking at it closely, putting it together, and putting it back away well so it can find a good place in your memory [illustrate with the dark cloth]. Unfortunately, we can't do this as a group. You

would have to tell all of your horrible experiences. That would be too hard and burdensome in a group. That's why we don't do it here. For many, it is also very stressful, because this treatment involves retelling everything you would like to forget. That's why it's important that a therapist supports you in this and shows you how to do it well. Unfortunately, it is often difficult to find a therapist for this individual therapy. But it is important to us that you know: Something can be done to actually make the nightmares less. Until then, it is important that you are able to deal well with your nightmares in the short term. That's what we take care of in this group.

Optionally, a short physical loosening-up exercise can be done if fatigue and concentration difficulties or dissociative tendencies are evident in the group.

4. Short-term coping strategies after a nightmare

What do you feel right after you wake up from a nightmare? How do you feel like in that moment?

Physical symptoms are collected with the participants (e.g., sweating, palpitations, tension, trembling, shortness of breath, lump in the throat, headache ...).

We realize our body reacts strongly to a nightmare. Why is this so? For our brain/head, images we see in dreams seem as real as images we see in reality. Our head cannot distinguish between the two while we are asleep. The body reacts as if there is actually danger - even though we are simply lying in our bed and are actually safe. So what could help when we wake up from a nightmare? The first goal is to "wake up" as well as possible. Only then will our head and body have a chance to realize, "It was just a dream! I am safe!"

Conclusion 2: First goal after a nightmare is to completely wake up!

So, you need something to help you wake up quickly and know where you are. What can this be for you personally?

The collected ideas are written down or sketched on moderation cards (or collected in the form of an item, e.g., scented oil) in the center of the circle of chairs on the floor. The ideas from the group are supplemented with items from

the sleep first aid kit (e.g., luminous stars). Afterwards, it is important to discuss the possibilities of transferring the ideas to the participants' everyday lives.

How can you realistically implement such strategies (in your accommodation/ in the presence of your roommates)? Which of these could fit for you?

"First aid" after a nightmare Goal: Wake up and get oriented
<p>1. "Stopping" - interrupting the nightmare:</p> <ul style="list-style-type: none"> - Saying "Stop!" or, "I'm in [current location]! I'm safe! It was just a dream!" - Clapping or stomping - Provide taste stimulus, e.g., using spicy or sour gum or lozenges - Provide olfactory stimulus, e.g., by using (mentholated) scented oils or balm under the nose <p>2. "Breathing" - taking a deep breath</p> <p>3. "Grounding" - Re-orienting:</p> <ul style="list-style-type: none"> - Switch on light - Place luminous stars next to the bed in the immediate field of vision - Changing position: sitting up, standing up, leaving room, etc. - Tapping, feeling feet on the floor - Focus on immediate surroundings (possibly 5-4-3-2-1 exercise/"everything-is-blue" exercise) - Drink something - Wash face/shower (possibly with cold water) - Place postcard (possibly of current living environment) next to bed/become aware of it - Place safety-giving (culturally and individually appropriate) object within reach, e.g., photo of a caregiver, good luck charm, talisman with Qur'anic verse, cuddly toy, etc. (after ► session 7, the gemstone from the group can also serve for this purpose) <p>4. Consciously shutting down the horrible images:</p> <ul style="list-style-type: none"> - Saying to yourself, "Okay, that was a nightmare. Now it's over. I have other images in my mind again now." - For example, turning over with your head at the foot of the bed, lying on the floor, or turning the ceiling to consciously achieve a break - Writing down the nightmare images in bullet points (assuming the participant can sufficiently distance him/herself or is not prone to dissociation)

Note: If there is still time (or in the individual setting), the ideas collected can be put into a helpful order for one person from the group as an example, in order to

make an individualizable skills chain recognizable for the participants. To make the session more active, individual aspects can be anchored in the memory on an experiential basis, e.g., by the participants saying "Stop!" aloud together, stomping, standing up, sitting down one seat further, etc., and then reflecting together in the group how this "interruption" of the session feels.

Conclusion 3: There are strategies that can help me with this: Stopping, Breathing, Grounding.

Part III: Conclusion of the session

<p>Summary of today's session, "What are you taking with you from today's session?"</p>
<ol style="list-style-type: none"> 1. I am not alone with the problem of nightmares, and it is normal to have nightmares after terrible experiences. 2. The first goal after a nightmare is to become fully awake! 3. There are strategies that can help me do this: Stopping, Breathing, Grounding.
<p>Therapy Task: All participants choose one of the strategies to try in the coming week if a nightmare occurs.</p> <p style="padding-left: 40px;"><i>Faced with such a strong stressful situation at night, we usually can't think clearly. Then it is not easy to think of something new. Put everything you need for this already in the evening next to the bed or in your sleep first aid kit under the pillow.</i></p> <p>In addition, remind participants of the exercises from previous sessions. They also help, on the one hand, to reduce the likelihood of the occurrence of nightmares (regularity, omitting daytime sleep, PMR), and on the other hand, to deal with the time of wakefulness after nightmares ("putting away" the thoughts).</p>
<p>Items to share:</p> <ul style="list-style-type: none"> - Luminous stars - Possibly a postcard from current/ safe location - Sour chewing gum

Final exercise "Shaking off inner images":

A large white cloth is placed in the center.

We have talked a lot today about terrible inner images. This is a heavy topic. However, we want you to go home with good thoughts and a light heart. So now we bring our attention back to the body as we did in the beginning, and after that we shake all the bad thoughts and images here onto this cloth so that they stay here.

The whole body is shaken out, tapped off and everything is shaken onto the cloth in the center, the group leader packs up this cloth and puts it away in a corner of the room. This provides a physical stimulus to put this matter to rest.

Notes for the group leader

It is important to allow enough time in sessions on nightmares to end the session well, so that even highly distressed participants go home stable.

It can be difficult to interrupt participants when they begin to talk about nightmare content and, in that context, traumatic experiences. Particularly through speech mediation, the group leader only learns about what participants are reporting with a time delay. It is important to observe the reactions of the other group members and, if necessary, to interrupt them in an appreciative manner if there are signs of increasing tension in the group,

e.g., "Thank you very much: Thank you for sharing so openly here in the group about these stressful images. We thank you very much for your courage and trust! Nevertheless, I will interrupt you at this point for today. We are interested in what you had to experience, and at the same time it is important to us as group leaders to take good care of all of you here in the group. In a group where many people have terrible images in their heads, we have to be careful that they don't go home with even more terrible images. So we'll leave it like that for now. Is that okay with you?"

It may happen that participants report "bad dreams" without awakening and fear reaction, as opposed to nightmares (► Ch. 1.2.2.2 Definition). Such dreams may be about separation from relatives, for example, and may be accompanied by feelings of loneliness, homesickness, and sadness. These feelings should also be validated appropriately, ideally with the involvement of group members who are usually also aware of such feelings. This leads to the person opening up in front of the group feeling understood and seeing that they are not alone in this. In addition, reference can be made to ► Session 7 and ► Session 8, which address strategies for dealing with strong feelings at night.

Nightmares and other forms of parasomnia are partly subject to culturally/contextually shaped explanatory models (► Section 1.3, especially 3.2 for corresponding recommendations for action).

In order to limit the content to the essentials, psychoeducation on sleep phases was not provided in the STARS program. In the case of an interested group or

in an individual setting, it may be useful to go into this in more detail. An understanding of the peculiarities during REM sleep could help to make special phenomena such as sleep paralysis understandable for those affected.

Session 7: Nightmares II – Fear in the night

Session Objectives
<ul style="list-style-type: none"> - Understanding of own fear (or strong feelings) at night - Reduction of dysfunctional behavioral strategies (fear of sleep) - Building up functional behavioral strategies (consciously shutting yourself off and turning to pleasurable activities)
Session Structure
<ul style="list-style-type: none"> - Part I: Session begins with recap (10 min). - Part II: Strategies for dealing with anxiety at night <ol style="list-style-type: none"> 1. Psychoeducation on anxiety (or strong feelings) at night (20 min) 2. Optional: Dysfunctional behaviors for anxiety (after a nightmare or before sleep) (10 min) 3. Helpful strategies for dealing with anxiety at night 4. Opposing action and stimulus control (15 min). 5. Physically mitigating anxiety using breathing exercises (25 min) - Part III: Closing the session (10 min)
Material
<ul style="list-style-type: none"> - Pictures with breathing exercise to share (see online materials) - Mandalas, Sudokus, etc. as examples for alternative activities

Part I: Session begins with recap

1. Introductory exercise

Recommendation: Exercise focusing on activation and group cohesion given the sensitive topic, e.g. "The two-legged chair".

2. Introductory round with recap and follow-up discussion of the therapy task.

Have you had a nightmare since the last appointment? What strategies did you try after waking up? How well did you do in waking up quickly from the nightmare and getting your orientation? What were the difficulties?

Part II: Strategies for dealing with anxiety at night

1. Psychoeducation on anxiety (or strong feelings) in the night

In most cases, the patients report difficulties, especially in the further course of the waking phase, that go beyond the reorientation strategies of the ► 6th session. Many affected persons find it difficult to calm down. After nightmares, strong feelings, such as anxiety, persist. Anxiety prevents returning to sleep, or affected persons fall back asleep, only to awaken from another nightmare shortly afterwards. Some even avoid going back to sleep, and fear of sleep develops (► section I.2.2.3).

Note: Other feelings are also possible after bad dreams/ nightmares e.g., disgust or shame in connection with sexual violence, or grief, guilt, and loneliness in the case of separation or loss of relatives. In order not to overload the session at this point, we limit the content primarily to dealing with fear/ anxiety. (For preliminary suggestions in dealing with other emotions, see "Notes for the group leader" at the end of this session).

Sharing strong anxiety (or other feelings) at night (or picking up on what participants have already brought to this in today's or previous sessions):

How do you feel in the time after you wake up from a nightmare? After you have woken yourself up properly and you also realize that it was just a dream: What feelings do you have? How does your body react as a result? What do you do?

Psychoeducation on the origin and classification of strong feelings at night:

Many patients report to us that they often have strong feelings at night. After a nightmare, this is often strong anxiety. But also feelings like sadness or loneliness are particularly intense at night. This is due (as already explained in the session with ruminations and worries) to the fact that we have physical processes at night that do not activate us, but on the contrary make us rather passive. This usually helps us to sleep. However, when lying awake, it causes us to deal poorly with strong feelings and feel even more helpless with them. Furthermore, we have fewer distractions at night. This also makes the feelings seem even stronger. Do you remember?

Psychoeducation on the function of anxiety:

Such strong feelings affect our bodies. Anxiety causes us to be tense, alert, and ready to react. But why do we even feel anxiety in the first

place? In which situations might anxiety make sense or be helpful? Has your anxiety ever helped you in your life?

Psychoeducation on fear in harmless situations:

Being afraid can ensure our survival. It ensures that we can react quickly in dangerous situations e.g., run away, hide or defend ourselves. Many of you have already had to endure dangerous situations in your lives. Some tell us that fear may have saved their lives in these situations, like a "friend". In dangerous situations, being afraid can be helpful. But what about at night after a nightmare when you are lying in your bed? Is there really any danger?

Usually, no. The fear is caused by dreams i.e., images in our mind. When one had to go through terrible experiences, fear often became a familiar companion. It may have saved your life sometime... Yet, today the once helpful fear "overreacts" and is very strong even in situations that are not dangerous like lying in bed. This "friend fear" wants "only the best" (your survival) and has forgotten to distinguish what is real danger and what is not.

Conclusion 1: Distressing feelings appear stronger at night than during the day. This is normal and very understandable, especially after distressing experiences.

Note: Some participants are ashamed of their fear or that it is necessary to calm down like a small child. Here it can be helpful to mention that at night there is the great advantage of not having to "save face". Others hardly notice what happens at night. Although one may be strong during the day, feelings are stronger at night. It is okay to be afraid and to wish for protection or comfort like a child.

2. Optional: Dysfunctional behaviors for anxiety (after a nightmare or before sleep).

Fear of sleep often affects only part of the group. Therefore, we recommend performing this part only when a relevant proportion of the group is affected.

Psychoeducation and sharing in the group:

Anxiety gives us "advice" on how to behave in dangerous situations (e.g., be attentive, prepared to run or fight). However, when anxious after a nightmare, these behaviors can harm your sleep (in the long term). Do you sometimes do things out of fear that may be bad for your sleep? For example, some people avoid sleeping at night or after a nightmare out of

fear to get back into another nightmare, some prefer to sleep during the day, some only sleep with the lights on to feel safer, some are afraid to take sleeping pills that might numb them, some are afraid to sleep alone.

Brief exchange:

If anxiety leads you to think that sleeping itself is dangerous and you'd rather not sleep, we call that "fear of sleep." Then one fear leads to another fear and you don't feel safe with sleeping at all. This is a big problem for sleep, of course.

Conclusion 2: Anxiety sometimes leads you to do something that is detrimental to your sleep. Don't give in to "wrong advice" from your anxiety!

Note: This does not mean that affected persons should only sleep in the dark and alone. Safety-giving strategies, such as soft night lights, are temporarily useful and may be necessary for the purpose of reorientation. For the time being, affected persons are only advised to question their strategies from time to time and, in the long term, to rebuild trust in safety during sleep.

3. Helpful strategies for dealing with anxiety at night

Transition to and exchange about (previous) attempts and solutions:

Fear is an important feeling (for survival). At night in a safe bed after a nightmare, however, it cannot fulfill its useful function. On the contrary: it leads to tension and makes you awake. As a result, it prevents you from sleeping. What can you do to calm down and diminish anxiety? Do you have any ideas or experiences?

Opposing actions and stimulus control

For example, you might do the exact opposite of what the anxiety is telling you to do, such as when you have the impulse to hide under the covers and not move at all, instead knock the covers aside, get up, and consciously engage in something else. We call this opposing action.

The important thing for sleep is that if the anxiety is strong and keeping you awake: Don't stay in bed. Get up, sit up, or at least turn around the other way. For sleep, it is important to use the bed only for sleeping. Anxiety has no place there. Do not return to bed (or your usual sleeping position) until you are tired and calm enough to fall asleep (see Stimulus Control).

It is best if you already know some activities for such situations that have a calming effect on you personally and mitigate anxiety. What activities could these be? What can you do well with yourself at night? This can be different for each of you. The activity must be a good fit for you.

**Ideas for strategies for dealing with anxiety after a nightmare
(see also session brooding/ relaxation)**

- Listen to audio book (nothing upsetting, e.g. YouTube: "Fairy tales for children")
- Talking/telephoning with roommate or friend
- Praying
- Playing a game of skill on the cell phone (e.g. Tetris, CandyCrush...)
- Going for a walk
- Doing arithmetic exercises, solving Sudoku
- Drawing, painting (e.g. painting by numbers, mandalas)
- Sewing, knitting, needlework, handicrafts
- Learning a language
- PMR (repeat)

Conclusion 3: Two helpful recommendations for action:

The bed is **only** for sleeping. Get out of bed until the anxiety subsides!

Consciously shut down the nightmare and the fear and turn to an activity that is calming for you instead!

4. Weakening the fear physically by means of a breathing exercise

Today, we want to do another short exercise that is very helpful with anxiety. It helps to relax our body. Let's review it again briefly: What changes physically when you feel anxious? (Muscles tense, breath goes faster, heart beats faster, lump in throat, etc.) Remember the PMR exercise? With this, we induce relaxation by relaxing the muscles. In addition to the muscles, two of our most important organs are affected by anxiety: The heartbeat and breathing. Both of these normally function completely automatically. We don't have to consciously worry about breathing or that our heart is beating. Why don't you pay attention to your breathing for a moment right now? To do this, place one hand on your chest and one on your stomach. This will help you feel your breath. Can you perceive your own breathing? Is your breath going rather slowly or quickly right now? Which hand is rising and falling (the one on your chest or on your belly)? How does it feel?

Breathing under stress, tension and anxiety:

How would your breath feel in comparison if you were afraid right now? It would be faster, shallower, we breathe in a lot and perhaps more into the chest cavity. Please try this out for a moment. Breathe as if you were afraid right now, that is, fast and shallow. Do you notice a difference? How does it feel? How do you feel when you do this?

Teaching control over breath:

You've just taken advantage of an ingenious feature of the breath. Although we normally breathe completely automatically, we can also consciously control and change our breath. Consciously changing our breathing can directly affect our bodies and our well-being. Have you noticed this in yourself?

Working out and moving smoothly into a relaxing, deep abdominal breathing:

Consequently, how do we need to control our breath to become calm and relaxed? What is the breath like when it is calm and relaxed? Do you have any idea? It goes slow and deep. Ideally, it goes all the way to the abdomen. Your hand on your belly rises as the air comes in, but your hand on your chest barely moves. This makes the breath deeper. Give it a try!

Introduction of the breathing exercise

- See attachment for instructions
- Exercise can be recorded on participants' cell phones, like PMR, to practice at home.

Debriefing of the exercise:

How was this short breathing exercise for you? What did you notice? How do you feel now? Were there any difficulties?

Transfer to the participants' everyday life:

In what situations can this exercise help you personally? How can you do it or adapt it so that it fits well for you? You can make this exercise as long or short as you like. Sometimes a deep conscious breath is enough. Sometimes it takes a little longer to regain full control of your breathing and calm down. Use this ingenious strategy. Even if you don't have the rest of your body under control, you can at least influence and calm yourself through your breath.

Conclusion 4: You can consciously control your breath. This can help to relax the body and calm down.

Note: Some participants report that they experience dizziness during the breathing exercise. In case of dizziness, the exercise should be stopped. In this case, hyperventilation probably occurred due to too rapid and intensive breathing, i.e. too much carbon dioxide was expelled and at the same time too

much oxygen was taken in. In this case, it should be pointed out to breathe deeply and slowly into the abdomen, but not to overdo it and to concentrate especially on the exhalation..

Fig. 5: Breathing exercise (see online materials for this figure)

Part III: Closing the session

<p>Summary of today's session, "What do you take away from today's session?"</p> <ol style="list-style-type: none"> 1. Anxiety appears stronger at night (and after traumatic events) than during the day. This is quite normal and very understandable. 2. Anxiety sometimes leads you to harm your sleep with your behavior. Don't get involved in "wrong advice" from your anxiety! 3. In case of anxiety after a nightmare, you should get out of bed, try to deliberately close off the nightmare and anxiety, and engage in a calming activity instead. 4. You can consciously control your breathing. This can help to relax the body and calm down (in case of anxiety).
<p>Therapy task: Perform the breathing exercise independently. Ideally, the timing of the exercise and when to start is discussed to make it more likely to be implemented. It helps if the participants possibly record the instructions on their cell phones during the lesson so that they can be listened to again at home.</p>
<p>Items to share:</p> <ul style="list-style-type: none"> - Picture with breathing exercise

Notes for the group leader

As an alternative to audio recording on your own cell phone, you can also refer to similar breathing exercises on the Internet.

- Project Nawa of the PSZ Düsseldorf: relaxation techniques in different languages, <https://psz-duesseldorf.de/wir-fuer-sie/nawa>
- Southwest Finnish Mental Health Association Turun Kriisikeskus on YouTube: Breathing exercises in different languages, <https://www.youtube.com/@TurunKriisikeskus1>
- Techniker Krankenkasse: relaxation exercises in German, <https://www.tk.de/techniker/magazin/life-balance/aktiv-entspannen/download-anleitung-entspannung-2006922>

If there is a desire in the group to work on a different emotion, the content can be adapted according to the experience of the group leader. The topic of emotion regulation is extensive and would exceed a detailed presentation here. Some session contents can be transferred well to other emotions (e.g., emotions are stronger at night, it takes an active approach to deal with them).

Overall, the goal should be to find a balance between validating the legitimacy of the feelings and teaching strategies to regulate the strength of nighttime emotions with the goal of being able to return to sleep. For further suggestions on emotion regulation strategies for dealing with anger and sadness, see STARK manual (Koch et al., 2019), for suggestions in dealing with homesickness see Abdallah-Steinkopff et al., 2022.

Session 8: Positive Imagination

Session Objectives
<ul style="list-style-type: none"> - Psychoeducation on the benefits of imagination techniques - Introduction to the use and implementation of an imagination techniques
Session Structure
<ul style="list-style-type: none"> - Part I: Start of session with playful imagination and repetition (20 min). - Part II: Introduction to positive imagination <ol style="list-style-type: none"> 1. Introduction to the topic and discussion of previous experiences (10 min) 2. Psychoeducation and motivation building for the use of imagination techniques: "Three reasons for imagination" (30 min) 3. Practising an imagination exercise: "The inner garden" (20 min) - Part III: Closing the session (10 min)
Material
<ul style="list-style-type: none"> - Gemstones - Graphics to illustrate the explanations (see online materials) - If necessary, photos/pictures of gardens to support the exercise - Possibly audio file of the imagination exercise

Part I: Start of session with playful imagination and repetition

1. Introductory exercise in the form of a playful imagination exercise.

Recommended exercise: "The invisible ball" (see appendix). Alternatively repetition of the breathing exercise from the previous session proves useful.

2. Introductory round with recap of the therapy task, e.g.:

How well did you manage to deal with your nightmares and anxiety last week? What strategies did you try to become calmer again? Did it work to get out of bed until the anxiety was gone? Did you try the breathing exercise? What worked for you? What were the difficulties?

Part II: Introduction to positive imagination

Introduction to the topic and discussion on previous experiences

Inner images are very powerful. We discussed this last week. Negative images in the mind, as with nightmares (or memories), can cause great

anxiety. The body reacts to them in a stressed way, and we feel as if we are really in a terrible or dangerous situation. We then have unpleasant feelings, such as fear.

But what about the other way around with positive inner images? In your experience, do these also have an impact on your feelings and your body? Which one? Do you have an example?

We can actively use the effect of positive inner images. The ball exercise from the beginning is a simple example of how we can imagine anything we want. By actively and consciously imagining (positive) images, we can influence our body and our feelings. It can help calm us down and make us feel better. Do any of you know this? What do you imagine to evoke good feelings in you?

Psychoeducation and motivation building to use imagination techniques: "Three reasons for imagination"

There are three good reasons to actively use your imagination. I will explain all three reasons in detail.

Reason 1: Imagining inner images directly affects our well-being and even our bodily reactions.

Let's do a little experiment on this.

Lemon exercise

Concentrate for a moment on the images that my words create in your mind's eye. Imagine you are standing in front of a lemon tree full of ripe, yellow fruit. The sweet smell of the lemons rises to your nose, and you pick one of the lemons from the tree. Imagine that the large yellow lemon is in your hand. Feel the texture of the peel, smell the fragrance! Then imagine taking a small knife and cutting the lemon in half. Even as you cut, the juice runs down your hands, and the acid may hurt a little on your skin. Imagine licking the drained sour-sweet juice off your hands. Can you feel the acid on your tongue? And then imagine biting firmly into the flesh of the lemon with a big bite, and the lemon juice of the ripe fruit filling your mouth.



Image source: <https://de.wikipedia.org/wiki/Datei:Lemon.jpg>

Discussion of the exercise:

How did you feel during the exercise? Could you imagine the lemon well? What happened physically during the imagination? What did you notice about anything? [For example: increased salivation, contorted facial expressions] You see: Even through this small exercise, we can evoke a physical reaction.

Conclusion 1: *Our imagination has a great influence on our body.*

[put the graphics in the middle for illustration].

Reason 2: Consciously imagining beautiful inner images is like a kind of "happiness power training" for our mood and inner strength.

How many of you do any sports? What do you need to do to get better at it? You need to train regularly. Regular repetition will train your muscles and physical endurance. And in the same way, by regularly imagining positive inner images, you can train your mental strength and endurance. For competitive athletes, this is called "mental training". Have you heard of it? To be successful in sports, you have to be not only physically fit, but also mentally fit. This means, for example, that you have to be able to calm down before a competition if you are uncertain or nervous, and you have to be able to encourage yourself. It has been found that athletes who visualize themselves before a competition, how they will master the competition and how they will win, are more likely to actually win. That's why you often see athletes on TV concentrating very clearly before a competition and going over the route in their heads, for example. Have you ever observed this? Or even tried it out or experienced it yourself?

Conclusion 2: *Imagining beautiful inner images trains inner strength and well-being. To do this, you need to exercise regularly, as with muscle training.*

[put the graphics in the middle for illustration].

Reason 3: You can fall back upon it in any situation in life.

Even if you feel completely trapped in the situation and see no way out, your imagination is free. This strategy is nothing new. It has already proved its worth for people in the most difficult situations.

There are testimonials about the great benefit of inner images from people who have been in prison under terrible conditions. Almost 100 years ago, there was a doctor living in Germany. He was unjustly imprisoned for many years because of the dictatorship of that time. There he had to experience terrible things. After his liberation he wrote books. He wrote what helped him to get through the time. During his time in prison, he pictured himself talking to his family or how it would go if he met these people again. He also imagined how he would talk about his experiences to an interested audience later in his life as a professor. And although he didn't know it at the time, this second imagination came true. He became a famous man after his liberation.

Note: The example given here refers to Viktor Frankl's descriptions in "Yes to Life: In Spite of Everything" (1946). It has the advantage that the words do not come from the group leader, who in most cases should not have experienced comparable hopeless and distressing situations. The example gives the emphasis of an actual survival strategy. Many participants can identify with the wishful thinking of relatives in the distant homeland. Others have completely given up on imagining positive futures for themselves and are encouraged in this. Avoid details in the description so as not to trigger memories of traumatic prison experiences of the participants. If in doubt, use less extreme examples such as the feeling of being stuck in crowded public transportation or long waits in government offices.

How is this currently in your life? What situations do you currently know in your everyday life in which inner positive images could serve as a source of strength? What is the advantage of inner images over other strategies, such as exercising?

Especially at night, when you lie awake and the worries seem particularly big or you wake up from a nightmare and have a lot of stressful feelings, inner images can be helpful. You don't need any other utensils, other people or light to do this.

Conclusion 3: *The idea of beautiful inner images can be implemented in any situation in life. [put the graphics in the middle for illustration].*

What do you think about these three reasons? Can you understand them? Do you have any questions or concerns? Would you like to try such an exercise with us today?

Note: Here the participants have the opportunity to express concerns. It may be that negative experiences have already been made with similar exercises or that inner images have very strong negative associations. Also, the induction of relaxation and a focus inward can increase tension in traumatized clients and trigger intrusive memories. These concerns must be taken seriously and considered.

Imagination exercise: „Inner garden“

Preparation by collecting ideas about gardens in the group:

Today's exercise on positive inner images will be about a garden. It should be an enjoyable exercise for all of you. Do you all associate something beautiful with gardens? What do you think belongs to a beautiful garden? What ideas come to your mind about it?

Note: This step is important to create an approximate inner picture and to give participants with poor imagination ideas to include in the exercise. It also provides more structure to the direction of the imagination and a sense of control. If there are concerns that participants have very little access to inner images or express doubts in advance, there is an opportunity to structure the exercise even further. On the one hand, the ground plan of a plot of land can be drawn and the garden can be designed together in detail in advance. On the other hand, photos or pictures of gardens can be offered to help.

Explanation of the procedure to give control:

We will instruct you in a moment to sit relaxed and perhaps close your eyes. We will then say a few introductory phrases to help you relax. Relaxation helps you to concentrate better on your imagination afterwards. However, if closing your eyes makes you uncomfortable, you can also keep your eyes open and participate that way. If you find inner images altogether uncomfortable, that's not a bad thing either. Then you can also just listen without imagining anything. After the introduction, we will guide you to imagine a garden. We will design the garden according to your wishes in your imagination. Then we will linger there for a bit, and at the end you will find another stone in your imagination in your garden and bring it here from your "inner garden". The whole exercise will take maybe ten minutes in total. It is important to note that you can, of course, exit at any point in the exercise if anything makes you uncomfortable. Then refocus on the space here and just listen or get back in when you feel like it again. Sometimes you may also get distracted by noises all around. That doesn't matter at all, then just get back into the exercise. An imagination exercise like this doesn't always work well right away. That doesn't matter. Try out what you can imagine and what you cannot. Maybe my instructions don't always fit your imagination perfectly. You can, of course, imagine what you want and fits for your garden. If a good idea comes to you, just do it.

Would you like to try the exercise under these conditions?

Hand out gemstone:

Keep this stone in your hand during the exercise. We will come back to it at the end of the exercise.

Note: The stone can be included in varying degrees of intensity. It can serve as a means of using the therapeutic relationship and group cohesion as a resource (You are not alone at night. We are with you in thought). For this purpose, the stone can either be chosen by the participants themselves or, in order to use the therapeutic relationship more intensively, it can be chosen on the part of the group leader and specifically assigned to each individual. This procedure should fit the personal style of the group leader in order to remain authentic. In addition, it can be beneficial if the group leaders (and the language mediator) each select a stone and take it with them. This way the connection becomes even clearer (*We all have this stone at our bedside at night. We are connected through it*).

Carrying out of the imagination exercise

Instructions can be found in the appendix.

It has proven useful for participants to record the exercise on their cell phones. Alternatively, we still give instructions for audio recording on the internet below.

Discussion about participants' experiences after the imagination exercise:

How was the exercise for you? Were you able to imagine anything? What did you observe about yourself and your body? Were there any difficulties? Would you like to share individual imaginings with the group?

Note: There will be participants who do not have good imagination skills, who find it difficult to access, or, who avoid inner imagery due to fear of intrusion and who cannot engage with this either. This should also be acknowledged and normalized (key message: exercise can be very helpful. However, some individuals are better helped by physical exercises, e.g. PMR).

Transfer to everyday life:

How could you integrate this exercise and the training of inner positive images into your everyday life? In which situations could such an exercise be useful for you personally?

Part III: Closing of the session

Summary of today's session, "What with are you taking with you from today's session?"

1. Positive inner images lead to physical relaxation and pleasant feelings. We can use this actively.
2. We can strengthen the inner/mental power through inner images. For this you have to train regularly.

3. I can use inner images in every situation in life.

Therapy task:

Practicing the imagination, possibly with the help of the audio recording on one's own cell phone.

Only when you have practiced your positive imagination in calm situations will you succeed in using it in stressful situations. Therefore, start practicing regularly until the next appointment. Can you manage to listen to the exercise first thing tomorrow and return to "your garden"? When might the exercise be a good fit tomorrow? After you try it tomorrow, what other days this week might you be able to do it? Practice this exercise at least three times until your next appointment. Only then can you assess what works well and tell us about any difficulties next time.

Refer to maintaining and continuing to practice preceding recommendations and exercises (e.g., regular sleep schedules, PMR, strategies with rumination and nightmares).

Items to share:

- Gemstone
- Possibly audio recording of the imagination exercise on the cell phone

Closing exercise

At this point, it can be helpful to do a short physically activating exercise to ensure that all participants succeed in completing the exercise.

Suggestion: Stretching and tapping (see appendix).

Notes for the group leader

As an alternative to audio recording on your own cell phone, you can also refer to similar imagination exercises on the Internet. In the NAWA project (<https://psz-duesseldorf.de/wir-fuer-sie/nawa/>), various imaginations can be found in different languages.

Session 9: Improving daily functioning

Session Objectives
<ul style="list-style-type: none"> - Recognize the relevance of organizing the day and daytime activities for sleep quality at night - Learn about other ways to influence the daily functioning (in addition to sleep) - Develop a morning routine
Session Structure
<ul style="list-style-type: none"> - Part I: Beginning of session with extensive recap and breathing exercises (25 min) - Part II: Improving daily functioning (45 min) <ol style="list-style-type: none"> 1. Psychoeducation 2. Introducing the „Energy-generating experiment“ 3. Develop morning routine for waking 4. Transfer to day to day life and introducing the therapy task - Optional: Part III: Recap and Self Monitoring (15 min) <ol style="list-style-type: none"> 1. Explaining Self Monitoring 2. Short and collective recap - Part IV: Closing off the session (5 min)
Material
<ul style="list-style-type: none"> - Picture of a full and empty battery (check online material) - Batteries for drawing the current energy level (see online materials) - Supplies for activating exercises (e.g. balls) - Optional: New sleep diaries (see online materials) - Pictures with stretching exercises for the morning routine (see online materials)

Part I: Beginning of session

1. Activating introductory exercise

At this point we recommend the “Resource Pantomime” (see Appendix)

2. Extensive Recap

- *Why do we think imagination is a useful technique? What were your experiences about this week? In which situations did you try the garden exercise?*
- *What worked? What was difficult?*
- *Next week is our last session. Today we can clarify important issues once again. What other questions do you have?*

Collective practise of the garden exercise in a shortened form

Instructions: ► Session 8. There is no need to “create” the garden again. Instead, the focus is on recalling the picture, finding space there and enjoying peace and security with all your senses.

Part II: Improving daily functioning

1. Psychoeducation

Introduction:

We've talked a lot about the evening and the night so far. But of course it makes no sense to look at the night without the day. What we do during the day and how we feel during the day influences how we feel at night. The same applies: how we feel at night and what we do at night influences how we feel during the day. So today we want to talk about the day in more detail.

Transition:

Many people who have sleep disorders also have problems during the day. How's that for you? What are the main problems during the day when you sleep poorly? Tiredness, low energy, poor concentration?

Group Discussion:

Some people report that after a night of bad sleep in the morning they are completely hopeless for the day. They say to themselves, after a night like this, the day can only be terrible. I'm sure I won't have any energy today and I won't succeed. What do you think? Is that so? Is it always connected? Or are there other reasons why you are tired and unconcentrated during the day? Conversely, after a bad night, is it possible to stay awake and active during the day? Is there any other way to generate energy than by sleeping?

Introducing the „Energy-generating experiment“

What do you think about it if we conduct a little experiment on this? Many people think that you can only get energy by sleeping. Many also think that energy decreases throughout the day. But let's check this out with a little experiment.

We want to test whether it is true that tiredness/low energy during the day is unchangeable or can only be changed by sleeping.

All participants are handed out an empty battery on paper on which their current energy level can be recorded (see online materials). The group leader shows an example of what their current energy level is by filling the battery to 80%, for example. Then, in the group, all participants are asked to estimate their current energy level between 0 and 100 % and indicate it on their own battery with a line.

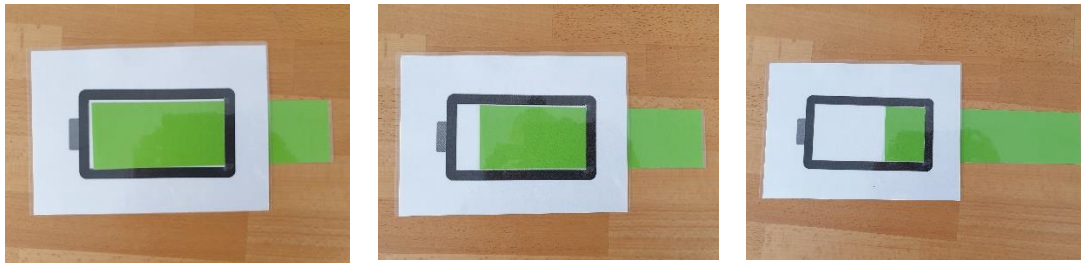


Fig.: Batteries for energy-generating experiment.

Idea collection in the group:

What do you think: Which of your activities during the day cause fatigue/cost energy? And which activities make you awake and bring energy?

A full and an empty battery are placed in the center as pictures and some initial ideas for activities of both types are collected. Following on from this, the energy-generating exercise is introduced as soon as something like physical activity or sport is given as an example.

Wake-up exercise:

Participants stand in a circle, and all around one person after another thinks of an activating physical exercise. All other participants join in. The group leader begins to act as a role model, demonstrating exercises that are as vivid as possible. After the pantomime exercise at the beginning of the session, shame should already be somewhat alleviated here so that the activating aspect can take center stage (for possible examples ► Tab. 10). A relaxed atmosphere of trying things out together is allowed to develop and there can be laughter together. When all participants have contributed something, the exercise ends.

Tab. 10: Examples of activities that make you tired and wake you up

Tiring activities	Awakening activities
<ul style="list-style-type: none"> • German homework • Work on the computer, playing with the cell phone • Following/listening to lessons... 	<ul style="list-style-type: none"> • Physical exercises, e.g., jumping jacks, squats, air jumps, running on the spot, side-to-side step, swinging arms through from overhead to down in forward bend, boxing in the air, push-ups, dance steps, leaving the room and running up and down the stairwell one time

	<ul style="list-style-type: none"> • Going into the sunlight • Social activities • Activities according to individual interests • Activating music/morning radio
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Immediately afterward, participants are asked to again assess their energy level on the battery and mark differences compared to the energy level before the exercise.

Conclusion

We have observed that an activity in the middle of the day can bring energy. Other activities, on the other hand, can cost energy and make you tired. We already use this principle throughout the group sessions: we start each session with an activating exercise and sometimes stop with one. What exercises can you remember? Did the exercises help your concentration in our appointments? It is important to use this principle in everyday life as well.

Discussion in the group/transfer to the everyday life:

At what time of the day do you have particular problems with fatigue and low energy?

According to the information provided by the participants, it is discussed together which activities could be particularly helpful at this time of day. Here, the interests and resources from the pantomime round at the beginning of the session can also be used. Ideally, the activities can pick up on the values and interests of the participants (e.g. health, appearance, spirituality) in order to increase the likelihood that they will be implemented.

Conclusion 1: *You can also get energy from daytime activities - even after a bad night. Consciously plan activities into your everyday life that give you energy.*

2. Developing a morning routine

Validating the burden:

Especially the morning hours after waking up are very hard after a night of poor sleep. That makes it all the more important to start the day actively right from the start here. What can help in the morning to wake up anyway?

Ideas are collected with the group.

Structure of a morning routine

Just as we did a little "wake-up experiment" here in the session today, we would like you to do a wake-up experiment at home in the coming week, every morning, right after you wake up. This will include the following:

- 1. Begin the day with an activating exercise.*
- 2. Sunlight wakes you up and gives you energy. Go to the light as soon as possible after getting up. For example, you can do the exercises outside when the weather is nice. If that is not possible, hold your face to a window in the light for a few minutes or make the lighting in the room as bright as possible.*

Here, a morning routine can be developed together in the group. If few ideas arise in the group, the following stretching exercises can be introduced (► Fig. 13):

- Flank Stretch - Standing Chest Opener: Stretch both arms upward and make yourself as tall as possible. Then slowly stretch - like a banana - to the right and then to the left to stretch the sides as well.
- Standing forward bend: With the upper body bent forward over the thighs, keep the knees slightly bent, hang the head. Relax shoulders and neck.
- Sitting cat bend: Sitting upright, extend arms forward and clasp hands. Slowly alternate between a gentle hollow back and looking up at the ceiling and rounding the back while looking toward the navel. If possible, stretch the clasped hands far forward during the rounding.

Fig. 6: My wake-up routine ((see online materials for this figure))

Conclusion 2: *After a bad night, it's hard to get up. Make it a habit to start the day with wake-up activities.*

3. Transfer to everyday life and introduction of the therapy task.

After this session, all participants should have an idea for implementing what was discussed into their own personal daily lives during the week.

Consideration should be given to 1.) what morning routine participants will try and repeat this week and 2.) what awakening activities at what time of day participants want to engage in for the upcoming week.

The more (enjoyable) activities we do throughout the day, the better we sleep at night. Our body needs these many small awakening activities during the day. We can also use them to get better rest in the evening. So the day largely determines the night. And the good thing is: even if a night was bad, we can still become a little more awake and focused

through small activities in the morning or during the day. At the same time, the activity helps us sleep better again the next night.

Conclusion 3: *The more active we are during the day, the easier it is to sleep at night.*

Part III: Recap and Self-Monitoring

1. Explanation of self-observation

Next week is our last appointment together. We have already talked about different aspects of your sleep in nine appointments. We have done many exercises and given tips. We hope you have tried a lot of them at home. Only if you try and persevere in your practice will this help. Sleep is sluggish. So if you want to change something, you have to do it over several weeks so that it becomes a new habit. Then your sleep will change, too.

Optional: Repeat the sleep diary

Of course, we are very interested in what has gotten better and where there may still be difficulties. You remember that you kept a sleep diary for a week before starting the training. We would now like you to keep such a sleep diary again from today until our final appointment and apply again everything we have discussed in the previous appointments. Would that be okay with you? Then we can look at the diaries again together with you next week and make final recommendations. You will then also see for yourself what has changed.

The participants are each given another sleep diary, and together we fill in the past night so that the principle is repeated and all group members are able to keep the sleep diary independently for a week.

Collective short recap

This should take place primarily on the initiative of the participants.

Possible questions:

- *What do you still remember from the nine joint sessions that helped you?*
- *What would you like to try out (again) in the coming week or implement with more motivation?*

Ideally, each participant should contribute an aspect or formulate an intention that he or she would like to implement again in addition to the two new tasks of today's session.

Teil IV: Closing of the session

Summary of today's session, "What are you taking with you from today's session?"
<ol style="list-style-type: none"> 1. I can get energy through my activities during the day. To do this, I need to consciously plan wake-up activities. 2. A morning routine helps me start the day with more energy. 3. The more active we are during the day, the easier it is to sleep at night.
Therapy Task: <ul style="list-style-type: none"> - Perform morning routine with stretching this week. - Schedule awakening activities throughout the day.
Items to share: <ul style="list-style-type: none"> - - Picture of a morning routine - - Optional: sleep diary - - Self coloured battery

Notes for the group leader

Alternatively, this session can focus on a regular daily structure. Asylum seekers in particular often lack a daily structure, e.g. due to a lack of permission to work, attend school or language classes and the absence of a family network. The group can be used to look together for concrete strategies of daily structuring, to make agreements until the next session or to agree on an enjoyable activity (in the sense of behavioral activation).

In addition, the explanation on the build-up of sleep pressure from ► Session 2 can also be referred to. It is not only nighttime sleep that needs regularity through structured bedtimes and wake-up times. The day also needs structuring. A structured day can help to increase sleep pressure and thus to fall asleep better in the evening.

Session 10: End of the sleep training

Session Objectives
<ol style="list-style-type: none"> 1. Consolidation of contents and relapse prophylaxis 2. Farewell
Session Structure
<ul style="list-style-type: none"> - Part I: Session start with review (15 min). - Part II: Review of group training (45 min) <ol style="list-style-type: none"> 1. Review of the whole session content 2. Evaluation of self-observation: sleep diaries - Part III: Session conclusion and celebration (30 min)
Material
<ol style="list-style-type: none"> 1. packed sleep first aid kit 2. certificates (see appendix and online materials) 3. ball of wool

Part I: Session start with recap

1. Activating introductory

Repeat stretching morning routine from last session.

2. Recap of last session on day to day functioning

- *Among other things, what can you do during the day to deal with fatigue and periods of low energy? [Repeat battery metaphor.]*
- *Who has tried physical exercises and activating activities during times of low energy during the day? What has worked well? Where have there been difficulties? Did you also notice an effect on the following night? [possibly bring out sleep diaries already here]*

Part II: Review of the group training

1. Overall repetition of the session contents

Transition

Since today is the last session, let's review the overall content of our appointments together. We have talked about many different topics related to sleep. This has resulted in a whole collection of knowledge about sleep, ideas for dealing with sleep problems and very concrete exercises for different situations. You will have little reminders of each of

these in your sleep bag. Let's take a look inside together. Which of these will be useful to you in the future?

The filled sleep first aid kit is given in turn, all participants take an object or piece of paper from it and comment on it. The general meaning should be described briefly, as well as what the participant has taken away from it for him or herself personally, and finally, how he or she would like to implement and use the object or what he or she has learned in the future.

Tab. 11: All sessions with associated items and take-home messages.

Session number and topic	Items	Importance/Take-Home-Message
1. Introduction	First aid kit, sleep diary	I can do something about my sleep problems. I need to know exactly what my problem is in order to solve it.
2. Healthy Sleep	Slips of paper with sketches of sleep rules (regularity/no daytime sleep)	The basis of healthy sleep is regular bedtimes. No daytime sleep for sleep problems!
3. Sleeping Environment	Earplugs®, glow-in-the-dark stars, sleep masks, headphones, apps	I try to make the best of my unfavorable sleeping environment.
4. Nightly Worrying	Pencil, Mandala, Prayer symbol, Sudoku	It is pointless to worry at night. I consciously put the pen aside. I actively do something else until I am tired enough to sleep.
5. Relaxation	Water glass picture, instruction PMR, relaxation tea	I provide regular relaxation, for example with a relaxing evening routine and PMR.
6. Nightmares I – Understanding and Overcoming Nightmares	Luminous stars, postcard, centershock, fragrance oil	I cast out the nightmare by waking myself up completely with strong sensory stimuli.
7. Nightmares II – Anxiety in the night	Gemstone, picture garden, QR code	My inner images are (at night) source of strength and security for me.
8. Positive Imagination	Image of breathing, safety slogan	I take away the power of anxiety and pay attention to my sleep. My breath is a good tool against anxiety and stress.
9. Improving Day to Day Functioning	Picture battery, stretching exercises	I can recharge my "battery" with activating exercises and activities even during the day.
10. Conclusion of the sleep training	Piece of wool to form the net, certificate of participation	

2. Evaluation of the self-observation: sleep diaries.

Elaborate on the benefits of introspection:

Why did we give you these sleep diaries? How can a sleep diary help you in the future?

The sleep diary shows that you have to know and understand a problem exactly in order to find a good solution for it. The better I know what is "bad", the better I can describe it to a practitioner. And: The better I know my own problem, the better I can help myself.

Optional: The sleep diaries are reviewed together with a focus on positive change.

Part III: Conclusion of Session and Celebration

Final exercise in the group

Introduction

The last exercise we would like to do together in this group should be the same as the first one we started this group with. Can you remember what was the first thing we did together in the group at our first meeting?

Let the participants think for themselves, perhaps the leader can show them the wool to get them started.

Finally, let's come back to the net that this group has automatically put between you and us as people. Most of you did not know each other before. A common problem has brought all of you together in this room. But over the course of the appointments, you have learned much more about each other than just the sleep problems. We also met here as people. Despite the difficult issues, we have also laughed together and given each other hope. Many a common interest has arisen [give examples if known]. Many people find it very difficult at first to come into a group - especially with private problems. I find it all the more impressive how you got involved with this group and participated. This shows that you all have a great strength within you: you all believe that your (sleep) problems have a solution, you don't let yourselves get down and have shared a lot with us, exchanged ideas and tried things out together. Let us together give space to these strong sides of our group once again. We'll do that again with the wool exercise from the first session. But I'm asking slightly different questions this time:

- *When we call you in half a year and ask: What do you remember from the sleep group? What will be the first thing that comes to your mind?*

- *Is there anything else you would like to leave us or the others in the group with? A wish or a thank you or something that is on your heart and you want to get rid of before we end the group?*

The wool is thrown from person to person as in the introductory exercise, once again creating a web between all participants. The group leader in particular begins the last round, the second leader ends with concluding words of encouragement (possibly addressed to all participants individually) and refers again to the net whose connections have carried both thematically and humanly through the group time together

Closing party with distribution of the STARS certificates

At the end of the group, there is an opportunity to hand out a certificate to participants for their participation in the STARS group (see appendix and online materials). The group can then end in a relaxed and convivial atmosphere with

- Playing games together
- Eating and drinking tea together
- Dancing and playing music together
- Socializing together

IV. Appendix

a. Sleep Diary¹

Day and Date you wake up	Example	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1. How long did you nap yesterday (in minutes)?	60 min							
2. Did you drink alcohol yesterday?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Did you take medication for your sleep yesterday?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. What time did you close your eyes with the intention of falling asleep last night?	10 PM							
5. How long did it take you to fall asleep last night? (in minutes) This is "sleep latency".	45 min							
6. How many times did you wake up during the night, not including the last time?	3							
7. How many minutes total were you awake during the times reported in #6?	70 min							
8. What time did you wake up this morning (for the last time)?	7:00 AM							
9. What time did you get out of bed for the last time this morning?	7:30 AM							
10. Did you experience one or several nightmares last night?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Overall, how well did you sleep last night? 1 = very good 😊, 2 = good, 3 = average, 4 = poor, 5 = very poor 😞								

¹ For other language versions (English, French, Arabic, Dari/Farsi, Ukrainian, Russian), see online material.

b. Progressive Muscle Relaxation (PMR)

Please sit upright on your chair. Make sure your feet are in contact with the floor and firmly planted on the ground. To calm down, focus on your breathing. Breathe in deeply through your nose and out through your mouth. Try to find your personal breathing rhythm ... [wait a moment].

Focus on your hands and arms first.

Tense your hands and arms by making a fist and also tense your upper arms. Pay attention to the tension in your arms and hands.

Hold this tension for a short time ... [wait a few seconds].

And now release the tension and place your hands and arms relaxed on your thighs. Breathe calmly and feel how loose and relaxed the muscles now feel. You may feel a tingling sensation in your arms and hands, or a warmth and heaviness ...

Now pull your shoulder up and feel the tension in your shoulders, in the back upper back.

Hold this tension for a short time ...

And now let the shoulders drop down again and release the tension.... Feel how the shoulders, neck and throat and upper back are loose and completely relaxed, completely relaxed, completely relaxed.

Now, as you inhale, tense your abdomen and pinch your buttocks muscles and feel this tension ... Remain in this tension for a little while ...

And now release the tension in your belly and buttocks. Concentrate completely on the deep relaxation and feel how loose the muscles are. Take a few deep breaths: Inhale through your nose ... Exhale through your mouth And again: Inhale through the nose ... Exhale through the mouth ...

Now tense your thighs, lower legs and feet by stretching your feet horizontally upwards and tightening the tips of your feet ... Feel the tension in your thighs, calves and feet. Hold the tension for a while and concentrate on the tension ...

And now release this tension. Concentrate on how your feet and legs are relaxed and loosened. Again, take a deep breath in and out ... Maybe your legs and feet will become warm, maybe you will feel a tingling sensation, that's perfectly fine. Feel the pleasant heaviness in your legs and feet ...

And now tense your entire body once again: Make a fist and tense your hands and arms, pull your shoulders up and tense your shoulders, neck and upper back, abdomen and buttocks, and also stretch your feet up once more ... Feel and pay attention to the tension in your entire body ...

And now release all the tension ... and feel the relaxation in your arms and hands, in your shoulders, neck and back, in your belly and buttocks, in your legs and feet ... Your whole body is relaxed and loose ... Breathe in deeply ... and out ... and concentrate for a while longer on the relaxation, warmth, and pleasant heaviness of your body. You are calm, relaxed, and loose ...

c. Deep Breathing

You can close your eyes slightly or focus on a point in front of you on the floor to better concentrate on your relaxed breath. Now make sure that you breathe deeply, slowly and evenly [slow down your rate of speech, take pauses].

Where in your airway do you feel the air flowing in and out? With each breath, air flows through your nose, ... down your throat and trachea, deep into your belly ... and out the same way, or perhaps through your mouth and past your lips. Pay particular attention to your exhalation. Take a deep breath in, and slowly exhale all the way out. Take your time on the exhale.

You may also hear your breathing. Listen to the air slowly and quietly flowing in and out of you. How does this breathing feel? Do you feel a difference from the anxiety breathing you had before? How does it affect your body and your sense of well-being?

Take three more deep breaths at your own pace. Then open your eyes and let your breathing flow freely again, as if on its own.

d. Visualization/Guided Imagery: „The Private Garden“²

Preparation and physical anchoring:

Sit relaxed but upright in your chair, feeling the soles of your feet on the floor and your body firmly on the chair. Place your hands loosely on your thighs or knees. Now, if you like, circle your head loosely once from one side to the other. Pull your shoulders up to your ears once and then relax and let them sink back down.

Introduction:

Focus with your eyes relaxed on a point in front of you on the floor or, if you like, close your eyes. Breathe in deeply through your nose ... And out again through your open mouth. Breathe in deeply a few times and out again ... concentrate immediately on the images that arise in front of your inner eye. I would now like to go with you into a imaginary private garden or create a garden in which you can feel completely safe and secure.

Imagination - design of the garden:

Now imagine a piece of land where nothing is growing yet, or imagine the garden we just talked about. The piece of land or the garden can be as small as a carpet or as large as a park, just as it seems suitable to you ...

Now plant and design your land/garden according to your ideas. What you wish will immediately become reality ...

If you wish, you can surround your garden with a dense hedge, perhaps even thorny plants that will protect your garden from gazes and intruders. There may also be a wall surrounding your garden. Or you can leave the borders of your garden completely free to let your eyes wander into the vastness of the countryside ...

Perhaps there are... [integrate flowers, vegetable beds, fruit trees and shrubs, old trees, forest depending on the preliminary discussion] in your garden.

[In between in any place]: You may get distracted or your mind may wander while designing your garden. It doesn't matter. If it does and you notice, just return to your garden. You can pick up where you left off.

[Other possible elements depending on the preliminary discussion in the group, for example:] If you want, you can also create a body of water, a pond or a stream, a fountain or a swimming pool ... Maybe you want to have animals in your garden ...

Create a safe place:

Perhaps your garden also has a small cave or garden shed where you can seek shelter during inclement weather.

If you like, you can create a sitting area in a cozy spot of your garden. Maybe a bench, a deck chair, a hammock or a blanket on the ground?

Rest and recharge your batteries with all your senses:

² Based on: Huber, M. (2005). *Der innere Garten. Ein achtsamer Weg zur persönlichen Veränderung*. Paderborn: Junfermann

And then, when you have designed your garden the way you would like it to be, you can sit down somewhere and enjoy your garden ...

What colors surround you in your blooming, thriving garden?

What smells do you notice in your garden? (Optional: Perhaps you can smell the fragrance of the flowers, grasses and fruits, or the leaves and mosses in the shade of the trees?)

How does the light fall through the leaves of the plants in your garden?

What sounds surround you in your garden? (Optional: Do you hear the wind lightly moving the leaves or animals calling to each other e.g. crickets chirping or birds chirping)?

What is the temperature? Do you perhaps feel a pleasant, light breeze on your skin?

You can rest here and recharge your batteries ...

Anchoring with the stone:

And while you rest and enjoy, run your hand over the ground at your resting place. (Optional: What is it like? Maybe there is soft meadow or pebbles and sand or warm stone?) There you feel a small stone between your fingers. What is its texture? How does its surface feel? What is its temperature? ...

You decide to take the stone with you as a souvenir of your garden. So you have a reminder of this place of complete peace and safety at all times.

With the stone in your hand, enjoy your entire garden for another brief moment. You can return to your garden at any time.

Now say goodbye to it and slowly leave it.

Then come back to this space with your full attention.

Literature

Abdallah-Steinkopff, B., Gavranidou, M., & Kahraman, B. (2022). *Heimweh und Heimatlosigkeit im Fokus von Beratung und Therapie*. Göttingen: Vandenhoeck & Ruprecht.

Frankl, V. E. (1946). *Yes to Life: In Spite of Everything*. Beacon Press.

Harvey, A. G., & Buysse, D. J. (2017). *Treating sleep problems: A transdiagnostic approach*. New York: Guilford.

Koch, T. & Liedl, A. (2019). *STARK: Skills-Training zur Affektregulation – ein kultursensibler Ansatz. Therapiemanual für Menschen mit Flucht- und Migrationshintergrund*. Stuttgart: Schattauer.

Poschmann & Competence Center for Transcultural Psychiatry (2017). *Treatment Manual for Imagery Rehearsal Therapy*. Unpublished manuscript. Available at: [https://www.psychiatri-regionh.dk/centre-og-social-tilbud/kompetencecentre/transkulturel-psykiatri/Behandlingstilbud-og-m%C3%A5lgruppe/Documents/Manual%20for%20Imagery%20Rehearsal%20Therapy%20final%20version%20without%20illustration\(KJL%2030.9\).pdf](https://www.psychiatri-regionh.dk/centre-og-social-tilbud/kompetencecentre/transkulturel-psykiatri/Behandlingstilbud-og-m%C3%A5lgruppe/Documents/Manual%20for%20Imagery%20Rehearsal%20Therapy%20final%20version%20without%20illustration(KJL%2030.9).pdf)

Riemann, D. & Backhaus, J. (1996). *Behandlung von Schlafstörungen*. Weinheim: Beltz.