Education and Support Group for Torture Survivors

A Manual for Facilitators

Education and Support Group
for Torture Survivors:
A Manual for Facilitators

The Center for Victims of Torture

717 East River Road, Minneapolis, MN 55455

Phone: 612-436-4800

FAX: 612-436-2600

E-mail: cvt@cvt.org

Web: http://www.cvt.org

Acknowledgements

This manual was produced by staff of the Client Services Program (CSP) and the National Capacity Building (NCB) Project at The Center for Victims of Torture. We would like to thank the Office of Refugee Resettlement (ORR) for assisting with funding for the manual.

CSP and NCB staff who contributed to the writing of the manual include: Alison Beckman, Coleen Dorman, Evelyn Lennon, Heather Tracey, and Monica Thiagarajan. CSP staff that provided significant input and/or editing to the content include: Julie Aikoriegie, Jean Choe, Sharyn Larson, Erin Mehta, Andrea Northwood, Eva Solomonson, Alice Tindi, Chuck Tracy, and Abbey Weiss. The readers are not responsible, however, for any errors that may have unintentionally found their way into this document.

CVT would like to thank volunteer Kelsey Oseid who created the drawings throughout the manual.

Contents

Introduction to the Manual

How to Use This Guide

This facilitator's manual is designed for use by clinical staff providing services to refugee, asylum-seeking and/or immigrant torture survivors in a group context. The first section provides background and theoretical context for the provision of psychoeducational groups for torture survivors. The second section offers considerations for providers who want to create a new group. The third section offers detailed descriptions of 12 psychoeducational group sessions. The development and adaptation of these materials is based on the Center for Victims of Torture's (CVT) experience conducting more than 20 groups at our clinics in Minnesota and hundreds of groups in CVT's international sites in African refugee camps. Group clientele have predominately come from Africa. Material presented in the guide can and should be adapted to fit the reader's context, clientele and situation.

Background/History

Historically, CVT's primary clinical modality in Minnesota has been to provide individual, one-on-one treatment services. Beginning in the late 1990s, CVT started to provide limited psychoeducational groups based on Judith Herman's (1992) model of recovery. The impetus for these groups came from the observation that most CVT clients come from collectivist cultures with emphasis on group identities and solidarities, as well as the belief that group services would provide a more concentrated and streamlined course of education than can be offered in individual therapy. Thus, treatment in groups was thought to be a natural and comfortable setting for healing for many clients. Early psychoeducational groups at CVT were adapted from trauma information groups conducted at Cambridge Hospital.

CVT's current service provision in Africa is predominately group-based. In both Minnesota and Africa, these group experiences have generally supported good results for survivors in the healing process, as indicated by:

1. Symptom reduction
2. Creation of ongoing relationships among group members, often maintained outside of group
3. Creation of a support system for individuals through the group itself
4. Restoration of trust and connections with others
5. Integration of multi-faceted aspects of recovery. Treatment is simultaneously delivered by a social worker and a psychotherapist, who together, address both psychological and social rehabilitation needs.
6. Increased self-esteem and reconnection with altruism (e.g. when clients engage in mutual support and information sharing to help others in group)

From these experiences, interest in a more systematic way of providing group services grew at CVT. In 2003, CVT implemented a group model of service delivery, consisting of three levels, based on Judith Herman's (1992) stages of recovery, as described in her

book, *Trauma and Recovery*: (1) safety, (2) remembrance and mourning, and (3) reconnection/commonality. CVT's initial conceptualization of the three-stage group model included:

> Level 1 Group: *Safety and Stabilization* (12 weeks). This structured education and support group begins to build trust among group members with discussions of issues of concern to most clients resettling in a new country of refuge, including: immigration, employment, acculturation, loss, etc. It also lays the groundwork for Group Levels 2 and 3 by providing education about common effects of torture and introducing frameworks for recovery.
>
> Level 2 Group: *Remembrance and Mourning* (ongoing). This treatment group focuses on reconstruction of the survivor's story while providing a sustaining source of emotional support during mourning of the multiple losses suffered. Telling the trauma story in a group context releases survivors from isolation and helps them re-enter the world from which torturers took them. When telling the trauma story in a group, the survivor's story gains social as well as personal meaning. This Level 2 Group is trauma-focused and needs to be highly structured and clearly oriented toward accepting and coming fully to terms with the trauma and its impact. Group members work through issues such as trust, personal loss, guilt, and shame. Because of the emotional intensity of the tasks, this type of group requires a high degree of readiness and motivation. For this reason, there will be a careful evaluation and selection of prospective participants at the end of the Level 1 Group. Level 2 Groups will also be gender specific so that highly charged issues such as sexual torture and exploitation can be addressed more comfortably.
>
> Level 3 Group: *Reconnection and Commonality*. This final treatment group focuses on returning to life in the present (vs. making sense of the past). This group helps survivors to reintegrate into "normal" living among friends, family, the workplace, and the community at large (thus the term *commonality)*. The emphasis of this group experience is on interpersonal relationships, rejoining a wider world, and forming connections with a broader range of people. CVT is currently developing Level 3 curriculum by experimenting with different group activities.

This guide is for facilitators of the first level of group treatment, or Level 1 group. Since the project was formally piloted in 2004, CVT has conducted 18 psychoeducational groups. CVT currently provides Level 2 groups and some Level 3 group activities. CVT is actively working to further define and shape Level 2 and 3 groups and hopes to publish information about them in the future.

Why Group?

The Theory and Practice of Group Psychotherapy (2005), written by Irvin Yalom, is frequently cited as a standard classic for group work. In his book, Dr. Yalom cites several examples of outcome research that demonstrates the effectiveness of group. From his experience, he finds that group provides the following therapeutic benefits:

1. Instillation of hope
2. Universality
3. Imparting information
4. Altruism
5. The corrective recapitulation of the primary family group
6. Development of socializing techniques
7. Imitative behavior
8. Interpersonal learning
9. Group cohesiveness
10. Catharsis
11. Existential factors (p.2)

Group work with torture survivors offers some healing elements that cannot be achieved as readily in individual work. Group serves as a relatively safe in-vivo intervention for individuals who are afraid to trust or communicate with other human beings. A properly managed group at a torture treatment center provides a safe environment in which survivors can be exposed to others without being overwhelmed. By design, the group is highly structured and psychoeducational in nature, which provides containment and predictability for a new client. Many survivors do not disclose they have experienced torture to friends, family or people they meet. This can lead to a sense of isolation and a lack of social support, which is associated with higher levels of depressive symptoms. In a group context, survivors sit with others who have experienced torture and often feel less alone in their suffering. In this way, group addresses isolation in a way that individual treatment cannot. Group is an effective structure for normalizing the impact of torture; a group of survivors sharing symptoms together provides a powerful demonstration of the universality of the recovery process.

Judith Herman (1992) states the following about group work for trauma survivors: "Groups can be a powerful source of validation and support during the first stage of recovery," (p. 219). She emphasizes the importance of creating safety at an early stage of treatment and says that group work at this stage should be:

> highly cognitive and educational… the group should provide a forum for exchanging information on the traumatic syndromes, identifying common symptom patterns, and sharing strategies for self-care and self-protection. The group should be structured to foster the development of each survivor's strengths and coping abilities and to offer all group members protection against being flooded with overwhelming memories and feelings (p.220).

Literature regarding group work for torture survivors is growing but somewhat limited, particularly in the area of outcome-based studies. Drozdek and Wilson (2004) write about group work for torture survivors in their book, *Broken Spirits.* They write that "supportive group therapy can be a better match [than trauma-focused groups] for less-stable individuals or for those who do not accept the rationale for personal trauma processing," (p.247). In their opinion:

> In the treatment of asylum seekers and refugees, group therapy seems to be the treatment of choice… A solid family group, when present and emotionally available, provides a "safe container" to manage and articulate the radical transition of forced migration. For many asylum seekers and refugees, a treatment group can have the same function. The group-treatment format offers opportunities to share common characteristics and to reattach emotionally to others (p.248).

Guus van der Veer (1998), a well know author on torture treatment, offers the following rationale about group work with torture survivors:

> Contact with those who have had similar experiences can contribute to more adequate functioning. The group provides emotional support, offers the opportunity of recognizing shared experiences, reduces the feelings of deviance and supports cultural identity… These groups seem to mitigate the disintegrating effect of a forced separation from family and friends (p.106).

The Bellevue/NYU Program for Survivors of Torture in New York has long employed group modalities for torture survivors. Hawthorne Smith and Edna Impalli (2007), psychologists from the Bellevue program, observe that "…the group modality has been effective for the populations served…. many group members have utilized the group as their primary support system" (p.369). For additional reading on group work, both with trauma survivors and torture survivors, please see the bibliography at the end of this manual.

CVT staff gathered testimonials from clients participating in the group approach. Some compelling examples from clients when asked what they had gained or learned from the group include:

> "I re-found a family and re-found some of my old familiar habits; this was a surprise to me."
>
> "The most important thing is I don't feel alone anymore."
>
> "I feel I am able to control my emotions and hostility and I have a feeling of hope. I feel I have a stable mind."
>
> "…we started to talk about the effects of torture and it was difficult,

we had to look at what is black in our hearts, but it is now helping me feel relief."

"The group gave me permission to forget about the past and gave me hope for the future."

"I learned a lot of things, saw people from different places, we shared which was hard for me to do, I listened to people's problems and they listened to mine. It has turned me into a man, whereas before I was a boy. It was hard for me to come to this group. I felt nervous, but now I don't worry about it. This group brought back old memories which were hard and made me sometimes not want to come, but when you are sick you go to the doctor and the injection is painful but later it helps you come to yourself."

"I leave this group with three quotes: little by little the bird builds its nest, together we go slowly but far, alone you can go fast but you are not sure to get to the end, and it is not always helpful to only worry about the future, instead think about now. I would like to thank everyone for their presence and trust as it is not easy to say some things which are so difficult with strangers."

Context

Within the clinic setting at CVT, the education and support group is not offered in isolation. A group screening first determines whether a client is appropriate for group services. If an individual is deemed inappropriate for group (see group screening p. 16), they receive all services individually. All group members receive individual psychological evaluations; from these a staff psychotherapist offers recommendations regarding whether to offer individual therapy in addition to group. To make this determination, psychological evaluators should assess for: severity of symptoms, current need for one-on-one psychological assistance and therapeutic support, current health crisis, and reaction regarding asylum status (e.g. panic about an impending deportation hearing). Group members receive individualized nursing, medical, and psychiatric evaluations. While many of the social service needs are addressed within group, group members can also meet with the social worker co-facilitator individually for social work needs that cannot be addressed within the group.

This manual is based on a clinic model. However, providers at CVT have adapted the sessions for stand-alone community groups where no other mental health or social services are provided. The adaptation should take into account that the group participant in a community based group may not have a place outside of group to process upsetting group material; material should be adjusted accordingly.

Many of the following sessions are adaptations from group sessions used in CVT international programs. These groups are conducted in unstable environments, such as refugee camps and post-conflict countries. Within these contexts, it is often impossible and unsafe to provide in-depth examination of personal trauma. The psychoeducational group model serves as a level of intervention whose aim is to provide education and support, to encourage constructive coping and resiliency, and to increase personal safety relative to frightening and precarious living conditions.

Challenges to Group Work

Balancing Education and Support

The major goals of this type of group, to provide both support and education, may sometimes conflict with one another. For example, providing support and processing a client's worries about asylum may take a lot of group time and limit the amount of educational material presented during the session. Balancing these two goals may be difficult. While this group is not designed to be a process or therapy group, facilitators should discuss how they would like to handle more individual needs in a way that acknowledges the group member's situation, balances the needs of others in the group, and allows time to share the educational material. While this challenge can be discussed by the facilitators prior to the session, it should be noted that facilitators will often need to make moment-to-moment decisions about the needs of the group in session.

Logistical Challenges

In CVT's experience thus far, certain aspects of group have shown to be efficient, e.g., the provision of direct services to multiple clients at one time and the ability to deliver information to many survivors at once. However, the group modality with a torture survivor population presents unique logistical challenges. Some of these challenges include: balancing provider, interpreter and client schedules to find a time for the group to meet, coordinating transportation for many group member at the same time, finding time for providers and interpreters to prepare for group and debrief. It also creates a resource strain on the clinical team who are asked to rapidly intake 7-10 new clients.

Preparing for Group

Group Structure

Length

The psychoeducational group at CVT is a 12-week, closed-ended group that meets once a week. The curriculum is written for a group session duration of one and a half hours. CVT facilitators initially attempted to facilitate the group in an hour but found this was not enough time. On occasion, group members have also requested the sessions to be two hours; CVT has experimented with this amount of time with limited success. In our experience, two hours seems to be too long for highly affected torture survivors to stay present and focused on challenging topics in a group context together.

Order of sessions

The recommended order of sessions is as follows:

Session 1	Introductions and Orientation
Session 2	Taking Care of Yourself
Session 3	Living in a New Culture
Session 4	Immigration and Political Asylum
Session 5	Employment
Session 6	Accessing Health Care
Session 7	The Effects of Torture: Part 1
Session 8	The Effects of Torture: Part 2
Session 9	The Healing Process
Session 10	Grief and Loss
Session 11	Relationships
Session 12	Closure

This order is designed with group dynamics and gradual exposure in mind. Following the introductory session, the self-care session is recommended. Clinicians at CVT have found it helpful to reinforce current coping strategies as well as to introduce breathing and relaxation techniques early in group. In this way, group members can practice and employ these techniques throughout the duration of group. Following this session, sessions 3-6 focus on current, external needs. While these sessions can elicit strong emotions tied to significant stressors and extreme losses, the material and discussion tend to address group members' immediate needs, build mastery, and help the group connect to one another. What happens in these early sessions enables group members to engage more deeply in the later sessions about the impact of torture. That being said, the order of sessions can be adjusted according to one's needs.

Number of interpreters

CVT has conducted most groups with the use of an interpreter. We have limited groups to two languages (English and another language, such as French, Amharic, Oromiffa, etc). We have found that more than one interpreter is too cumbersome, limits the flow of natural conversation, and places too large of a constraint on the amount of material that can be covered on a given topic.

Ethnicity and Nationality
Because many of CVT's clients come from Africa, the psychoeducational groups have consisted primarily of Africans. Specific group curriculum in this manual reflects this clientele. Groups have included individuals from different parts of the continent at the same time. Non-African clients have also been included in the psychoeducational group with success. The two language limit is the primary selection factor in determining group composition. This has had implication for ethnic composition: often members from the same ethnic group or country or region (e.g. West Africa) are in the same group along with others from different backgrounds.

Gender
The group includes both female and male clients. In our experience, group members generally enjoy having both genders included. Ideally, at least two members of the group will be of the same gender. Because the group is not a therapy group, gender-sensitive trauma experiences, like rape and sexual assault, are not processed. Following the psychoeducational group at CVT, group participants are screened and invited to participate in a gender-specific ongoing therapy group (Level 2: Remembrance and Mourning). It is important to assess client's comfort level for a mixed-gender group during screening.

Background
Group members represent a wide range of ages, life experiences, and educational backgrounds. Co-facilitators should note differences among clients and create a safe place for all backgrounds. For example, if some group members are pre-literate, facilitators should decide before the group how to handle use of written materials. It is also important for facilitators to be conscious about potential ethnic, class, religious or political tensions that may exist in the group.

Number of group members
An ideal number for group is between 7-10 clients. With two co-facilitators and an interpreter, this brings the number of people in the group sessions to 10-13. This size is ideal to balance having enough clients to make it feel like a group yet having few enough so discussion and participation is possible. With torture survivor clients who have many needs, unstable living situations, and ongoing asylum cases and illness, periodic absences from group are to be expected. Consider this when planning for the number of group clients.

Space
CVT conducts groups in a room which can accommodate sitting in a circle as a group. The room is a private space with doors to ensure confidentiality. The interpreter and facilitators sit in the circle with participants, ideally interspersed among group members. All group members, the interpreter, and facilitators should be able to see each other and any visual tools such as a flip chart.

If only one client is using the interpreter, it is advisable for the client and interpreter to sit next to one another. However, if more than one client is using the interpreter, it may be

preferable for the non-English speaking clients to be interspersed throughout the circle. This gives all clients visual access to the interpreter. It also avoids a group configuration that reflects a sense of "them and us;" that is, with English-speakers on one side of the circle and all others on the other side. Other important considerations include volume and clarity of clients' speech, accent, and language proficiency. It is helpful for the interpreter to sit next to soft-spoken clients or those with low English proficiency or heavy accents. Note that in a linguistically mixed group setting, the client who is the most difficult to understand (and the person the interpreter might thus choose to sit by) may be an English speaker.

Food

At CVT, some facilitators choose to provide food during the group sessions; others choose not to provide food. One advantage of providing food is that some clients may not have adequate access to food and may come to group hungry, thus affecting their ability to concentrate. One disadvantage is that food may distract from the group process. Obtaining food before a group session may also feel like yet another thing to do for facilitators. CVT often offers simple food, such as bread and butter or fruit and nuts. Hot beverages and water are also made available.

Individual support for group members

Group participants at CVT receive a number of individual services including psychiatric, nursing, and medical evaluation. Currently, all group clients also receive a 1-3 session psychological evaluation, usually conducted by a psychotherapist who is not the group co-facilitator (as this would be a lot of work for the group co-facilitator). This individual can provide individual services if indicated, either instead of, or in addition to, group. This psychotherapist is the individual who provides any expert witness testimony needed for an asylum interview or hearing.

Co-Facilitation

Benefits of co-facilitation

Employing two facilitators for a psychoeducational group with torture survivors is strongly recommended for several reasons. It is helpful to divide some parts of the workload in half: taking turns writing case notes, preparing and delivering presentations for sessions, etc. Torture survivors are a highly affected population. In a group, exposure to the pain and suffering of multiple clients at one time can feel exponentially more difficult than working one-on-one with an individual; co-facilitation can help with secondary trauma. Co-facilitators can play complementary roles; when one person is presenting, the other can be observing the reactions and affect of participants. CVT utilizes co-facilitators from two different disciplines – social work and psychology. This allows the co-facilitators to offer different areas of expertise to clients. That being said, if it is not possible to have a co-facilitator, this group can be conducted by one clinician.

Coordination

As with any group, co-facilitation requires coordinated planning and consistent communication throughout the group process. Co-facilitators should meet early in the planning process to consider how to address the many aspects of group. Co-facilitators should agree about how they would like to structure the group. (See the Group Structure section for more information about considerations.) Co-facilitators should plan together how they would like to structure the group screening interviews, including the elements to include in the screening interview, the order of items presented and who will be responsible for which aspects of the screening.

Co-facilitators should also discuss how they would like to share responsibilities for the group sessions. One way to do this is to divide responsibilities for the activities within each group session. Another method is to have one facilitator take the main responsibility for a session. For example, a social work facilitator could be responsible for presenting on the social work topics like employment and immigration. A mental health co-facilitator could be the main presenter for the topics of the effects of torture and grief and loss.

Planning and Debrief

Co-facilitators should meet each week before group sessions to prepare and after group sessions to debrief. Co-facilitators should decide whether to include the interpreter in the full debrief or to debrief first with the interpreter concerning interpreting issues that arose during the session, any secondary trauma for the interpreter and any interpreter feedback. Co-facilitators can then meet without the interpreter to debrief more clinical aspects of the group session and plan any follow-up interventions as needed. This may also be a time to begin planning for next week's session.

Challenges to co-facilitation

After a number of sessions, co-facilitators often develop a rhythm for working together. It may take some time for this rhythm to develop; expect some challenges to working with a co-facilitator. For example, a session may not be conducted exactly the way one

facilitator envisioned it. Sometimes, while a facilitator is presenting, the other facilitator may feel compelled to add to the presentation. While often the contributions are helpful, sometimes the non-presenting co-facilitator may jump ahead of the material. Both co-facilitators should pay attention to how much they are talking. While a certain amount of information is important and valuable, discussion can be limited if the facilitators talk too much. Also, torture survivors struggle with concentration and sleeplessness. If co-facilitators dominate the entire session, participants may not be fully present to absorb the information.

Group screening

Introduction

Screening group members prior to the start of a new group is highly recommended. Currently, at CVT, co-facilitators meet together with a prospective group client at their first appointment. Psychological intake evaluation measures are conducted by the mental health professional. A social work screening is also conducted during this first session.

Criteria

Literature on the selection of clients for group is applicable to torture survivor clients. For example, group therapy expert Irving Yalom (2005) holds that there is "clinical consensus that clients are poor candidates for a heterogeneous outpatient therapy group if they are brain-damaged, paranoid, hypochondrical, addicted to drugs and alcohol, acutely psychotic, or sociopathic." However, he goes on to state that "such dry lists are of less value than identifying underlying principles… Clients will fail in group therapy if they are unable to participate in the primary task of the group, be it for logistical, intellectual, psychological or interpersonal reasons,"(p.234).

During the group screening interview, facilitators should assess clients for suicidality/ homicidality, signs of active psychosis, and potential signs of brain injury that would affect ability to participate in group. Ideally, co-facilitators will get some idea of the individual's personality and ego resources so as to determine whether the client would be a good candidate for group services. However, personality characteristics often emerge over time, and thus may not be fully evident at a screening interview. Facilitators gather basic needs information (housing, access to food, transportation, etc.) to help determine if the client has enough stability to attend group or what interventions may be needed to ensure a client can come to group (e.g. arranging transportation). Careful assessment, including the extent of individual support available to the client, and consultation with other staff can help determine whether the client could benefit from a psychoeducational group.

Clinical judgment is an important aspect of deciding whether to include a client in group. CVT has found that some torture survivors, who may not initially appear appropriate, such as those with a brain injury or active suicidal ideation, may actually benefit from group. Of course, with any client with suicidal thoughts, level of suicidality needs to be assessed and appropriate actions taken. With a suspected brain injury, referrals for further neurological assessment should be made and impulse control should be assessed by group facilitators.

Date/Time

The group should occur at the same time and day each week. Facilitators and the interpreter should discuss possible dates and times for the group prior to the screening. During the screening, ask potential group members about their schedules. Finding a suitable time for everyone may be a challenge; facilitators may want to consider at least two workable options and poll group members about the most convenient time for the most members. Potential group members may be screened out due to being unavailable

at the selected group time. It is useful to talk with potential group members who report being unavailable during the scheduled time, as there may be options to change conflicting schedules with English classes or other commitments they have.

Number
Facilitators should screen more group clients than they expect to participate in the group, as some may be screened out. CVT has found that, for each group, an average of 1-3 clients who were screened are not appropriate for group at the time of intake.

Sample outline
Here is a sample outline of tasks for co-facilitators during the group screening:

1. **Welcome, introductions, and what to expect for this meeting** (social worker) Greet the client and welcome them to the Center. Introduce co-facilitators and explain their roles. Introduce interpreter if present.
2. **Confidentiality and limits to confidentiality** (psychotherapist) Explain confidentiality and limits, including duty to warn for active suicidality and homocidality. Explain release of information, in case client would like CVT to talk to outside agencies.
3. **Role of interpreter** (psychotherapist) Give client the "Orienting Clients to Working with Interpreters" handout (attached at the end of this section) and review content with client.
4. **Social work screening** (social worker) See copy of sample screening at the end of this section.
5. **Psychological measures** (psychotherapist) Administer psychological intake measures.
6. **Explanation of group model** (social worker) Give list of topics (located at the end of this section). Assess interest in group. Ask if client is comfortable to be in group with others from the same country, different countries, and mixed-genders.
7. **Assess logistics** (social worker) Ask client about availability and transportation.

Social Work Checklist: Group Screening

Client name _____
Client # _____
Country of origin _____
Date of intake_____
Date of immigration _____
Current immigration status _____

<u>Background information</u>
Family and Home Life
Tell me about your family. Where are they, and how much contact do you have with them?

Marital status? How many biological/adopted kids?

What is your religious background?

What is your ethnicity?

Work and Education
Do you have a work permit? _____
If yes, when did you get it? _____

Current employer, position, start date
_____

Have you had any education in US? If so, how long?_____

Home country occupation? _____

Years of education in home country? _____

Social Work Checklist: Group Screening (continued)

Logistical Needs for Group Participation

Child care _____

Transportation_____

Availability: Can the client come consistently at the time the group is scheduled? Does the client have work or other obligations that may impact scheduling?

_____

Interpreter needed? Yes ____No____ Literacy? Yes ____ No____

Willing to participate in a group with others from the same region? Yes ___No ___

Any special accommodations needed for group attendance

_____

Other concerns, considerations

_____

Critical Needs Assessment

Housing, heat in winter _____

Food _____

Safety/Asylum_____

Season-appropriate clothing _____

Pressing health concerns _____

Other worries the client has expressed _____

Follow up needed prior to group start date:

Handout: Orienting Clients to Working with Interpreters

1. **Interpreting everything.** Interpreters are going to interpret everything said in the room.

2. **No new information**. Interpreters have been instructed that they are not to introduce new information in a session; they only interpret what is said by client and provider.

3. **Brief statements, normal speed**. Speak at a normal speed, but allow time for the interpreter to translate your words. If you pause after every one or two sentences, the interpreter will be able to remember your words accurately.

4. **Privacy**. Interpreters are included in the Center for Victims of Torture (CVT) confidentiality agreement.

5. **Ways of communicating with CVT**. Clients do not call interprets at home. If the client needs something, he/she can have an English-speaking friend call CVT; that person can leave a message to have the CVT provider call the client with an interpreter's assistance. The client may also leave a voice message in their native language in CVT's Multilanguage mailbox. Clients are asked to clearly state their name, phone number, the name of the provider they want to talk to. The provider will call the client back with an interpreter.

6. **Outside appointments**. Interpreters provide services only at CVT appointments and some special appointments arranged by CVT staff (such as eye doctor and dentist appointments). Clients are expected to provide their own interpreters for other needs such as those related to the asylum process.

7. **Cancellation policy**. Interpreters are not full-time staff members at CVT. They come only when a client has an appointment that will need an interpreter present. If a client must cancel an appointment, the client is asked to call CVT as soon as possible so that the interpreter does not have to make an unnecessary trip to CVT.

EDUCATION AND SUPPORT GROUP FOR SURVIVORS OF TORTURE
A 12-WEEK GROUP FOR MEN AND WOMEN
Location:_____
Time/Date:_____

Week 1. Introductions and Orientation

Week 2. Taking Care of Yourself

Week 3. Living in a New Culture

Week 4. Immigration and Political Asylum

Week 5. Employment

Week 6. Accessing Health Care

Week 7. Effects of Trauma and Torture Part 1

Week 8. Effects of Trauma and Torture Part 2

Week 9. The Healing Process

Week 10. Grief and Loss

Week 11. Relationships

Week 12. Closure

For questions, contact facilitators: _____

Disclosure

One of the advantages of starting a new client in a psychoeducational group is its safety and structure. The format is predictable; clients can choose their level of participation in each group, and there is a specific start and end point. Starting treatment in a therapy group may be too intense for some torture survivors, given trust issues and avoidance defense mechanisms. One of the central tasks of group facilitators of a psychoeducational group is to create a safe place for torture survivors to begin to establish some trust and engage in new relationships with others. Dealing with disclosure in a psychoeducational group can be a delicate challenge. The purpose of the group is to provide education and support, not to process trauma experiences. However, the material presented highlights trauma, sadness, and loss.

Clients may disclose information about their torture experiences in group. Some clients are ready to begin processing their torture, while others may share their torture histories in a flooded, uncontrolled manner. Co-facilitators should discuss before group begins how to handle disclosure of torture history within the context of a psychoeducational group. Facilitators should be careful not to send the message that it is unacceptable to talk about one's torture history, thus colluding with avoidance. At the same time, facilitators need to consider the safety of all group members. This requires a careful explanation of the differences between a psychoeducational group and a therapy group in language clients can understand, as they may be unfamiliar with these services. Inform clients about the purpose of the psychoeducation group at the screening interview, emphasizing that discussing the details of personal trauma will not be the focus. However, clients should be told that it is possible that others' past experiences will be talked about in group so that they can prepare for this. Remind group members of the group's purpose again at the first session. Affirm to participants that retelling their torture histories can be an important element of the healing process and that every individual has their own time line for this to happen. Inform clients of the other venues available to them for telling the full story of their torture trauma (with an individual therapist or in a therapy group, for example).

Interpreters and group

The following recommendations come from CVT staff interpreters who have interpreted for groups.

Introduction
Communicating with non-English speaking clients in the group context is subtly different from that of individual work. While the basic skills are the same, group communication requires providers to interact differently with clients. Group facilitators may find it helpful to do some extra preparation for group sessions where interpretation or translation will be required. (e.g. reviewing session content and/or material to be presented).

Anticipate interpreter challenges
An interpreter's retention is generally less when they interpret from their native language to a second language. For example, if the interpreter's native language is English, the facilitators should try to be as concise as possible, with frequent pauses. If the interpreter's native language is the target language (e.g., French), the facilitators should be careful to monitor the utterance length of those who speak the interpreter's native language. Note, too, that group sessions require significantly more concentration on the part of the interpreter (vs. interpretation in individual treatment) and tend to last much longer without a break. Interpreter fatigue is more common in the group setting.

Anticipate linguistic and cultural differences among group members
In the group setting, facilitators should try to be aware of cultural and linguistic differences. For example, it takes about 20% longer to render a given text from English to French compared with French to English interpretation. Also, the accents of English-speaking clients may complicate communication and add complexity to the interpretation process. The interpreter, facilitators, and group members must be able to acclimate themselves to the various accents of English speakers in the group. Likewise, group members from some cultures may communicate with longer introductory comments that may seem wordy and overly formal in other cultural contexts. Their norms for communication may be different in group versus individual settings. The facilitators' challenge is to model acceptance of a variety of communication styles while at the same time managing a communication flow that keeps all group members actively engaged.

Facilitator tips for working with interpreters in group

> **Short, short, short**
> In groups, it is particularly important for facilitators to ensure that speakers keep their utterances short even if the interpreter is capable of interpreting a great deal of material. In groups, long utterances can cause feelings of isolation, especially among the clients in the linguistic minority, because the other clients respond non-verbally immediately when they hear the message. For example, if a client tells a long, funny story in English without pausing for interpretation, the English speakers all laugh in unison at the punch line; this puts the non-English speakers

outside the flow of communication. Additionally, group members tend to get bored (and sometimes impatient) waiting for long interpretations.

Agree on a pre-determined signal
Even though it is the responsibility of the facilitators to manage the flow of communication, group members may look to the interpreter (literally try to catch her eye) for permission to speak. If uncorrected by the facilitators, this dynamic may cause the interpreter to take on an additional role of communication monitor. It is recommended, therefore, that the group establish an explicit rule in the first session regarding how to be heard (e.g. raising one's hand to indicate a desire to say something). It is also important to have an agreed-upon signal for interpreters or facilitators to use when someone needs to pause for interpretation.

Avoid using gestures to indicate direction
Not all clients in group will catch the initial visual cue because they may be looking at the interpreter rather than the facilitator. When a gesture is used in place of a word, the interpreter will have to make a substitution. When using the white board or flip chat as a teaching tool, it is preferable for the facilitator to say, "look at the second example" (reading it aloud) rather than saying "look here" because of the delay needed for translation.

Minimize internal facilitator conversations
Co-facilitators should strive to limit private conversations between themselves during group sessions. These interactions may cause some clients to feel isolated and disempowered because they do not know what is being discussed by the facilitators. Having said that, the facilitators may, at some point, need to have a brief conversation among themselves about what to do next in the session. In these rare cases, the facilitators can make a summary statement to the group explaining what the two facilitators are discussing. For example, "Mary and I are going to take a minute to discuss options for the scheduling of the next group meeting." The interpreter can simply interpret that statement. Another option includes having the facilitators step out of the room for a longer private conversation.

Maximize oral communication
Since some group members may be pre-literate in their own language, it is recommended that handouts be kept to a minimum. Having said this, visual representations may still be used effectively as long as they do not rely too heavily on written language.

Use translated materials when available
If facilitators have access to an interpreter beforehand or know of materials that have already been translated by one's agency, translate any handouts offered in group. Try to keep all materials as simple as possible, to maximize accuracy and equivalency of translated and non-translated materials. Allow interpreters at least three days to complete written translation.

Combine oral cues with written teaching aids
When facilitators write on the flip chart, it is very helpful to simultaneously read all of the words aloud. English speakers can read along whereas non-English speakers (and pre-literate group members) will not have the opportunity to understand unless the information is read aloud and then translated. Consider numbering bullet points and referring to these numbered points in conversation. Remember too that pointing and position (i.e., "here," "next," etc) cannot be easily interpreted. For example, all of the group members may not understand the facilitator who points to words in one column and says, "these concepts here are about internal processes." To compensate, the interpreter will need to hurriedly read through the list. Pre-literate persons will be less likely to get the facilitator's point.

Help interpreter anticipate and prepare vocabulary
Facilitators should provide the interpreter with as much preparatory material as possible prior to the first group session. Whenever possible, give the interpreter a copy of the overall group manual or some other form of information that describes a list of group topics and/or goals and objectives for the treatment group. In general, avoid asking for a sight-translation during group session. If a facilitator will be reading materials aloud (e.g. in a guided meditation), the facilitator should provide a copy of the English text to the interpreter before group -- ideally 24 hours in advance (but even 30 minutes in advance will yield a much better translation). Vocabulary is more carefully chosen in written text and therefore more difficult to interpret quickly than is conversational speech. Also, when a facilitator is reading material, the facilitator should try to watch the interpreter for cues to slow down or to give longer or shorter utterances.

Supporting interpreter during session
For optimal performance, the interpreter needs to be able to be centered, calm, and able to anticipate the general content of the group discussion. Facilitators can assist the interpreter by supporting any group behaviors that help the interpreter keep their focus (e.g. enforcing group norms about verbal communication, such as one person talking at a time).

Offer additional training
Ideally, choose an interpreter who has worked with groups before and has already established rapport with the facilitators. Some interpreters for group may need additional training and orientation. In the same way that clinicians apply their skills differently in group versus individual treatment, interpreters also need to adapt their professional skills to group communications and behaviors. Initially, they may need consultation with the facilitators to respond to situations unique to groups (for example, if one of the clients falls asleep in group, should the interpreter continue to interpret for him?).

Facilitator/interpreter meetings outside group sessions

Facilitators should consider scheduling a briefing that includes the interpreter about 15 minutes before and/or after group sessions. These meetings are especially helpful when the interpreter is new to the group context and/or unfamiliar with the communication styles of the facilitators and group members.

- *Pre-Brief.* This time can be used by the facilitators to help interpreters better anticipate what will happen (the planned activities and topics) in a particular group session. Adjustments to the seating arrangement can also be planned during these meetings.
- *Post-Brief*. An after-session meeting enables the facilitators and interpreter to give/receive feedback about the interpreting process and pertinent information about individuals that is reflected in the communication process. The post-brief serves as a critical venue that allows interpreters an immediate psychological debrief.

Scheduling logistics

When scheduling an interpreter for groups, facilitators should consider scheduling a block of time 15-30 minutes before and after the group session to address immediate needs of non-English speaking individual clients and meet with interpreters for pre/post briefs. Facilitators should strongly encourage clients who rely on interpreters to let them know at least 24 hours in advance if they know they cannot attend a weekly group session. If they are running significantly late or will be canceling group attendance at the last minute, clients are asked to call ahead to inform the facilitators so that interpreters can be informed in a timely manner. In the event that a group session will be cancelled, be sure to notify the interpreter as soon as possible. If no non-English group members show up for a group session, the interpreter waits outside the group room until a non-English speaker arrives.

Session structure

Each session contains a similar structure. The first and last sessions will have a slightly different structure than the rest of the sessions.

Check- in

Each session (after the first introductory session) starts with a check-in. Check-in is described in "Session 1" of the next section. Facilitators should decide ahead of time whether or not they will participate in the weekly check-in. Some facilitators opt to participate in the check-in, others prefer not to do so. If facilitators do participate, they should check-in mindfully, keeping professional roles and boundaries intact. At the same time, facilitators should not exclusively report about light and happy things in their lives, as this may clash with clients' current experiences. Some facilitators believe that checking-in detracts attention from the group clients. Either way, it is important for the facilitators to make a joint decision before the group begins. Check with interpreters about their comfort level with checking-in; some may believe it takes them out of the interpreter role. If an interpreter is comfortable with check-in, discuss the rationale for their participation and the scope of self-disclosure during check-in. If facilitators are not checking-in, the interpreter should not participate either.

Facilitators may find that in the early stages of group, clients may be reluctant to share something from their private lives. As cohesiveness grows over time, this reluctance often lessens. In fact, over the weeks, co-facilitators often find that the amount of time used for check-in increases. While this is an important development in any group process, facilitators should be prepared to keep the check-in moving so there will be enough time to adequately discuss the day's topic. Some group members may check-in at length or may speak in-depth about a crisis. Co-facilitators should balance providing these individuals with empathy and support and meeting the needs of the group as a whole.

Presentation/Discussion

Following check-in, the topic for the day is introduced. The format is both didactic and participatory. While there is much information to share on each of the topic areas, facilitators should not present material for longer than 10-15 minutes at a time. Often, torture survivors have difficulty maintaining concentration, particularly when the information evokes an emotional reaction. One can never know what may trigger a painful memory or a flashback. Encouraging participation can help keep clients engaged as well as help facilitators gauge group members' reactions to materials.

Closure

Each session ends with some kind of closing ritual; this is described in the next section. Often, at the end of a session, clients have many individual questions for the social worker. Co-facilitators should decide prior to the group how to handle these requests. Some social workers are comfortable spontaneously addressing the needs at the end of the group with individuals and others prefer scheduled appointments. Co-facilitators should decide how to handle this, particularly if they are meeting at the end of group for a debrief with the interpreter.

References

American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).* Washington, DC: Author.

Carrell, S. (2000). *Group exercises for adolescents*. Springfield: Sage Publications.

Herman, J. (1992). *Trauma and recovery*. New York: Basic Books.

Hill, M., et al. (2005). *Healing the wounds of trauma: How the church can help*. Nairobi: Pauline Publications Africa.

Kubler-Ross, E. (1973*). On death and dying*. London: Routledge.

Smith, H. and Impalli, E. (2007). Supportive group treatment with survivors of torture and refugee trauma. In H. Smith, A. Keller, and D. Lhewa (Eds.), *Like a refugee camp on first avenue: Insights and experiences from the Bellevue/NYU program for survivors of torture,* (pp. 336-370). New York: The Bellevue/NYU Program for Survivors of Torture.

Van der Veer, G. (1998). *Counselling and therapy with refugees and victims of trauma: Second Edition.* London: John Wiley and Sons.

Wilson, J.P. and Drozdek, B. (2004). *Broken spirits: The treatment of traumatized asylum seekers, refugees, war and torture victims.* New York: Brunner-Routledge.

Yalom, I. and Leszcz, M. (2005). *The theory and practice of group psychotherapy*. New York: Basic Books.

Session 1
Introduction and Orientation

Goal: To orient group members to the group process and create a safe and welcoming environment

Objectives: By the end of the session, group members will have:

- Received and discussed information about the purpose of group, session topics, and pertinent policies related to being a member of the group.
- Created agreed-upon group rules for this group.
- Begun to establish a sense of safety and comfort with other group members through interaction and discussion.

Session Outline:

1. Welcome and introductions
2. Ice breaker
3. Review confidentiality and interpreter policies
4. Discuss group goals and objectives
5. Review session topics for each week
6. Create group rules
7. Define and describe weekly "check-in"
8. Questions/concerns
9. Closing

Description of Activities:

1. Welcome and introductions

Introductions can be framed in a variety of ways. One method is to invite each group member to say their name and country of origin, as they feel comfortable. If group members noted in group screenings that they are hesitant to share any information about themselves, a more general introduction would be appropriate. For example, invite group members to take turns going around the circle and introducing themselves in a way that feels comfortable. Some facilitators write the clients' names, as they say them, on a flip chart in the formation of the circle. In subsequent sessions, clients can be asked to recall names, and they may eventually initiate writing the names. It is important to consider literacy if using this technique. Providing group members with nametags is another option.

2. Ice breaker

Torture survivors coming together for the first group session may feel scared, nervous, or apprehensive. During the first session participants may present as quiet, on edge or uncomfortable. An icebreaker activity can alleviate some of the tension as well as serve as a symbol for the potential strength of a group. There are many examples of ice breakers in group manuals and on the internet. It is important to consider the impact of an icebreaker activity for a torture survivor. For example, a seemingly innocuous exercise in which individuals are invited to share information about their family background could trigger a strong emotional response from someone coping with forced separation. Ideal ice breakers relate to the power of the group process. Some examples of potential ice breakers are described below.

> **Bundle of sticks.** Materials needed: 10-15 fresh sticks (at least one foot long and about the thickness of a finger), colorful yarn.
> Take the untied sticks and invite each participate to choose one. Ask group members to break their stick in half. Collect the pieces and tie together tightly with the yarn. Ask participants to take turns trying to break the bundle (they should not be able to do so). Discuss the meaning of the exercise, which can include comments about the strength of numbers, the power of the group, how fragile an individual can be, etc.
>
> **Ball of yarn.** Material needed: ball of yarn.
> Take the ball of yarn and unravel an arm's length of the yarn. Grab the end and explain to group members that when the ball comes to them, they can introduce themselves by sharing the name they would like to be called. They then hold on to the piece of string with one hand and toss the ball to someone else in the group. After everyone has introduced themselves, invite group members to repeat the process, this time saying what they would like to get out of the group. When everyone has had a chance, tell the group members to carefully lay the string down on the floor. Invite comments on the design the string has made. Group members often share that the design looks like a net or a spider web. Invite comments on the meaning of the exercise, which can include that group members

are connected, the strength of a net or spider web, the uniqueness of the shape they made, etc.

World map. Material needed: fold-out world map.
Lay out a map of the world and invite group members to point to their county of origin. Mark this on the map and invite the group members to comment. Are group members from all over the world, similar regions or the same country? Consider literacy in this exercise. Invite comments on the meaning of the exercise, which may include the distance participants have traveled, the differences and similarities people may have from various parts of the world, etc.

What's in a name? No material needed.
In many cultures, names have a specific meaning. Invite group members to share either the meaning of their name and/or anything they may know about why they were given their name. Invite comments about the meaning of the exercise, which may include reflecting on one's identity, tradition, etc.

Lowering the hula hoop. Material needed: a hula hoop.
Invite group members to stand close to each other in a circle around a hula hoop. Bring the hula hoop to shoulder height. Instruct the participants to place one finger under the hula hoop. Instruct group members to lower the hula hoop to the floor without dropping it. (This is surprisingly difficult and requires coordination and communication to complete the task.) If choosing this activity, consider how group members may experience standing near others and perhaps even touching them. Invite group members to discuss the meaning of the exercise, which may include the importance of communication and working together to complete a task.

3. Confidentiality and interpreter policies
A thorough discussion of group rules will occur later in the session. Highlight briefly here the importance of confidentiality. If there is an interpreter in the group, review interpreter policies now, early in the session, as the interpreter has already begun to interpret. Give clients the handout "Orienting Clients to Working with Interpreters" (found at the end of this section) and read through each of the items aloud.

4. Discuss group goals and objectives
Present the overall goals of the psychoeducational group, which can be described as the following:

- To provide basic information on topics important to torture survivors living in a new country.
- To focus on obtaining safety and stabilization in this country.
- To provide mutual support and idea sharing for individuals in similar situations.

Give information about the structure of group, when the group meets, and for how long.

Invite participants to ask questions regarding group purpose and structure. Acknowledge potential challenges in coming together as a group, if it is not raised in discussion.

5. Review session topics for each week
Distribute a list of the topics (interpreted in languages represented, if possible) and name each topic, describing each one briefly. Invite group members to provide feedback.
A sample handout of the group topics is found at the end of this section.

6. Create group rules
Ask group members to create a list of group rules. Record the rules on a flip chart as they are generated. When a group rule has been suggested, check with other group members for consensus. Certain group rules should be highlighted if they are not generated by the group members, including: confidentiality, starting on time, regular attendance, respect. This list should either be displayed at each group session or typed and distributed at the next group session.

7. Define and describe weekly "check-in"
Explain to group members that each week will begin with something called a “check-in.” Explain that during check-in, each member will get a chance to start the group by saying something brief about whatever they choose; they may want to check-in about their week, or share something that is “on their mind.” Explain that check-in is a chance for each member to share with the group, and yet it should be short enough to leave ample time for discussion of the day’s topic. Tell group members they may “pass” on the check-in if they want. At this point in the session, there will probably not be enough time for check-in. In this case, inform group members that the group will start with check-in next week. If there is enough time, include a brief check-in at this point in the session.

8. Questions/concerns
Invite group members to raise questions about the group. Group members who may have felt uncomfortable asking a question early in the session may now be more at ease.

9. Closing
There are many different ways to close group. Several examples are listed below.

- Ask group members how they would like to close the group. If a prayer is suggested, consider how this might affect individual group members, particularly in a religiously diverse group or for those who were targeted for religious reasons. If this is suggested, a discussion should occur and consensus of all group members is needed. One compromise solution may be a time of silence for each person to say their own prayer or have a moment of reflection. Be prepared with a back-up, if no one brings an idea. Options to consider:

- Close the group with a breathing/relaxation exercise. Some group facilitators have found it helpful to end each session with this kind of activity to help center and calm group members, particularly as the content of many of the sessions can be emotional.

- Close the group with a proverb or saying that relates back to the group topic or the overall theme of group. Adjust parables for complicated English or idiomatic phrases. Some examples are:

  "It is possible to be standing on one side of a door and perceive the world as a dark and lonely place, while on the other side of that very same door are countless people just waiting to lend support and cheer you on. All that is required is that you turn the knob"- Author unknown

  "Little by little the bird builds its nest" – West African proverb

  "The journey of a thousand miles must begin with a simple step" – Lao Tzu

- Standing in a circle and saying something meaningful in unison, such as "Let's keep hope alive" or something similar that emerges from the group.

Facilitators' notes:

Because this is the first session with your group, it is important to set the stage for future sessions by informing group members about what to expect and creating an atmosphere of safety. As trust in others is significantly affected by torture, the initial group session could be a frightening experience.

Facilitators are quite active in the first session, establishing the structure and format for the future. Facilitators establish a format and environment that will help group members feel safe. Among other factors, this usually means establishing a measured pace and a tone that is warm, calm, non-threatening, accepting, and professional. Throughout the session, the facilitators should invite questions and comments. Group members may not say much during the first session, but it is important to foster an environment of openness. As group members get to know each other and become more comfortable, they will take more ownership and initiate more discussion.

Handout: Orienting Clients to Working with Interpreters

2. **Interpreting everything**. Interpreters are going to interpret everything said in the room.

3. **No new information**. Interpreters have been instructed that they are not to introduce new information in a session; they only interpret what is said by client and provider.

4. **Brief statements, normal speed.** Speak at a normal speed, but allow time for the interpreter to translate your words. If you pause after every one or two sentences, the interpreter will be able to remember your words accurately.

5. **Privacy.** Interpreters are included in the Center for Victims of Torture (CVT) confidentiality agreement.

6. **Ways of communicating with CVT**. Clients do not call interprets at home. If the client needs something, he/she can have an English-speaking friend call CVT; that person can leave a message to have the CVT provider call the client with an interpreter's assistance. Or the client may leave a voice message in their native language in CVT's Multilanguage mailbox. Clients are asked to clearly state their name, phone number, the name of the provider they want to talk to. The provider will call the client back with an interpreter.

7. **Outside appointments**. Interpreters provide services only at CVT appointments and some special appointments arranged by CVT staff (such as eye doctor and dentist appointments). Clients are expected to provide their own interpreters for other needs such as those related to the asylum process.

8. **Cancellation policy.** Interpreters are not full-time staff members at CVT. They come only when a client has an appointment that will need an interpreter present. If a client must cancel an appointment, the client is asked to call CVT as soon as possible so that the interpreter does not have to make an unnecessary trip to CVT.

EDUCATION AND SUPPORT GROUP FOR SURVIVORS OF TORTURE
A 12-WEEK GROUP FOR MEN AND WOMEN
Location:_____
Time/Date:_____

Week 1. Introductions and Orientation

Week 2. Taking Care of Yourself

Week 3. Living in a New Culture

Week 4. Immigration and Political Asylum

Week 5. Employment

Week 6. Accessing Health Care

Week 7. Effects of Trauma and Torture Part 1

Week 8. Effects of Trauma and Torture Part 2

Week 9. The Healing Process

Week 10. Grief and Loss

Week 11. Relationships

Week 12. Closure

For questions, contact facilitators: _____

Session 2
Taking Care of Yourself

Goal: To introduce the concept of self-care and frame self-care strategies as an important way to cope with the many sources of stress torture survivors face

Objectives: By the end of the session, group members will be able to:

- Articulate the importance of self-care in the process of healing from torture
- Describe at least two self-care strategies that they currently use or have learned in today's group
- Practice a relaxation technique learned during session

Session Outline:

1. Welcome and check-in

2. Introduction of the topic: Self-care

3. Impact of torture on safety

4. Safety strategies

5. The role of the breath in relaxation

6. Progressive relaxation exercise

7. Closing

Description of Activities:

1. Welcome and check-in

Welcome group members to the group. There are often logistical or other challenges early in the group process which prevent some group members from attending the first session. If there are any new members in group, invite them to introduce themselves. Invite group members who attended the week before to summarize the first session (this is also a way for facilitators to note what group members have retained and understood from the first session).

Start the group with check-in, re-explaining the structure and purpose of check-in as needed. Co-facilitators and the interpreter should have decided at this point if they will participate in check-in. (See the Preparing for Group Section for discussion of this topic.) If co-facilitators are participating, facilitators can begin check-in, modeling content and length. Remind group members that they can "pass" if they do not want to check-in.

Ask group members if they have any questions regarding last week's session.

2. Introduction of the topic: self-care

Introduce the topic by asking participants what they think the term "self-care" means. After a period of sharing ideas, offer a simple definition of self-care such as, "self-care is paying attention to your needs" or "self-care is what you do to take care of yourself."

3. Impact of torture on safety

An important aspect of self-care is feeling safe. Begin this session with a question posed to group members, "How does torture prevent you from feeling safe?" Invite group members to discuss this question.

If discussion is not generated, prompt responses by stating that torture is a major violation of safety and can lead to many different emotional responses, both internally and externally. Explain that "internal" refers to experiences one has within or feels "inside." "External" refers to experiences on the "outside" or with others. Then ask group members to comment on ways they feel unsafe internally and externally in interactions with the outside world. List replies on a flip chart in two columns. Examples of internal effects might include: fear, fast heart beat, wanting to be alone, etc. Examples of external effects might be: not trusting others, always looking behind you, etc.

4. Safety strategies

Ask group members the question, "What can/do you do to feel safe?" Generate a list and record safety strategies which are generated from this question. Or, alternatively, ask group members what they do to take care of themselves. Differentiate between helpful/constructive and unhelpful coping strategies while being careful to not shame group members.

5. The role of breath in relaxation

Introduce the role of the breath in self-care. Offer the following explanation:

The breath is one of the few things we can control. When we feel anxious or

afraid our breathing becomes shallow; simple full, slow breaths can calm us down. It is impossible to feel calm and anxious at the same time. Slowing the breath is something we can do wherever we are and whatever we are doing.

Invite group members to participate in a breathing exercise. Many different breathing exercises can be found on the internet or in relaxation texts. Here is an example:

> **Abdominal breathing.** Instruct group members to sit up straight in their chair with their backs against the chair and feet on the floor. Explain shallow breathing comes from the top half of the lungs; shoulders will rise and fall with each breath. Full, slow, natural breathing starts with the abdomen. When practiced correctly, the abdomen will expand (like a balloon) on the in-breath and contract with the out-breath. Put your hand on your abdomen and demonstrate a few full or "natural," slow breaths. Show how the hand comes out from the body as one breathes in and goes back with the exhale.
>
> Invite group members to put their hands on their abdomens and to practice a slow breath. Demonstrate breathing slowly in and out again to the count of three for five breaths. Explain the importance of slow, relaxed breathing to ensure no one hyperventilates. Invite participants to try this together and count aloud while giving instructions to inhale and then exhale. Then, invite group members to close their eyes or look at the floor while trying a number of breaths on their own.

When finished, ask group members to share their experience or ask any questions about slow breathing.

6. Progressive relaxation technique

If there is time, introduce an additional relaxation exercise. Progressive relaxation is recommended as a safe initial exercise; certain imagery exercises could lead to dissociation. Again, there are many progressive relaxation scripts available on-line and in relaxation guides. Here is a sample script.

> **Progressive relaxation script**
>
> Close your eyes and take a slow, long breath... all the way into the belly... Hold the breath for a second and then exhale... Now repeat this breathing for a few moments…
>
> Now focus on your body and how your body is feeling right now. Is your body heavy, is it light, is it tense, is it relaxed, do you feel calm, do you feel anxious? Pay attention and see how your body is feeling right now.
>
> Now pay attention to your right hand... clench your right fist, making it tighter and tighter. Hold it for a moment… and now relax... notice the difference…the difference between a tight muscle and a relaxed one. Notice warm or heavy feelings may occur as the muscle relaxes.
>
> Now pay attention to your left hand… clench your left fist, making it tighter and tighter. Hold it for a moment… and now relax… notice the difference… the

difference between a tight muscle and a relaxed one. You are feeling more and more relaxed, calm, secure, and relaxed.

Now focus on your arms and tense your arm muscles. Tense them as much as you can and notice the feelings of tightness... hold it… and now relax and straighten out your arms... let the relaxation flow all the way down your arms. You are feeling more and more relaxed, calm, secure, and relaxed.

Now focus on your head… wrinkle your forehead as tight as you can... hold it for a moment… and now relax... smooth it out... let yourself imagine that your entire forehead is smooth and relaxed.

Now clench your jaw, bite hard and notice the tension in your jaw... hold it for a moment…now relax. Appreciate and feel the contrast between tension and relaxation in your jaw right now.

Now lift your shoulders up to your ears. Hold it for a moment…. And now relax and feel the relaxation spreading through your neck, throat, and shoulders. Enjoy how loose and easy your neck now feels as it is balanced on your relaxed shoulders.

Now concentrate on your back. Arch it slightly, making sure not to strain or cause yourself any pain. Focus on the tension in your lower back. Feel this tension and then relax. Focus on letting go of all the tension in the muscles of your lower back and abdomen. You are feeling more and more relaxed, calm, secure, and relaxed.

Now curl your toes downward, making your lower legs tense. Hold it for a moment and now relax… enjoy the feelings of relaxation in your calves. Now bend your toes toward your face, creating tension in your shins. Relax, enjoying the feeling of heaviness and peace that spreads everywhere in your legs.

Feel the heaviness in your entire body now. Feel yourself heavier and heavier, more and more deeply relaxed. You feel calm, secure, relaxed. Continue to breathe slowly and calmly… as you feel ready, open your eyes and return to the room.

Adapted from: http://www.allaboutdepression.com/relax/pmr/pmrscript.pdf. Retrieved 8/15/08.

After the exercise, ask participants to share their experience or ask any questions.

7. Closing

Close the session as described in Session 1.

Facilitators' notes:

Initially, this session was conducted at Session 8. It was moved earlier in the curriculum to establish more of a foundation of safety and empowerment, as many of the later topics and group discussions invoked anxiety in group members. Some group facilitators prefer to conduct this session just prior to the sessions on the effects of torture. Others have preferred to conduct this session even earlier, as sessions on employment and immigration have also provoked strong emotional responses. With the concept of self-care explained and relaxation exercises introduced early, facilitators can close subsequent sessions with relaxation exercises and refer to information about self-care throughout the group process.

Session 3
Living in a New Culture

Goal: To raise awareness of, and normalize common reactions to, living in exile, and to explore coping strategies to help participants deal with these reactions

Objectives: By the end of the session, group members will be able to:

- Share challenges to living in a new culture and understand how these challenges create stress
- Understand common phases of adjustment to living in a new culture
- Utilize expanded coping techniques for overcoming culture shock

---

Session Outline:

1. Welcome and check-in

2. Definition of culture

3. Living in a new culture

4. Phases of refugee adjustment

5. Coping skills

6. Closing/Relaxation exercise

Description of Activities:

1. Welcome and check-in
Welcome returning group members and facilitate check-in as described in Sessions 1 and 2.

2. Definition of culture
Introduce the session with a definition of the term "culture." Ask group members how they understand culture by asking, "What does culture mean to you?" Invite discussion and share some definitions, if they have not already been highlighted. Some examples include:

- a way of life of a group of people
- symbols of a group's skills, knowledge, attitudes, values, motives
- the tradition of a people
- shared knowledge, experience, beliefs, values, attitudes, meanings, hierarchies, religion, notions of time, and roles acquired by a people over generations.

Another way to frame culture is to share this quote from refugee literature:
"We are like fish and culture is the water we swim in. The water is all around us. When we jump out of the lake into the air, we understand how much we need the water. When we leave our culture, we understand how important it is to us." (United States Conference of Catholic Bishops, Migration & Refugee Services Bridging Project)

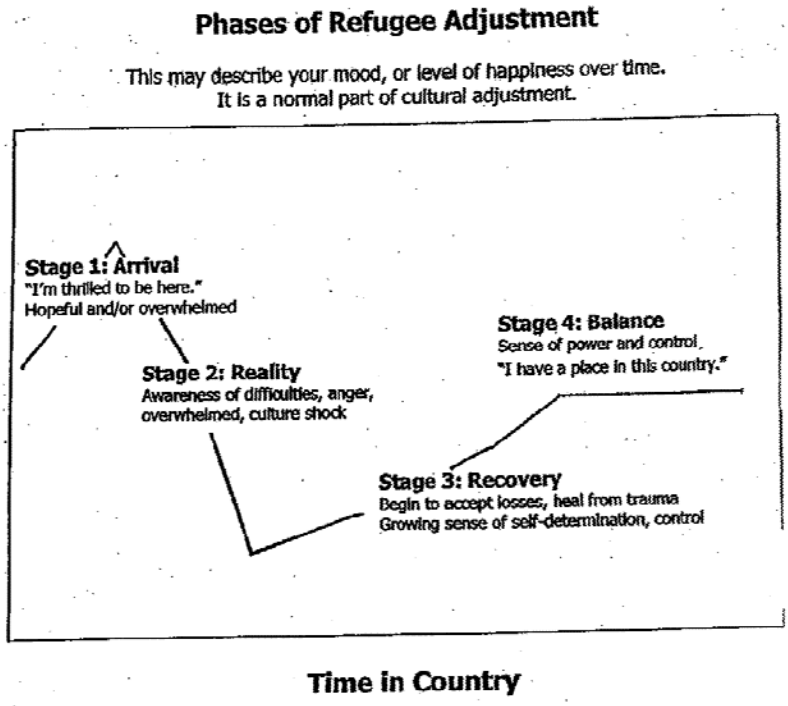
3. Living in a new culture
Facilitate a discussion about group members' experiences living in a new culture. Either ask group members "What surprised you about the new culture when you arrived in the United States?" or invite them to share a story about living in the new culture. Often this question will spark a lively discussion about group members' experiences. Some of these experiences may be quite light and funny, and others may be serious or reveal painful aspects of living in exile.

4. Phases of refugee adjustment
Describe common phases of refugee adjustment. Copy the core elements of the diagram below on to a flip chart. Explain each phase as follows:

- **Arrival.** This phase is characterized by feelings of relief, hope, elation. During this phase an individual can feel so happy to have left their dangerous situation back home and look forward to the prospects of rebuilding one's life.
- **Reality.** During this phase, the reality for most people is that adjusting to American society is difficult. The long journey did not end with arrival on American shores. Individuals are often now identified as members of a minority group or "underclass." Individuals are not appreciated for their skills and life experiences. Practices in the new culture may seem unhealthy and strange.
- **Recovery**. During this phase, refugees begin to adapt to, or embrace, the new culture. They blend the past culture with elements of the new culture. Healing from losses and past trauma begins, and they achieve a sense of control over their

lives. It is important to note that at this phase in adjustment, rather than moving forward in recovery, some individuals do not adapt and become further isolated or marginalized.

- **Balance.** During this phase, the present reality becomes acceptable and the individual has a sense of belonging in the new country. One still feels strong ties to their place of origin but make the best of the current situation by engaging in meaningful relationships and fulfilling activities.



Adapted from: International Organization for Migration (1997). Cultural Orientation Africa.

Invite group members to comment on the diagram. Ask them if they see themselves in any of the descriptions. Note that an individual can go back and forth between the different phases many times, that most refugees and immigrants periodically "re-visit" stages while moving ahead. Demonstrate the cycle by standing up, taking a few steps forward, then one or two back. Continue doing this, being sure to move farther forward than backward.

5. Coping skills

Define the term culture shock by saying something like, "culture shock is defined as the confusion and anxiety that result from living in a new/strange place." Ask group members to share personal strategies that have helped them reduce the negative impact of culture shock. Invite discussion.

Distribute the handout, "Adjusting to a new culture..." located at the end of this session and/or list orally some of the suggestions, depending on literacy.

6. Closing/Relaxation exercise

Close session as described in Session 1 or reserve ten to fifteen minutes to do a relaxation exercise (examples are described in Session 2).

Facilitators' notes:

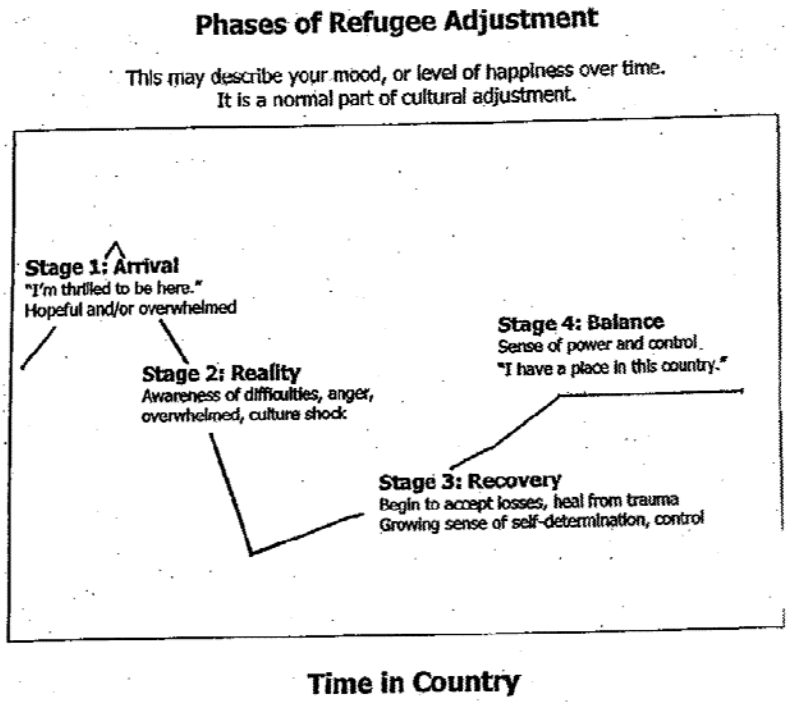
A session focused on acculturation issues can help survivors attain a greater sense of safety and stability. Successful acculturation and the empowerment that comes from knowledge as well as normalization of their experiences are helpful to clients in this stage.

Depending on the group, some or all of the group members may have been in the United States for several years. This session can still be useful for these participants. Even highly acculturated individuals may still be adapting to life in the United States. Invite them to share their experiences; the differences they notice may be more subtle cultural nuances.

By this stage of the group, transportation and scheduling issues generally have been resolved. The social worker works with the client (and Client Services Coordinator, if needed) to identify a means of transportation for each client that maximizes independence while accommodating individual barriers. Some clients may have questions as they get to know each other and realize the different transportation resources that each receives and uses. The social worker works individually with each client to promote the transportation method which best fits the client's care plan by providing necessary resources.

Typically, a routine has developed by this point. If the co-facilitators furnish food and drink, clients may gather in the room before or after the session. The social worker and therapist may choose to meet with clients briefly during these periods or may use that time before or after the group session to schedule clients for other appointment times. Clients may identify emergency needs; the social worker schedules times to assist with these issues or to collect information to update the initial assessment.

Handout: Phases of Refugee Adjustment



Adapted from: International Organization for Migration (1997). Cultural Orientation Africa.

Handout: Adjusting to a New Culture…
How to Deal with the Stress of "Culture Shock?"

- Know that it is a normal part of adjusting to a new culture and that others are experiencing it or have experienced it too.
- Keep in mind some of the good things you already have.
- Be patient and remember that adaptation takes time.
- Be realistic. You won't be able to accomplish all the things you want immediately.
- Learn to be constructive. If you encounter an unfavorable environment, don't put yourself in that position again. Be easy on yourself.
- Maintain contact with the new culture. Practice English. Volunteer in community activities, hobbies, etc. that allow you to practice English. This will help you feel less stress about language and you can feel useful at the same time.
- Allow yourself to feel sad about what you left behind: family, friends, country, etc.
- Recognize the sorrow of leaving your home country; accept being in this new country. Focus your energy on getting through the transition.
- Try to develop friendships and connections with others. They will serve as support for you in difficult times.
- Establish simple and manageable goals and evaluate your progress**.**
- Maintain confidence in yourself. Follow your ambitions. If you feel stressed, look for help.

-Adapted from "Culture Shock." Dr. Carmen Guanipa, San Diego University. Retrieved 8/18/08 from http://edweb.sdsu.edu/people/cGuanipa/cultshok.htm

Session 4
Immigration and Political Asylum

Goal: To provide group members with resources and information regarding different immigration statuses, and to normalize anxiety and fear related to political asylum and immigration issues

Objectives: By the end of the session, group members will be able to:

- Demonstrate an initial understanding of the process of political asylum and receive immigration referral information as needed
- Share, within their comfort levels, experiences with the asylum/immigration process as a way to educate and support other group members
- Describe coping strategies others have used during the asylum process

---

Session Outline:

1. Welcome and check-in

2. Introduction to immigration status: Where are you and why is it important?

3. Presentation of the asylum process

4. Discussion: Coping with uncertain status

5. Closing/Relaxation exercise

Description of Activities:

1. Welcome and check-in
Welcome returning group members and facilitate check-in as described in Sessions 1 and 2.

2. Introduction to immigration status: Where are you and why is it important?
Introduce the topic of immigration by inviting group members to share their current status in the U.S. immigration process. Give permission to individual group members to remain silent if they are uncomfortable talking about their personal status. If facilitators have the impression from past group sessions that group members would find the direct question invasive, ask a more general question such as, "What specific issues of the immigration process would you like to focus our discussion on today?" Note these issues and questions and address them throughout the session. Inform group members that the facilitators are not immigration attorneys and information shared is educational but not legal advice.

Ask group members the following question, "Why is it so important to attain immigration status (refugee or asylee) in the United States as soon as possible?" Encourage discussion; answers often highlight issues related to personal safety, ability to have a work permit, and family reunification.

3. Presentation of the asylum process
If a number of group members are beginning the asylum process, present the asylum process, citing general regulations and timelines. Use the "Asylum Process" handouts at the end of this section; there are two different charts from which to choose. Distribute one of the handouts and/or draw a simplified version of the diagram on a flip chart. Note literacy and concentration level of group members when drawing a chart.

Inform group members that the length of time it takes to move through the asylum application, interview, and hearing process varies from person to person. In addition, in Minnesota, clients who have asylum interviews during the same week may receive notification of the outcomes months apart. For specific questions refer group members to their own attorneys or, at CVT, to the monthly clinics of Advocates for Human Rights for expert advice concerning their cases. If group members do not have an attorney, give them the "Legal services in the metro area" handout found at the end of this section. Also, as appropriate, distribute the "USCIS service and office locater" handout at the end of this section.

4. Discussion: Coping with uncertain status
After presenting the basics of the asylum process, facilitate a discussion by choosing from among the following questions:

- Emotionally, what is the asylum process like for you?
- If you have begun the asylum process or have been granted asylum, what are one

or two pieces of advice you can offer group members to make this process easier for them?
- What is/was the hardest part of the process for you? How did you cope with this?

If the majority of group members are refugees and asylees, the discussion may center on recalling feelings, emotions, and experiences from the past, as well as barriers yet to be overcome (e.g., citizenship, family reunification). For those who have not yet attained permission to resettle permanently, the feelings are often those of vulnerability, helplessness, and fear. Group members may have questions about employment authorization, changes of status and family reunification.

4. Closing/Relaxation exercise

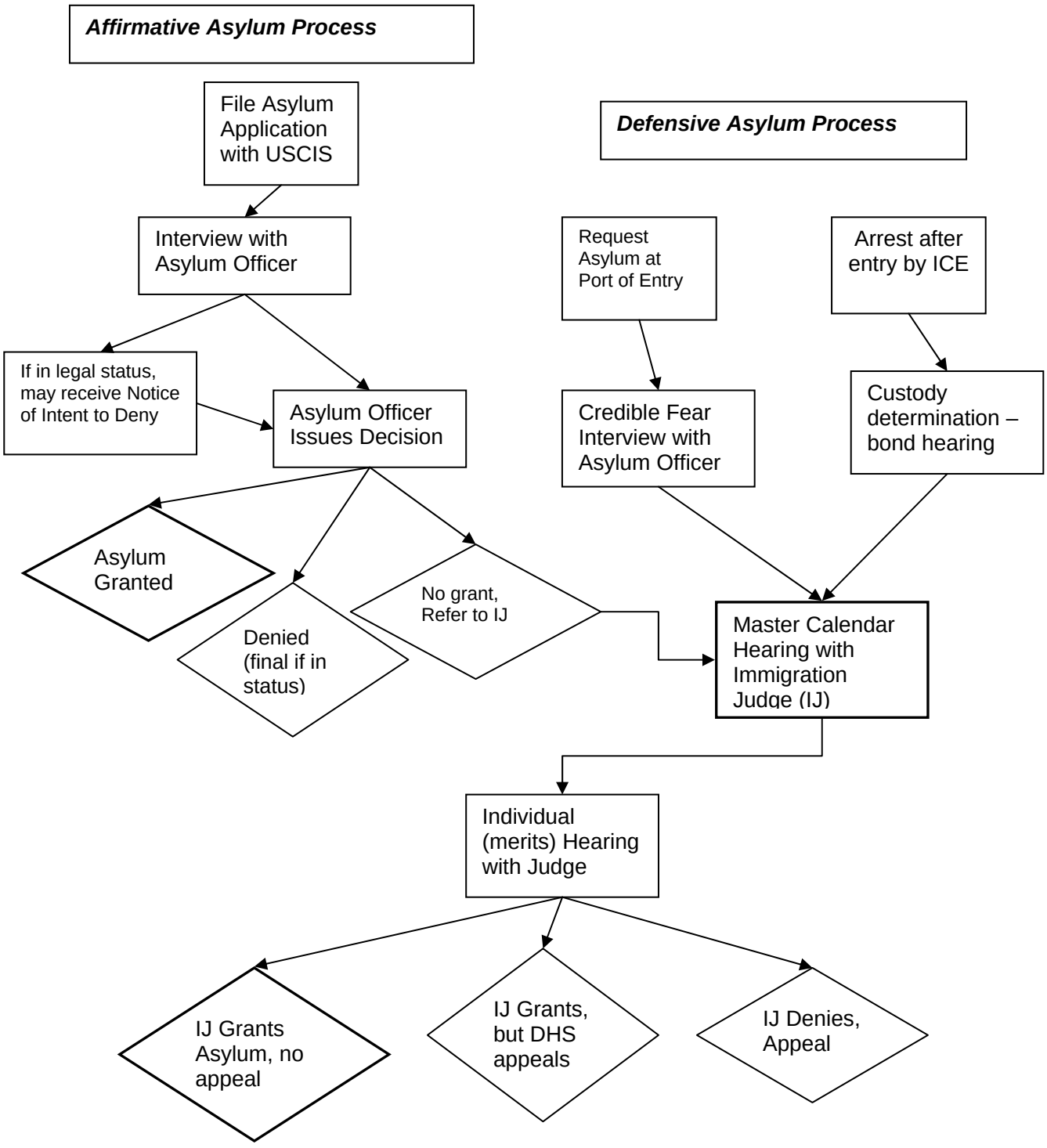
Close session as described in Session 1 or reserve ten to fifteen minutes to do a relaxation exercise (examples are described Session 2).

Facilitators' notes:

As the psychoeducational group is designed for new or newer clients, group members are often in the early stages of applying for political asylum. As asylum is legal protection against deportation, the topic concerns basic safety and security. Clients without status feel vulnerable and live under constant stress. In addition, the subjects of work authorization and family reunification may signify dependency and loss of hope, depending on the status of each group member. So, while this session is designed to be primarily educational in nature, strong emotions are often elicited. It is recommended that facilitators leave time at the end of the session for a relaxation exercise. Gauge whether individual group members seem overwhelmed with the asylum process; these group members may need some individual support from the group facilitators or an individual therapist.

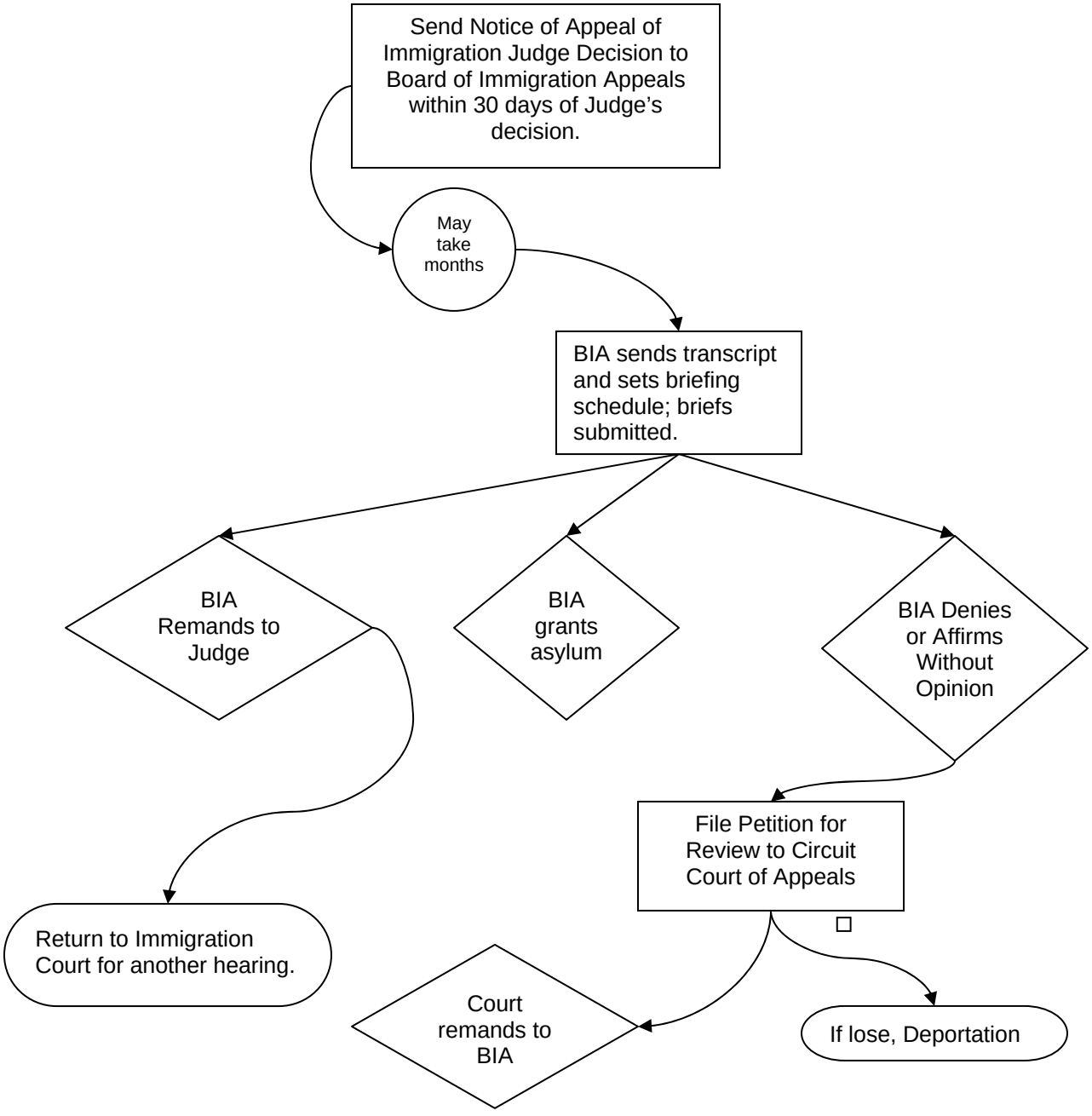
Clients who already have an immigration status can still benefit from the session; they may share their experiences and can provide hope to other group participants. Other clients may be in the appeals process and their asylum outcome may be quite uncertain. These group members can benefit from group support and encouragement. However, their situations may alarm those who are new to the process. Group facilitators should be aware of each individual's status prior to the group so as to anticipate potential reactions. Clients will be conscious of the differences of status among group members, and facilitators need to be sensitive to this while monitoring the discussion. It will likely be elicited from group members, however, that all share common experiences of exile.

Handout: The Asylum Process



Prepared by The Advocates for Human Rights. This chart is for informational purposes only and should not be used as legal advice. IJ= Immigration Judge.

Handout: Asylum Appeals Process



Prepared by The Advocates for Human Rights. This chart is for informational purposes only and should not be used as legal advice.

Handout: USCIS Service: Local Office for Minnesota

Street Address

Saint Paul Field Office. This office is located at:
2901 Metro Drive, Suite 100
Bloomington, MN 55425.

Mailing Address

The mailing address is:
USCIS
2901 Metro Drive, Suite 100
Bloomington, MN 55425.

Visiting the Office

In order to visit this office or to speak with an Immigration Information Officer, you must have an appointment scheduled by USCIS, or you must schedule an INFOPASS appointment, on the USCIS website.

Transportation

DRIVING DIRECTIONS:
Take Interstate 494 to Exit 2A for 24th Avenue South.
Head south on 24th Avenue.
Turn left onto American Boulevard.
Turn left onto Metro Drive.
The office is on the right.

PUBLIC TRANSPORTATION:
Information is not available.

Parking & Accessibility

PARKING: There is public parking in the front and back of the building.

HANDICAP ACCESSIBILITY: This office is handicapped accessible via the front north entrance.

Service Area

This office serves the states of North Dakota, South Dakota and Minnesota. This office also serves the some counties in western Wisconsin.

Adapted from:
https://egov.uscis.gov/crisgwi/go?action=offices.detail&office=SPM&OfficeLocator.office_type=LO&OfficeLocator.statecode=MN. Retrieved 9/9/2008

Handout: Legal Services in the Metro Area

1. Individualized help applying for political asylum

Advocates for Human Rights (AHR*)* is a non-profit organization that provides free lawyers to prepare applications for political asylum, credible fear, and Violence Against Women Act (VAWA) cases. You must qualify based on income. Call to request services.

650 Third Avenue South #550
Minneapolis, MN 55402-1940
(612) 341-3302

Monday-Friday, 9 am to 5 pm
http://www.mnadvocates.org

Immigrant Law Center (ILCM) is a non-profit organization dedicated to providing high-quality legal services to low-income immigrants in Minnesota. The ILCM provides free and low cost legal assistance in immigration matters to individuals and families of all nationalities who qualify for services based on their income, place of residence, and type of case, and based on available resources at ILCM. Call to request services.

450 North Syndicate Street, Ste 175
St Paul, MN 55104

(651) 641-1011
http://immigrantlawcentermn.org

Volunteer Lawyers Network serves all nationalities in Hennepin County only. Limited immigration services through walk-in legal clinic and master calendar volunteer panel. Must qualify based on income. No charge for services. Call to request services or a referral.

600 Nicollet Mall, Ste. 390A
Minneapolis, MN 55402
http://www.volunteerlawyersnetwork.org/

Monday-Friday 9 am-4 pm
(612) 752-6677

2. Refugee Resettlement Agencies

Refugee resettlement agencies can help you complete the appropriate paperwork for family reunification, apply for permanent residency (green card), and apply for citizenship as well as for other services. Services are available to people with refugee and asylee status. Services are provided free or at very low cost. Call for information.

Catholic Charities
Refugee Services
215 Old Sixth Street
St Paul, MN 55102
(651) 222-3001
Monday-Friday 8am to 4:30 pm
http://www.ccspm.org

Lutheran Social Services of Minnesota
Refugee Services
2414 Park Avenue
Minneapolis, MN 55108
(612) 642-5990
Monday-Friday 8am to 5 pm
http://lssmn.org

Minnesota Council of Churches
122 Franklin Avenue West, Ste. 100
Minneapolis, MN 55404
(612) 870-3600
Monday-Friday 9 am to 4 pm
http://www.mnchurches.org

International Institute of Minnesota
1694 Como Avenue
St Paul, MN 55108
(651) 647-0191
Mon-Thurs 9 am-4:30 pm; Fri 9 am-4 pm
http://wwwiimn.org

Handout: Legal Services in the Metro Area, cont.

World Relief Minnesota
1515 East 66th Street
Richfield, MN 55423
(612) 866-0462
Monday-Friday 8:30 am-5 pm
http://minnesota.wr.org/

Jewish Family Services-Refugee Resettlement
13100 Wayzata Blvd., Ste. 400
Minnetonka, MN 55305
(952) 546-0616
Monday-Friday 9 am to 5:30 pm
http://jfcsmpls.org

3. Help with Other Legal Issues

Unless otherwise noted(*), the following non-profit agencies provide help with various legal needs in such areas as housing/landlord issues, consumer fraud, problems with employment, discrimination, county food stamps and cash assistance benefits, etc. Contact one of these agencies if you feel you need the advice of a lawyer to receive fair treatment or services. Most legal help provided through these agencies is free or low cost. Eligibility for some of the services listed below depends on which county you live in, household income, and immigration status.

Southern Minnesota Regional Legal Services (SMRLS)
300 Minnesota Building, 4th and Cedar
St. Paul, MN 55101
(651) 222-5863
Services for residents of southern MN including Ramsey, Dakota and Washington Counties
http://mnlegalservices.org/smrls/index.shtml

Cornerstone Ministries
Park Ave United Methodist Church
3400 Park Ave South
Minneapolis, MN 55407
(612) 825-6863
Serves Hennepin County residents
Thursdays 3 pm-5 pm

Hennepin County Immigration Law Project
430 First Avenue North, Ste. 300
Minneapolis, MN 55401
(612) 332-1441
Monday-Friday 8:30 am-4:30 pm
Serves Hennepin County Residents

*African Assistance Project**
7601 Kentucky Ave. North, Ste. 206
Brooklyn Park, MN 55428
(763) 488-1553
Monday-Friday 9am-5 pm
*Legal assistance for employment problems.

Institute for New Americans, Equal Justice Law Clinic
1730 Clifton Place, Ste. 200
Minneapolis, MN 55403
(612) 871-6350
Call for an appointment

Civil Society
912 Minnesota Bldg. 46 E. 4th St.
St Paul, MN 55101
(651) 291-0713
Monday-Friday 9am-5 pm
Call for an appointment

Session 5
Employment

Goal: To provide group members with knowledge of resources that can help them become successfully employed, and to address feelings and emotions surrounding loss of past employment/role

Objectives: By the end of the session, group members will be able to:

- Articulate at least two ways they can successfully prepare for work in the United States
- Acknowledge and begin to process losses associated with having to start over with employment and/or professional education in the United States
- Demonstrate an understanding and knowledge of employment and education resources within the community

---

Session Outline:

1. Welcome and check-in

2. Introduction to topic of employment: The past and the present

3. Challenges to employment in the United States

4. Finding and keeping a job

5. Employment questions

6. Closing/Relaxation exercise

7. Next session: Health care

Description of Activities:

1. Welcome and check-in
Welcome returning group members and facilitate check-in as described in Sessions 1 and 2.

2. Introduction of employment: The past and the present.
Poll the group to find out where each client is in the employment process in Minnesota. It may be helpful to explain to the group the difference in employment status for refugees and for asylum seekers. Refer to the following explanations from the USCIS website:

Refugees are lawfully admitted to the United States and are authorized by the U.S. Government to be employed immediately. This freedom is guaranteed by the Refugee Act of 1980. An in-country applicant for asylum is eligible for a work permit (employment authorization) only if his or her application for asylum has been pending for more than 180 days without decision by the U.S. Citizenship and Immigration Services (USCIS) or the Executive Office for Immigration Review.

Ask what occupations group members held in their home countries or what they were being trained to do. As this discussion will produce a mixture of reactions, review the "Phases of Refugee Adjustment" or illustrate with physical motions, "two steps forward, one step back" (see session 3). Help group members focus on the fact that employment is an empowering action that moves them toward their new goals. Employment can help survivors regain control of their lives, reducing dependency on others and making it possible to support their families again. Steady work also provides survivors with opportunities to reduce social isolation and to develop cooperative relationships with co-workers.

Members may share their long-term goals of employment in the United States with the group. Encourage clients with such plans, with educations from their home countries, or with experience in trades, to talk individually or in a small group at a later time with their social worker about resources for advancement**.** For clients awaiting a work permit, share the handout, "What can I do while I wait for my work permit?" found at the end of this section.

3. **Challenges to employment in the United States**
Acknowledge that it is often challenging to obtain work when one has no job history in the United States. Highlight that cultural gaps (ethnic, social, racial, and religious) among employment and education systems could affect their ability to obtain or sustain employment. Invite sharing of experiences and discussion. If group members raise concerns or questions about discrimination, inform clients that employees have legal rights in the United States and there are resources available to those who have experienced discrimination in the workplace.

Share with group members that symptoms of torture trauma can affect work performance

and/or adjustment. Invite working clients to share their experiences and non-working group members to share concerns they may have about future work. Ask participants about strategies which can minimize these difficulties and how working group members cope with working with strangers.

Facilitators and/or group members can also talk about the healing aspects of work. Many torture survivors find that work helps them feel better. Share with group members (if it has not already come from them) that many survivors report significant emotional benefit from working because they are able to: send money home, feel a part of society, have something to do, feel a decreased dependency on others, etc.

4. Finding and keeping a job

Consider literacy of the group members for this next activity. If appropriate, distribute the CVT guide, "Finding and Keeping a Job." It is written in five languages and can be found at the CVT website:

> http://www.cvt.org/main.php/ResourceCenter/ProviderResources/SocialService
> Please note: Phone numbers and fees may not be up-to-date in this guide.

Highlight the contents of the guide:

- Obtaining necessary documents
- Preparing to find a job
- Searching for a job
- Keeping a job
- Choosing to leave a job

For non-literate group members, choose some of the main points from the guide and present these orally in the group.

Inform group members about CVT collaborations with employment organizations in the community. Share that the programs offer the following resources: vocational assessment of clients' skills, pre-employment orientation counseling, bilingual coaches (on-the-job), on-the-job counseling, and follow-up reviews with employers. Inform group members there is limited space in these programs and there are specific criteria for eligibility; invite them to consult with the facilitators for more information if they are interested. If appropriate share the handout "Employment counselors" found at the end of this section.

5. Employment questions

As time allows, open the discussion by inviting group members to ask any employment questions they may have. Or, guide discussion with questions. Examples include a process questions such as, "What is it like for you not to be working full-time?; What are the advantages and the disadvantages?" or practical questions such as, "What important steps can you take to increase your chances of finding a good job?" For this question, facilitators can share tips related to: learning English and computer skills, knowing how to use the bus, writing good resumes and job applications, applying to multiple jobs, volunteering, attending job seeker workshops, taking care of health concerns, etc.

6. Closing /Relaxation exercise
Close session as described in Session 1 or reserve ten to fifteen minutes to do a relaxation exercise (examples are described Session 2).

7. Next session: Health care
Inform group members that next week's session is about health care; prepare them for the fact the nurse will join the group at the next session. Check with group members for their input regarding whether to include the nurse in check-in. If the nurse is present during check-in, they can get acquainted with the group. Having a new person present, however, may make some members self-conscious and the check-in process more superficial.

Facilitators' notes:

Employment logically follows immigration as a topic because it is another U.S. system that group members need to know how to navigate. Both topics can be painful reminders of loss of status and education, economic independence, and the means to make meaningful contributions to the community, but these topics can also evoke hope for the future.

Group members should practice sharing experiences and insight with other torture survivors and should strategize ways to cope with the emotional losses, frustrations, fears and hopes.

Handout: What can I do while I wait for my work permit?

- Take English classes or other classes. You can find English classes through the Minnesota Literacy Council. Phone: 651-850-5563, web: www.themlc.org/hotline.html
- Join a local church, mosque, or synagogue. There are usually a lot of activities going on within religious organizations.
- Get a library card. The cards are free and give you access to books, magazines, newspapers, and computer use at your city library. You will need a photo ID to obtain a library card.
- Volunteer at places that interest you. This will help you get work references and U.S. work experience. For help finding an organization to volunteer with, you can call Hands on Twin Cities. Phone: 612-379-3104, web: www.handsontwinsities.org
- Take free computer classes. Work Force Centers or public libraries may offer these classes.
- Join a sports team. There are often many impromptu soccer games at local parks, especially on Saturdays and Sundays (when the weather is nice).
- Ask your social worker about a membership at a local gym. You can play ball, exercise, and swim.
- Attend educational seminars. Some topics might include employment preparation or how to apply for schools or training programs. The Minnesota Work Force Center may offer these. Community Education programs may also offer interesting classes.
- Learn how to use the city bus system. A CVT volunteer can help you do this.
- Ask your social worker about CVT's Community Guide volunteers. CVT will find a person with whom you can enjoy various social activities and will help you learn about life in Minnesota.
- Ask your social worker about getting a donated bicycle and use it to ride along the lakes and parks in the area.
- Check out local schools and universities if you might be interested in returning to school when you have immigration status.
- Go to a museum. The Minneapolis Institute of Art has free admission daily and the Walker Art Center has free admission on Thursday evenings and the first Saturday of the month.
- In the summer check out the free music in the Minneapolis parks. The newspaper often lists performances. Performance times and locations can also be found on-line at www.minneapolisparks.org.

Handout: Employment counselors

Employment counselors are professionals who specialize in connecting job-seekers and employers. Employment counselors usually offer free services.

Preparing for work. The employment counselor will work individually with you to complete a resume, a summary of your work experience. She/he will then help you to find companies that are looking for workers with your skills.

Searching for work. Next, you and your employment counselor will work together to complete applications and prepare for interviews for specific job openings.

Eligibility

What documents do you need?

A current work permit

A social security number

Do you need to have asylum approval to receive help?

Most employment counselors require that you have been granted asylum before they can help you search for a job. However, the following agency is able to work with you when you have your work permit and social security number. They may have a waiting list.

Jewish Family Services Vocational Improvement Program
1633 West 7th Street
St Paul, MN 55102
(651) 690-8931

Once you are granted asylum, you may contact a wide variety of employment counselors. Most refugee resettlement agencies offer this service (e.g. Catholic Charities, Lutheran Social Services, etc.).

What to Expect from the Service

Can I expect to have the same profession in the U.S. as I had in my home country?

It depends on the kind of work you were doing before coming to the U.S. With many skilled professions it is possible to enter similar work in the U.S. eventually. However, it may be necessary to take professional exams and/or additional classes in U.S schools.

Check with an employment counselor for help in assessing how your education, training and skills can be applied to a career in the U.S. One place to start is at Minnesota Council of Churches (612) 874-8605. Also consider contacting universities or professional associations as a way to meet U.S. contacts in professions similar to your own.

What will my first job be like?

Most likely, your first job will not be the same as the one you left in your home country. In fact, it may not use many of your best skills and experience. However, your first job will provide future references, cash flow, and practice with speaking English. It should be considered a necessary first step as you plan for meaningful work in the U.S.

Session 6
Accessing Health Care

Goal: To provide group members with a better understanding of the provision of health care within CVT, how the health care system operates in the United States, and information about staying healthy through exercise and good nutrition

Objectives: By the end of the session, group members will be able to:

- Articulate an understanding of how their health needs will be addressed within CVT
- Report a basic understanding of the health care system in the United States
- Articulate at least three ways to promote health in their lives

---

Session Outline:

1. Welcome and check-in
2. Health care within CVT
3. Health care in the United States: Compare and contrast
4. Primary, urgent and emergency care: Definitions
5. What you need to know for a clinic or hospital visit
6. Staying healthy with nutrition
7. Staying healthy with exercise
8. Questions and closing

Description of Activities:

1. Welcome and check-in
This session is dense and full of material that can be somewhat confusing. Given the amount of information to be covered in this session, keep the welcome and check-in short (or omit check-in for this session only).

2. Health care within CVT
Introduce the nurse if this has not already happened. The nurse then facilitates the session, with the co-facilitators actively listening and participating as needed. The nurse begins by describing the function and responsibility of each health provider at CVT, including: physician**,** psychiatrist, nurse, physical therapist, and massage therapist.

Inform group members that medical appointments are scheduled by the Client Services Coordinator. Emphasize the importance of keeping appointments at CVT and being punctual for sessions. Make the group members aware that their appointments are times that have been set aside for them to see the doctor and that they need to come during that specific time. Make clear the importance of calling ahead to cancel or reschedule appointments.

Explain that clients at CVT are eligible for medical insurance to help them to begin to heal physically. They can gain access to this insurance as long as they are actively attending CVT, i.e., they are meeting with their providers on a regular basis. Clients need to help the Client Services Coordinator regularly update their insurance, and they need to be responsible for keeping appointments with providers outside of CVT.

3. The U.S. health care system: Compare and contrast
The nurse begins by asking group members to compare and contrast the culture of health practices in group members' home countries with that of the U.S. Use the flip chart to make two lists, one representing the group members' countries and one for the U.S. Explain who provides health care and what their training is, what it costs, how and when help is sought, etc. This exercise provides a rich source of discussion that can be particularly helpful in leading into a discussion of unfamiliar concepts such as health insurance.

4. Primary, urgent and emergency care: Definitions
Inform group members that the focus of health care in the U.S. is prevention in the form of routine check-ups, screenings, immunizations, etc., which can be described as essential to prevent or to detect any illness early in its course.

Define primary care as the "medical home" for a patient, ideally providing continuity and integration of health care. All family physicians and most pediatricians and internists are in primary care. The aim of primary care is to provide the patient with a broad spectrum of care, both preventive and curative, over a period of time, and to coordinate all of the care the patient receives. Clients will see a primary care provider for all routine check ups and illnesses. The primary care provider is the point person who will refer clients to

specialists if needed.

Inform group members that urgent care is to be used for any illness or injury that would prompt them to see their primary care physician but cannot wait until the next day. Examples include minor cuts**,** ear infections, and sore throats with fever**.** Encourage clients to call their primary clinic to see whether it recommends an appointment at the clinic or urgent care.

Explain that emergency care is to be used when immediate care is needed to save a life or to repair traumatic injury. Some examples include: chest pain with shortness of breath, serious or severe injuries like broken bones or burns, and seizures. Group members should not use the emergency room as a clinic or for primary care. There may be a co-pay for going to the emergency room, and often there is a wait.

Inform group members that if they find themselves in a medical emergency situation, they should call 911. When calling 911, they should stay on the phone. Inform group members that if they call using a land line and hang up, the call can be traced and they will be called back. If they have made a mistake, they should let the emergency dispatcher know that. Explain that an ambulance can be used if a client cannot get a ride or it is too dangerous to transport the person. There is a fee for using an ambulance.

5. What you need to know for a clinic or hospital visit

Offer group members the following educational information about what to expect and what to know about seeing a medical professional. A handout containing the same information is found at the end of this session.

- **Insurance needed.** Most facilities will require individuals to have their insurance cards when they call for appointments and when they go in for an appointment. Explain the difference between cash-based services in clients' home countries and that of insurance-based services in the U.S. Address other relevant differences raised by clients (e.g., necessity of a bribe or courtesy gift to receive quality care in some countries).
- **Interpreters.** Health facilities are required to provide interpreters, but clients have to make a specific request. Encourage clients to use professional interpreters instead of friends or family members. Explain the importance of confidentiality and privacy with interpreters and the advantage of not having to share torture trauma experiences in front of family members. Also, friends and family may not be able to interpret medical information well.
- **Making appointments.** Clients need to take initiative to make appointments in advance for preventative care and are not able to walk in routinely without making a prior appointment. In case of illness, call to try to get the next available appointment.
- **Being on time.** In the U.S. system, it is important to be on time for appointments. Facilities may keep track of missed or cancelled appointments, resulting in penalties, which could include not being able to see the doctor on the day of the appointment if you are late, or having services terminated if you miss a few appointments.

- **Asking questions.** Encourage clients to prepare a list of questions to ask their providers. Clients may ask their providers for clarification if they do not understand the course of treatment, even if the provider seems rushed or hurried. Here again, contrast services in their countries with expectations in the U.S.
- **Use of patient's first name.** It is often the practice in this country that health care visits are more informal than in clients' countries. Patients are often asked whether they would like to be addressed by their first or last names. If patients are addressed by their first names, it does not convey disrespect but rather another different cultural custom.
- **Medications.** Patients may not be prescribed a tablet every time they visit their doctor. Sometimes the visit may be a follow-up to check for side effects and how well the drug works. In other circumstances they may have an illness (the common cold, for example), that does not respond to medications. Emphasize that clients should bring their medications with them to doctor appointments, so dentists, psychiatrists and specialists know what medications they are taking.
- **Lack of cultural knowledge.** Inform group members that doctors and nurses may not know much about cultural practices outside of the U.S. Clients are encouraged to talk about their cultural health practices as much as they are comfortable.
- **Sharing torture history.** Acknowledge that it is difficult for clients to share their torture history with providers, but inform them that their torture trauma could have an impact on their physical ailments and the course of treatment. With their permission, their medical reports completed by the physicians at CVT can be sent prior to their appointments so their primary care physicians have background knowledge of their trauma experiences.

6. Staying healthy with nutrition

Acknowledge that many group members have decreased appetites due to worries and thoughts about what is happening back home. Briefly explore what group members are currently eating to get a sense of current habits/practices. Encourage them to eat healthy foods and something that they enjoy. Encourage water and fluid intake, especially when it is hot and humid outside.

Acknowledge that if group members are living with someone else, they may have little control over what they eat. Encourage group members to eat their own foods rather than lots of fast food or high-fat food. Ask if they are able to find the spices they like and if they are cooking their own foods. Tell group members that during the winter, it is important to get lots of vitamin C to help fight infection; share various sources of vitamin C. Invite group members to meet with the CVT nurse individually outside of group if they are concerned about losing weight, having no appetite, being constipated, etc.

7. Staying healthy with exercise

Ask group members, "What did you do in your country for exercise?" Invite discussion. Tell group members that life can be very sedentary while waiting for asylum, and it can be frightening to go outside alone. (Acknowledge the differences in their situations back home versus here.) Emphasize the need to make an effort to get exercise if group members rely on buses, taxis and cars for transportation and don't have obvious

opportunities to walk and move.

Inform group members that the benefits of exercise include: stress reduction, increased energy, and better digestion and elimination. In Minnesota, there may not be the variety of team sports that some countries have. It is difficult to find a soccer game on a Sunday afternoon, for example. Being able to exercise outside is greatly affected by the weather in Minnesota, so it is important to explore ways to get exercise during hot, humid weather as well as cold, icy weather. At this point, explore group members' access to shopping malls and Y scholarships. Tell group members that exercise inside can be as simple as walking in place during TV commercials; watching TV for 2 hours and walking in place during all the commercials is equal to 30 minutes of exercise. Recommend group members get 10 minutes of exercise 3 times throughout the day, such as cleaning, stair climbing, mowing the grass, etc.

8. Questions and closing
Reserve time for group members' questions or encourage questions throughout the session. There may not be time for a relaxation exercise.

Facilitators' notes:

There is a lot that could be covered here. Pick several topics to focus on and omit others. Be careful not to overwhelm group members by presenting everything. In each case, invite group members to share their experiences. Be sure to monitor group members' questions that are private or could lead to embarrassment or distress for them or other group members. Facilitators can bring this issue up during the previous session or at the beginning of this session, encouraging participants to think of general questions and inviting them to schedule individual appointments for in-depth conversations outside the group.

Handout: What you need to know for a clinic or hospital visit

Insurance. Most facilities require you to have your insurance card when you call for appointments and when you go in for an appointment. Health care clinics are insurance-based instead of cash-based.

Interpreters. Health facilities are required to provide interpreters, but you have to make a request. Use interpreters instead of friends or family members to ensure confidentiality, accuracy, and privacy.

Making appointments. You need to make appointments in advance for preventative care; it is often not possible to walk in without an appointment. In case of illness, call to get the next available appointment.

Being on time. In the U.S. system, it is important to be on time for appointments. Facilities may keep track of missed or cancelled appointments, resulting in penalties.

Asking questions. Prepare a list of questions to ask your providers. Ask providers for clarification if you do not understand the course of treatment.

Use of patient's first name. It is often the practice in this country that health care visits are less formal than in other countries. You may be asked whether you would like to be addressed by your first or last name.

Medications. You may not be prescribed a tablet every time you visit your doctor. Sometimes the visit may be a follow-up to check for side effects or how well a drug works. Sometimes you may have an illness, like the common cold, that does not respond to medications. Bring your medications with you to doctor appointments, so dentists, psychiatrists and specialists know what medications you take.

Lack of cultural knowledge. Doctors and nurses may not know much about cultural practices outside of the U.S. Talk about your cultural health practices as much as you are comfortable.

Sharing torture history. It is difficult to share your torture history with providers. However, your torture trauma could have an impact on your physical ailments and the course of treatment. With your permission, medical reports completed by physicians at CVT can be sent prior to your appointment to give a background of your trauma experiences and potential injuries.

Use of 911. Call 911 when immediate care is needed to save a life or to repair traumatic injury. Some examples include: chest pain with shortness of breath, serious or severe injuries like broken bones or burns, and seizures. Do not use the emergency room as a clinic or for primary care. If you call 911, stay on the phone. If you call using a land line and hang up, the call can be traced and you will be called back. If you have made a mistake, let the emergency dispatcher know**.**

Session 7
The Effects of Torture: Part 1

Goal: To establish common language about torture and its purpose, and to begin to identify ways in which torture impacts multiple realms of an individual's life

Objectives: By the end of the session, group members will be able to:

- Define the following terms: trauma, torture
- Explain the purpose of torture
- Name and discuss multiple effects of torture in the physical, spiritual, psychological and social realms

---

Session Outline:

1. Welcome and check-in

2. Acknowledgement of shift in topics

3. Definitions: Trauma, torture and purpose of torture

4. Activity: Effects of torture and how they are connected

5. Closing/Relaxation exercise

Description of Activities:

1. Welcome and check-in
Welcome returning group members and facilitate check-in as described in Sessions 1 and 2.

2. Discuss shift in topics
Prepare group members for the shift to topics that are more psychological in nature. One way to describe the shift is to say something like, "Until now we have focused on providing information and resources to help with your adjustment into this country. We have also focused on activities to help with your self-care. For the next two sessions we are going to discuss the many ways in which torture has, and continues to, affect all of you."

Another way to address the shift would be to share that up to this point, sessions have focused on "outer needs" or "on the outside." From this session forward, the focus turns more internal, or to "inner needs." Ask the group members if they can guess what is meant by "inner needs." Explain that torture can affect how we interact with the world (on the outside) but also how we think and feel within ourselves (on the inside).

3. Definitions: trauma, torture and purpose of torture
Before the session write these definitions on a flip chart. Read the definitions, invite reaction, and encourage discussion.

Trauma
A life-threatening experience involving intense fear, helplessness or horror. Often the person is overwhelmed.

Torture
- The intentional use of intolerable pain (can be physical or psychological)
- By someone in power (governmental authority, rebels)
- To obtain information, cause fear, punish, or for any other reason based on discrimination of any kind

Purpose of Torture
- To intimidate, create fear
- To confuse the victim into believing they have a choice and they are to blame
- To silence individuals and their communities
- To destroy identity, spirit, personality

4. Activity: Effects of torture and how they are interconnected
On a flip chart make four columns, labeling each with one of the following terms: *psychological, physical, social, and spiritual* (see below). Ask participants to define each term.

PSYCHOLOGICAL	SOCIAL	PHYSICAL	SPIRITUAL

Ask group members to name ways in which torture can affect people in each of the four areas listed and note their responses in the appropriate column. See an example below.

Example:

PSYCHOLOGICAL	SOCIAL	PHYSICAL	SPIRITUAL
Sadness Worry Bad dreams Thinking too much	Don't leave house Not trusting Unable to engage in enjoyable activities	Headache Stomachache High blood pressure	Questioning faith Angry at God Questioning meaning of life

After creating significant lists, ask group members if any of the effects in one column are connected to any of the other terms listed (e.g., feeling sad under "psychological" could be related to not going out of the house under "social"). Draw lines connecting symptoms across columns until it becomes apparent that many of the effects of torture are interrelated. Point out that these symptoms can build on one another to create a downward spiral. Tell group members that the goal of treatment is to interrupt the spiral by helping clients in all the different realms. Ask group members if the group, other services at CVT, or other relationships/activities outside of CVT are helping with any of these effects.

Example:

PSYCHOLOGICAL	SOCIAL	PHYSICAL	SPIRITUAL
Sadness Worry Bad dreams Thinking too much	Don't leave house Not trusting Unable to engage in enjoyable activities	Headache Stomach ache High blood pressure	Questioning faith Angry at God Questioning meaning of life

An alternate visual way to illustrate interconnectedness using five categories is to draw a hand on the board and label the palm "the whole person." Fingers are labeled "physical," "emotional," "social," "spiritual," "mental." Ask group members to list effects of torture and record the list next to the hand drawing. Then ask participants where they would categorize or "put" each of the effects they identified. Group members will probably articulate that some of the effects fit into more than one category. Invite conversation about how symptoms are connected. Then ask group members to comment on the picture as it relates to the categories (e.g., how the hand is most functional when the fingers work together).

5. Closing/Relaxation exercise
Reserve 15-20 minutes at the end of this session to close with a relaxation activity to help calm group members who may have been upset by the discussion and activity.

Facilitators' notes:

This two-session discussion on the effects of torture represents a distinct change for the group and can result in a significant change in the mood of participants. The goal is to start talking about how group members can be affected in many ways by their torture. This session can be quite difficult for group members because it can evoke many feelings. Monitor the group closely for signs of people being overwhelmed. Take note of the length and depth of an individual's disclosure, and whether the intense detail of someone's experience is overwhelming other members of the group. If this happens, facilitators may need to gently interrupt the individual, acknowledge their experience, and redirect the individual to the more general discussion. It is important to maintain safety for group members and at the same time avoid sending the message that an individual should not talk about their torture experience or collude in avoidance. This session may be an appropriate time to talk more about psychotherapy groups offered at CVT and/or individual therapy as forums for processing torture experiences.

These two sessions (7 and 8) can be important for group members who may feel shame or fear about their symptoms. Discovering that others have similar reactions can help them feel normal and de-stigmatize their emotions.

Be aware that some group members become reticent to engage in discussion. Sometimes the group is silent and the mood is somber, making it all the more important that there is time at the end to help prepare clients to make the transition to their everyday lives and the week ahead of them.

Session 8
The Effects of Torture: Part 2

Goal: To identify and normalize symptoms of Posttraumatic Stress Disorder (PTSD) and Depression, the two most common mental health outcomes of torture seen in a clinic-based population

Objectives: By the end of the session, group members will:

- Be familiar with symptoms of PTSD and Depression
- Recognize which symptoms they experience and the commonality in symptoms amongst group members
- Report a decrease in stigma related to mental health effects of torture

---

Session Outline:

1. Welcome and check-in

2. Debrief of last week's session

3. PTSD: Presentation and discussion

4. Depression: Presentation and discussion

5. Fight/flight/freeze presentation

6. Closing/Relaxation exercise

Description of Activities:

1. Welcome and check-in
Welcome returning group members and facilitate check-in as described in Sessions 1 and 2. Given the amount of information to be covered in this session, track the time during the check-in.

2. Debrief of last week's session
Ask group members to comment on how they felt after last week's session. Note any strong reactions and process accordingly.

3. PTSD: Presentation and discussion
Prior to the session, list the three main categories of PTSD symptoms: re-experiencing (re-living), avoidance, and hyperarousal (over-alertness) on a flip chart, leaving space in between each category. Ask participants to define each category and clarify as needed. Ask group members to list examples of symptoms from each category – group members are often able to generate a comprehensive list that closely matches DSM-IV symptomatology. Add missing symptoms, using less clinical language to ensure comprehension, as needed.

Re-experiencing (Re-living)
- Repeated upsetting thoughts and images about the torture that come when you don't want them to
- Nightmares about the torture
- Feeling like the torture is happening again, while you are awake
- The mind responds to a reminder of the torture (feeling scared when you see a police officer)
- The body responds to a reminder of the torture (heart pounding or sweating when you see a police officer)

Avoidance
- Trying not to think, talk, or have feelings about the torture
- Avoiding people, places or things that remind you of the torture
- Inability to remember part of the torture
- Loss of interest in activities
- Not feeling close to others
- Having no feelings, or feeling numb
- Feeling like you won't have a good future

Hyper-arousal (Over-alertness)
- Difficulty sleeping
- Feeling angry and irritable
- Difficulty concentrating
- Watching to see if something or someone is coming
- Jumping or startling easy (when you hear a noise or are surprised)

-Adapted from the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). 1994. American Psychiatric Association: Washington, DC.

4. Depression: Presentation and discussion

At this point, assess how group members are responding and time remaining. If group members seem overwhelmed, group facilitators should stop with the presentation and do a check-in with group members. If time is limited, facilitators may need to choose between presentation of depression symptoms and the next item on the agenda-explanation of the fight/flight/freeze response. If appropriate, continue with a presentation of depression symptoms, including:

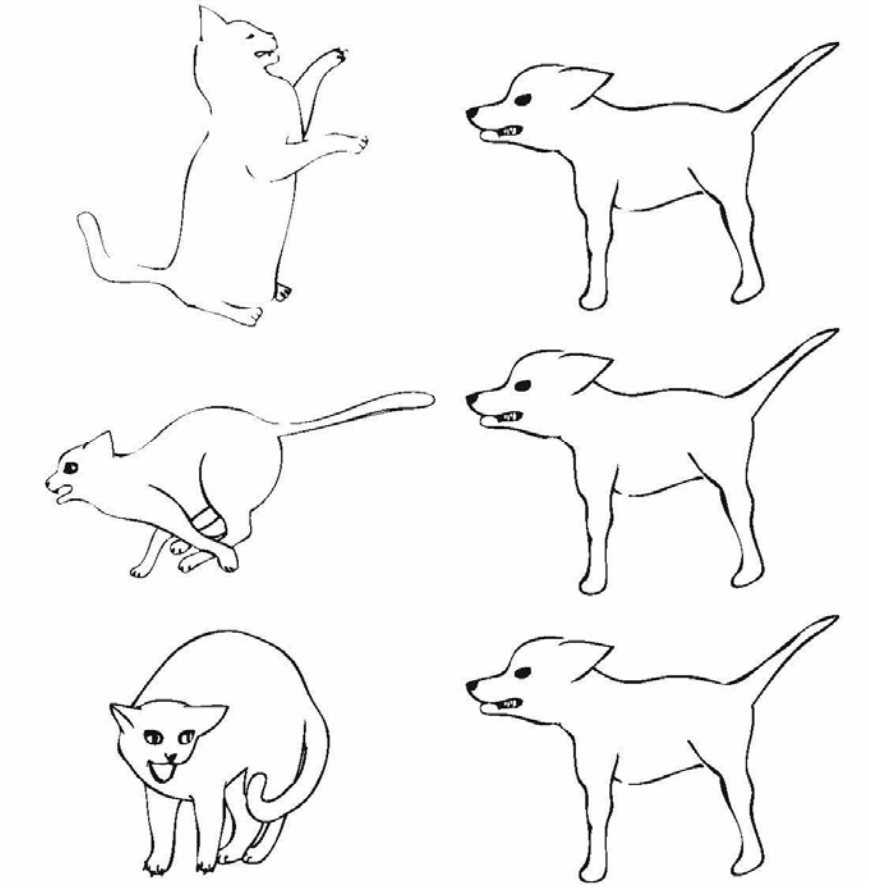
- Feeling sad most of the day
- Not enjoying activities you used to enjoy
- Change in weight (loss or gain)
- Change in sleeping habits (unable to sleep or sleeping too much)
- Moving very slowly or moving restlessly
- Loss of energy
- Feeling your life does not matter or feeling guilty
- Difficulty concentrating
- Thoughts of death or dying

-Adapted from the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). 1994. American Psychiatric Association: Washington, DC. -

Invite comments or questions.

5. Fight/flight/freeze presentation

If appropriate (see #4 above), present information about the fight/flight/freeze response through an illustration of a dog that has backed a cat into a corner. Prior to the session, draw three pictures on a flip chart (sticklike figures are fine and the pictures often contribute to a sense of levity). On the first picture, show a cat cornered by a dog, its claws out prepared to fight. In the second picture show a cat attempting to run away from the dog. In the third picture draw a cat that appears to be stuck or not moving. See drawing below for an example.



Ask group members what they observe in the drawings. Follow this with a brief presentation of the fight/flight/freeze response. Elements of this presentation can include:

Fight/Flight –ask group members about the cat's two action choices in this situation. (The first two pictures show fight and flight.)

- Discuss the extra energy required by the small cat to be able to defeat the dog in this situation.
- Explain that, for a short period of time, the cat is, in a sense, "super powered." This also happens to people's bodies in times of danger. Ask clients if they have witnessed or experienced this themselves (e.g., not feeling pain while fleeing, being able to run faster or longer than ever before).
- Explain what can happen physiologically in our bodies to cope in such dire circumstances: the body eliminates to become lighter; the heart pumps more blood to the body, the lungs try to pump more oxygen to the body, etc.
- Offer the following psychoeducation: the difference between humans and cats is that after the traumatic event, the cat returns to its normal life and does not think about its experiences. Humans can think about what has happened to them, and when they do, the same physical symptoms can return as if the trauma is happening all over again. This is the body's way of protecting humans from

future harm. This can actually save people who are in a life-threatening situation. However, once a person is removed from that situation, the body's response may no longer be helpful, and can instead become scary, drain the body of resources, and create unnecessary stress for the person.

Freeze- Point out that freezing (the third picture) can happen if the cat does not know what to do or if it is not possible to run or fight (i.e., it is not possible to escape or fight back).

- Torture under captivity is, by definition, an inescapable situation. This pushes the body's trauma response beyond flight vs. flight into the freeze mode, and one of the results is that aspects or effects of the torture remain "frozen" in the body/mind.
- Ask if group members have seen this response in an animal (e.g. when a bright light shines in the animal's eyes, when a lizard freezes and can't be seen by prey due to camouflage, etc).
- Offer psychoeducation that this reaction can also happen to humans. Compare what happens in the body to a light switch. When individuals have experienced torture or are fleeing from war, sometimes their bodies "turn off" like a light switch.
- Explain that freezing, in the midst of a crisis can protect a person. It can be overwhelming for the body to process torture while it is happening. It can protect us from feeling too much pain at the point of death, or in near-death experiences (nature's way of protecting prey who are in the jaws of a lion, for example).
- Explain that when a person is finally safe, the body can be "turned back on" and one can re-experience the traumatic event. This can happen over and over again like a movie that is played again and again. This is the body's way of trying to understand what happened. These memories can get stuck going around and around. One way to help end this cycle can be to talk about it.

6. Closing/Relaxation exercise

Reserve 15-20 minutes at the end of this session to close with a relaxation activity to help calm group members who may have been upset by the discussion and activity.

Facilitators' notes:

Much information is presented in this session; facilitators should meet beforehand to discuss what information they would like to prioritize. It is important to remember that the information is emotionally-laden; group members can become so overwhelmed that the presentation/activities need to stop altogether. If facilitators sense that group members are overwhelmed, check-in with group members. Ask how they are doing and how they are experiencing the information.

Group members may challenge facilitators by asking why they are being asked to talk about something so painful. Facilitators should be prepared for this reaction and be prepared to respond. Group members also could appear shut down and may be equally overwhelmed but not as obvious about their reactions. Facilitators should closely observe group members throughout the session.

Session 9
The Healing Process

Goal: To present phases of healing, explore group members' perceptions of healing, and empower group members to identify their role in the healing process

Objectives: By the end of the session, group members will be able to:

- Share with other group members their own notions of healing
- Describe a model of healing
- Identify/consider their role in their own healing process

Session Outline:

1. Welcome and check-in

2. Individual views of healing

3. Medical definitions of healing

4. Phases of healing

5. Discussion: Personal role in healing

6. Closing/Relaxation exercise

Description of Activities:

1. Welcome and check-in
Welcome returning group members and facilitate check-in as described in Sessions 1 and 2. Ask participants for thoughts/reactions regarding last week's session on Posttraumatic Stress Disorder and Depression. Process reactions as necessary.

2. Exercise on individual views of healing
Ask group members to consider the following two questions:

- What is "healing?"
- How will you know when you have "healed?"

Give group members a few minutes to think about their answers. (For a literate group, invite them to write down their answers on a piece of paper.) Then, invite individuals to share their answers.

3. Medical definitions of "healing"
Share definitions of the term "healing" from the medical field. Some examples include:

> "To restore to health or soundness; cure" Retrieved 8/18/2008 from: http:/ http://www.thefreedictionary.com/healing/
>
> **"**Healing is the process by which the cells in the body regenerate and repair. They replace what is damaged by re-growth of similar cells, and by repair, rebuilding with new and different cells." Retrieved 7/15/2008 from http://www.wikipedia.com

Ask group members how these definitions could also describe emotional healing. Ask group members if healing means a person is the same as they were before the torture. Encourage discussion.

4. Presentation: Phases of healing
Write the following three terms, from Judith Herman's three stages of healing, on a flip chart: "Safety and stabilization," "Remembrance and mourning," and "Reconnection." Ask group members what each of these terms means to them, record on the flip chart and encourage discussion and sharing of examples. Facilitators may want to adapt some of Judith Herman's language, see below for examples.

> **Safety and stabilization**- Trauma survivors feel unsafe in their bodies, emotions can feel out of control. The first stage of recovery is to restore a sense of safety. This can refer to one's external situation (or outside the body) - obtaining a job, finding a safe place to live, obtaining needed medical attention. It also refers to one's internal situation (or inside the body) - being able to sleep, eat well, have a plan for self protection, relaxation.

Remembrance and mourning- In psychotherapy this means confronting and accepting the horrors of the past through the telling of the story to a therapist who is an ally and witness as a way to integrate it. Theoretically, what is important is that the different aspects of the person's memory/story are integrated and experienced – sensory, cognitive, emotional, etc – not the level of detail that is provided. This can be very difficult work.

Reconnection- At this stage, individuals develop a new "self" that reflects the full story of who they are, having come to terms with their past but no longer defined by it or trapped in it. This allows a new level of engagement, investment, and trust in the world, leading to new relationships, return to life projects/plans, etc. An individual begins to feel powerful, trusting of people again.

Invite participants to comment/reflect on these stages.

For "safety and stabilization," often group members will share milestones like obtaining a work permit, finding housing, etc. Facilitators should validate these elements of healing while also sharing that healing is often not that simple. This is where "dealing with the past/acceptance" comes into play. Facilitators may want to talk about the importance of this phase while also sharing that each individual will have a different time line for healing. Facilitators may want to emphasize safety as a necessary foundation for processing trauma.

Inform group members that healing is not necessarily a linear process; healing is dynamic in nature, e.g. two steps forward, one step backward. (This can be demonstrated by a facilitator, standing up and taking two steps forward, one back, etc.)
-Adapted from: Herman, J. (1992). Trauma and recovery. BasicBooks: New York.

5. Discussion: Personal role in healing

Ask group members if they believe healing is something that just happens. Discuss actively choosing to be in charge of one's own recovery processes rather than "receiving" treatment in a passive way. Explain that CVT is able to make suggestions regarding actions to pursue for individual healing based on our experience with other torture survivors, but that ultimately each individual decides and authors their own recovery. As the psychoeducational group comes to a close, each group member will be given recommendations and choices about how to continue. Recovery is a process that also happens outside CVT, and each person makes their own decisions about how to approach this. Invite discussion on aspects of healing that occur outside of CVT.

6. Closing /Relaxation exercise

Close session as described in Session 1 or reserve ten to fifteen minutes to do a relaxation exercise (examples are described Session 2).

Facilitators' notes:

This session can have a hopeful/positive feel to it and, as such, is positioned well to follow the sessions on the effects of torture.

Session 10
Grief and Loss

Goal: To provide information about the stages of grief and loss

Objectives: By the end of the session, group members will be able to:

- Understand how grief affects recovery from torture
- Demonstrate a basic understanding of the grief cycle
- Discuss how stages of grief have affected their own healing process

---

Session Outline:

1. Welcome and check-in

2. Definitions: Grief and loss

3. Stages of grief

4. Closing/Relaxation exercise

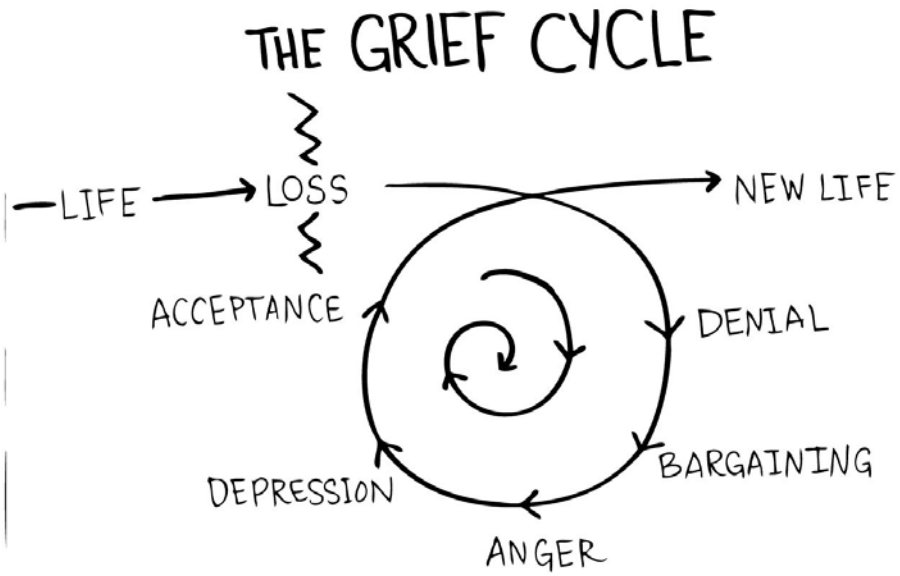
Description of Activities:

1. Welcome and check-in
Welcome returning group members and facilitate check-in as described in Sessions 1 and 2.

2. Definitions: Grief and loss
Introduce the idea that torture survivors have many losses in many different areas of their lives. Invite group members to brainstorm different loss experiences and record on the flip chart. Examples can include loved ones, country of origin, culture, dreams for the future, spiritual beliefs, identity or sense of self, status or occupation. Explain that acknowledging these losses is the first step in coming to terms with what is no longer present in the client's life. Grieving these losses is another important step.

Ask group members for their definition of the word "grief." After group members have shared their definitions, affirm that grieving is the mourning of a loss. Talk about how grieving can help people work through feelings that result when a loss has occurred.

3. Stages of Grief
Draw a diagram of Elisabeth Kubler-Ross's five "stages of grief" on a flip chart using a diagram with these five terms: denial, anger, bargaining, sadness/depression, and acceptance. See below for an example diagram.



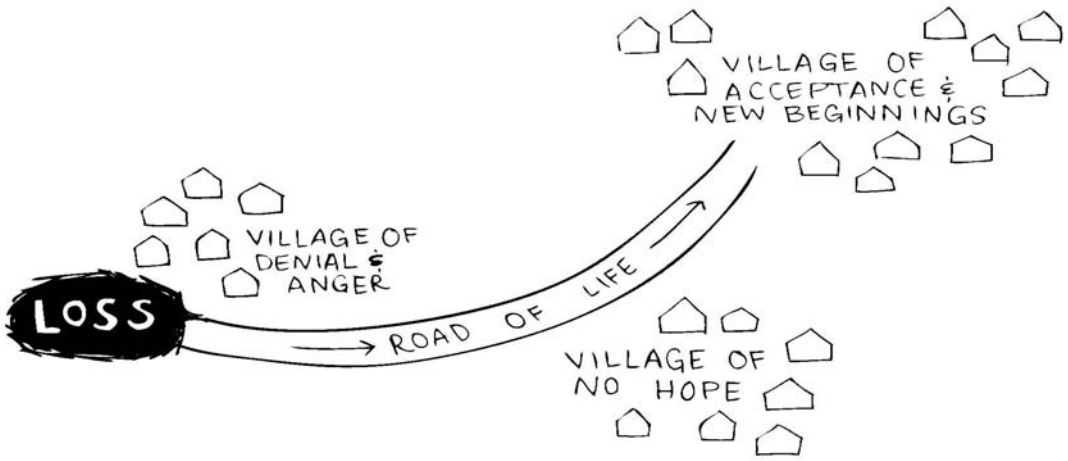
-Picture adapted from: Carrell, S. (2000). Group exercises for adolescents. Sage: Springfield.

Describe each phase to group members. Language to describe each phase could include:

> In the denial phase, one does not believe the loss happened. An individual may seem to ignore that the loss happened or seem unaffected by it. This is because they are denying the event occurred. In the anger phase, an individual can be

angry at themselves or others. With bargaining, an individual may try to negotiate the loss, with themselves or with God/Allah/Yahweh, etc. For example, an individual may think, "I will go to mosque every day if I can get my job back." In the depression phase, an individual feels sad, hopeless and helpless. With acceptance, an individual has passed through grief and found a way to move ahead with their life. Explain that individuals may move through the stages many times, may experience more than one of the feelings at the same time, and may experience the phases in a different order than is described.
- Adapted from Kubler-Ross, E. (1973). On death and dying. Routledge: London.

Alternatively, draw a picture, like the one below, to depict the stages of grief and adapt the description of the phases above to fit the picture.



-Picture adapted from: Hill, M., et al. (2005). Healing the wounds of trauma: How the church can help. Pauline Publications Africa: Nairobi.

Invite group members to share where they are in the stages of grief, relative to their various losses; encourage discussion and questions. Explain that it is important to work through these different stages as unresolved or buried grief can limit one's vitality, cause physical illness and decrease one's capacity for love. Explain that grief tends to come in waves and is never really over, but usually lessons in intensity over time. Share that grief waits for an opportunity to express itself and is on its own time table. Affirm that their grief is a normal, human response to loss. Healing will take time; they will eventually feel better while never forgetting those they have lost.

If there is time, introduce the idea of ritual as a helpful way to acknowledge and accept the reality of what or who has been lost. Ask group members to share what they do in their culture when they have lost someone or something. Ask how this plays a role in accepting the loss. Ask group members if there are ways of adapting cultural rituals to their current context.

4. Closing/Relaxation exercise
Close session as described in Session 1 or reserve ten to fifteen minutes to do a relaxation exercise (examples are described Session 2).

Facilitators' notes:

Because losses are extreme for torture survivors, sadness and other strong feelings (anger or feelings of revenge, hopelessness) may be exhibited during this session. Group members may appear "shut down" or flat. While the session is designed to contain some of these intense reactions through the structure of providing information and some facilitated discussion about grief and loss, facilitators should be prepared that this session can feel quite heavy.

Hopefully, at this point in the process, the group provides safety and a degree of trust with which members are able to explore this topic. Group members may examine the meaning of ritual and discuss how they may feel connected to those things and people they have lost through use of ritual. Closing the session with a relaxation or breathing exercise is recommended.

Session 11
Relationships

Goal: To provide knowledge of how torture destroys trust and how healthy relationships can advance the healing process

Objectives: By the end of the session, group members will be able to:

- Identify two types of relationships that currently exist in their lives
- Discuss how torture has affected their ability to trust and therefore develop new relationships or has affected existing relationships
- Describe one way that relationships can help a person recover from torture

---

Session Outline:

1. Welcome and check-in

2. Types of relationships

3. Introduction of impact of torture on relationships

4. Healing aspects of relationships

5. Closing

Description of Activities:

1. Welcome and check-in
Acknowledge the previous week's session may have been difficult or painful. Welcome returning group members and facilitate check-in as described in Sessions 1 and 2.

2. Types of Relationships
Offer a simple definition of relationships such as, "relationships can be defined as a connection between people." Ask group members to name different types of relationships. Examples may include: family relationships, long-term committed relationships, friendships, co-workers, community, association, political party relationships, and relationship with self.

Encourage discussion about the variety of categories, the energy involved in forming and maintaining each, and the functions these hold for us.

3. Introduction of topic of relationships and the impact of torture on one's ability to regain, maintain, and repair relationships.
Introduce the topic on the importance of relationships for participants by asking:

- Why it is important to have relationships?
- What do they get and what do they give in relationships?
- How does torture affect the ability to engage in relationships?

Ask questions one by one and allow ample time to discuss each question. List responses on a flip chart. If the value of relationships is not fully articulated in discussion, facilitators can offer the following psychoeducation about relationships and torture:

> Relationships are at the core of human existence; we cannot survive without other people. From birth, we live in relationship; we depended on our parents for our very survival. Relationships provide meaning and contribute to our happiness and fulfillment. They teach us how to live within our culture and society.
>
> Torture is a trauma of human design, unlike a tornado or flood. Because of this, it can cause one to be afraid of other people; people were the source of pain, so one avoids people in the future. It can make one very distrustful of others and cause isolation. Isolation can then increase loneliness and depression – the process can be a downward spiral.
>
> Many survivors talk about having "superficial" relationships with people they meet. They greet others, talk about light topics, but do not feel truly close to others. They say they do not feel they could share their deepest thoughts, worries, etc.
>
> Torture can cause survivors to choose not to make themselves vulnerable for further interpersonal losses. Torture can bring up emotions that make new

relationships difficult – e.g., rage, resistance, fear of authority. Torture can also make relationship repair (conflict resolution) more challenging.

Torture can cause "secrets" that impair intimacy between spouses, friends, parents/children. It can also alter social and family roles because of this.

Invite participants to comment on the information presented.

4. Healing aspects of relationships

Invite group members to answer the following question: "What relationships have you established since coming to the U.S.?" Ask group members to share if and how these relationships contribute to their healing process.

If not generated in the discussion, offer the following psychoeducational information:

It is widely accepted that healthy relationships significantly contribute to a person's overall sense of well-being. Relationships not only provide meaning in our lives (feeling loved and wanted) but also help with adjusting to stressful life changes. As acculturation is a major hurdle for torture survivors, it follows that positive social support in the form of healthy relationships can be of great benefit to torture survivors as they attempt to adapt in a new culture.

Concrete steps are required in order to build new relationships and manage the risks of exposing oneself to disappointment, rejection, and the consequences of making mistakes. Healthy relationships require a degree of trust, and a survivor can learn, as Judith Herman writes, to "feel trust in others when that trust is warranted" and to "withhold her trust when it is not warranted." Gaining some capacity to distinguish between the two circumstances happens as recovery progresses.

5. Closing

Discuss next week's termination session and explore how the group would like to mark the occasion. Groups have shared food, certificates of participation, songs and prayer, and rituals. Acknowledge that participants will have a chance to evaluate the group.

Facilitators' Notes:

All survivors have lost family and friends. These losses must be mourned and remembered, and group participants are challenged to develop new relationships as they reclaim their lives in their new situations and environments. Relationships can be demanding even in the best of circumstances, and survivors need to accept the "trial and error" that is inherent in engaging more actively in the world.

Facilitators should discuss prior to the group meeting how they would like to handle ideas generated for the closing session. For example, some group members have proposed taking a group picture. Some group members may not feel comfortable having their

picture taken; facilitators should take a leadership role in this discussion to address potential safety concerns and include everyone in reaching a group consensus. If the group agrees to a photograph, facilitators should initiate a conversation about what the members will do with their photos or to whom they would show the picture. Many groups like to end with a meal. Facilitators should consider financial capacity and access to facilities for group members when deciding whether to have clients bring food. One approach is for the facilitators to furnish food.

Session 12
Closure

Goal: To provide an opportunity to mark the group's ending in a mindful, planned manner that contrasts the unplanned, abrupt and distressing disruptions to relationships group members may have experienced when fleeing their country

Objectives: By the end of the session, group members will:

- Complete evaluation forms of their group experience
- Say goodbye to one another, at least within the context of the group setting
- Understand the next steps in their treatment at the Center

Session Outline:

1. Welcome and check-in

2. Completion of evaluation forms

3. Reflection on group

4. Next steps

5. Closing

1. Welcome and check in
Welcome returning group members and facilitate check-in as described in Sessions 1 and 2.

2. Completion of evaluation forms
Distribute written evaluation forms to all clients and direct them on how to complete the forms. Facilitators should discuss beforehand how to handle this if there are pre-literate group members in the group. One way to approach this is for a facilitator or interpreter to either sit next to the pre-literate group member or step out with the group member to complete the form. An example form can be found at the end of this session.

3. Reflection on group
When group members have completed the forms, invite them to share their reflections on the group experience: what they liked, what they did not like, what they learned or found useful. Ask what they would have liked to spend more time discussing.

Facilitators can share their own reflections on the group process and progress the group members have made. Facilitators may want to comment on the purpose of the final/goodbye session and how group members may not have been able to say goodbye to loved ones in a thoughtful or intentional way during/after their torture experience.

4. Next steps
Often, by this point, participants have asked, "What happens after group?" If they have not, share with the group members what is next. Assure group members that the end of group does not indicate an end to their treatment at CVT. Inform group members they will meet individually with their providers to determine recommendations for their treatment. This may include a psychotherapy group, individual treatment, neither, or a combination of both. Clients will, in most instances, continue with other aspects of their CVT treatment (social work, nursing, psychiatry) regardless of which psychotherapy path they follow.

5. Closing
Close with a ritual or an ending that has been chosen by the group.

Facilitators' Notes:

The last session of the group serves multiple purposes for both group members and facilitators. It is a chance for group members to reflect on the group process and the meaning it had for them. It also serves as a chance to experience a planned, mindful goodbye, as many survivors have experienced unplanned, abrupt and distressing disruptions to relationships in the past. Often in the last session the question of "What's next?" is asked and addressed. For facilitators, the last session is a forum to say goodbye to the group as a unit, share reflections and receive feedback on the group process.

Group Evaluation

Please answer the following questions regarding your experience in group. Your comments will help us improve the group for future participants.

1) **What part(s) of the group did you find the most helpful?**

2) **What did you learn in this group?**

3) **Were there any parts of group that were not helpful?**

4) **Do you have any suggestions as to how we could improve the group?**

Bibliography: Group work with torture and trauma survivors

Arcel, L.T. (1998). Group psychotherapy with victims of torture. In L.T. Arcel (Ed.), *War violence, trauma, and the coping process: Armed conflict in Europe and survivor responses*, (pp. 143-154). Copenhagen: International Rehabilitation Council for Victims of Torture.

DeLucia-Waack, J.L. (2002). A written guide for planning and processing group sessions in anticipation of supervision. *Journal for Specialists in Group Work*, 27(4).

Drozdek, B. & Wilson, J. P. (2004). Uncovering: Trauma focused treatment techniques with asylum seekers. In *Broken spirits: The treatment of traumatized asylum seekers, refugees, war and torture victims.* New York: Brunner-Routledge.

Fischman, Y. & Ross, J. (1990). Group treatment of exiled survivors of torture. *American Journal of Orthopsychiatry*, 60(1).

Foa, E. B. & Rothbaum, B. O. (1998). *Treating the trauma of rape.* New York: Guilford Press.

Foy, D. W., Eriksson, C. B. & Trice, G. A. (2002). Introduction to group interventions for trauma survivors. In *Group Dynamics: Theory, Research and Practice.* (5(4), 246-251.

Foy, D. W.; Glynn, S. M., Schnurr, P. P., Jankowski, M. K., Wattenberg, M. S., Weiss, D. S., Marmar, C. S. & Gusman, F. (2000). Group therapy. In *Effective treatments for PTSD: Practical guidelines from the International Society for Traumatic Stress Studies* (pp. 155-175, 336-338). New York: Guilford Press.

Goodman, M. & Weiss, D. (2000). Initiating, screening, and maintaining psychotherapy groups for traumatized patients. In R. H. Klein & V. L. Schermer (Eds.), *Group psychotherapy for psychological trauma*, (pp. 47-63). London: Guilford Press.

Guide to working with young people who are refugees. Victoria Foundation for Survivors of Torture, P.O. Box 96, Parkville, Victoria, Australia 3052.

Harvey, M. R. (1996). An ecological view of psychological trauma and trauma recovery. *Journal of Traumatic Stress*, 9(1).

Harvey, M. R. & Koss, Mary P. (1991). Group treatment for survivors. In *The rape victim: Clinical and community interventions, (*2nd Ed.). Thousand Oaks, CA: Sage Publications, Inc...

Herman, J. L. (1992). Trauma and recovery. New York: Basic Books.

Kinzie, J., Leung, P. K., Bui, A., Keopraseuth, K. O., Rath, B., Riley, C., Fleck, J. & Ades, M. (1988). Group therapy with Southeast Asian refugees. *Community Mental Health Journal,* 24, 157-166.

Klein, R. H. & Schermer, V. L. (2000). Creating a healing matrix. In R.H. Klein & V. L. Schermer (Eds.), *Group psychotherapy for psychological trauma* (pp. 3-46). London: Guilford Press.

Kudler, H. S., Blank, A. S. & Krupnick, J. (2000). Psychodynamic therapy. In *Effective treatments for PTSD: Practical guidelines from the International Society for Traumatic Stress Studies* (pp. 176-198, 339-341). New York: Guilford Press.

Loewy, M. I., Williams, D. T. & Keleta, A. (2002). Group counseling with traumatized East African women in the United States: Using the *Kaffa* Ceremony Intervention." *Journal for Specialists in Group Work*, 27(2).

Lubin, H., Loris, M. Burt, J. & Johnson, D. R. (1998). Efficacy of psychoeducational group therapy in reducing symptoms of posttraumatic stress disorder among multiply traumatized women. *American Journal of Psychiatry*, 155(9), 1172-1177.

Ortiz, Diana (2004). The survivor's perspective: Voices from the center. In *The mental health consequences of torture*, E. Gerrity, T. M. Keane & F. Tuma (Eds.). New York: Kluwer/Pleneum Publishers.

Pearlman, L. A. & Saakvitne, K. W. Cotherapists's countertransference in group therapy with incest survivors. In *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors.* New York: W.W. Norton & Company.

Smith, H. (2003). Despair, resilience, and the meaning of family: Group therapy with French-speaking African Survivors of Torture. In *Understanding and dealing with violence: Multicultural perspectives* (pp. 291-319). R. Carter & B. Wallace (Eds.). California: Sage Publications.

United States Conference of Catholic Bishops, Migration & Refugee Services Bridging Project. *Module 1: Bridging the Old and New Cultures.*

Van Der Kolk, B. A., McFarlane, A.C. & Van Der Hart, O. (1996). A general approach to treatment of posttraumatic stress disorder. In *Traumatic stress: The effects of overwhelming experience on mind, body, and society.* New York: Guilford Press.

Van Der Kolk, B. A. (2002). Beyond the talking cure: Somatic experience and subcortical imprints in the treatment of trauma. In *EMDR, promises for a paradigm shift.* New York: APA Press.

Von Wallenberg Pachaly, A. (2000). Group psychotherapy for victims of political torture and other forms of severe ethnic persecution. In *Group psychotherapy for psychological trauma*. New York: Guilford Press.

Woodcock, Jeremy (1997). Groupwork with refugees and asylum seekers. In *Race and groupwork*, Mistry, T. & Brown, A. (Eds.) London: Whiting and Birch Ltd...

Yalom, I. (1985). *The theory and practice of group psychotherapy* (3rd Ed.). New York: Basic Books.

GROUPE D'EDUCATION ET DE SOUTIEN POUR LES SURVIVANTS DE LA TORTURE
UN GROUPE DE 12 SEMAINES POUR LES HOMMES ET LES FEMMES

Semaine 1. Présentations, Orientation et Explication des séances

Semaine 2. Comment s'occuper de vous-même

Semaine 3. La vie dans une Nouvelle Culture

Semaine 4. L'Immigration et L'Asile

Semaine 5. Emploi

Semaine 6. L'utilisation du système médicale

Semaine 7. Les Effets du Trauma et de la Torture

Semaine 8. Continuation des Effets du Trauma et de la Torture

Semaine 9. Le Processus de guérir

Semaine 10. Chagrin et les Pertes

Semaine 11. Les Relations

Semaine 12. Clôture

Pour plus d'information, contacter _____

Comment Travailler avec les Interprètes

1. Les interprètes vont interpréter tout ce qui est dit dans la salle.

2. Les interprètes ont été instruits de ne pas introduire de nouvelles informations au cours de la séance. Ils ne doivent pas ajouter leurs propres commentaires, suggestions, ou des informations supplémentaires. Ils interprètent seulement ce que le client et le membre de l'équipe soignante disent.

3. Il est important de parler lentement. C'est aussi utile de ne dire que quelques phrases à la fois et ensuite de vous arrêter afin de laisser le temps pour la traduction orale. Cela assure que le soignant va vous comprendre de façon précise.

4. Les interprètes doivent respecter le règlement intérieur en ce qui concerne la confidentialité. Ils sont tenus de ne partager aucune information sur les clients avec les personnes en dehors du CVT. Ils doivent respecter l'anonymat des clients et ils ne révèleront pas les noms des clients pour lesquels ils interprètent.

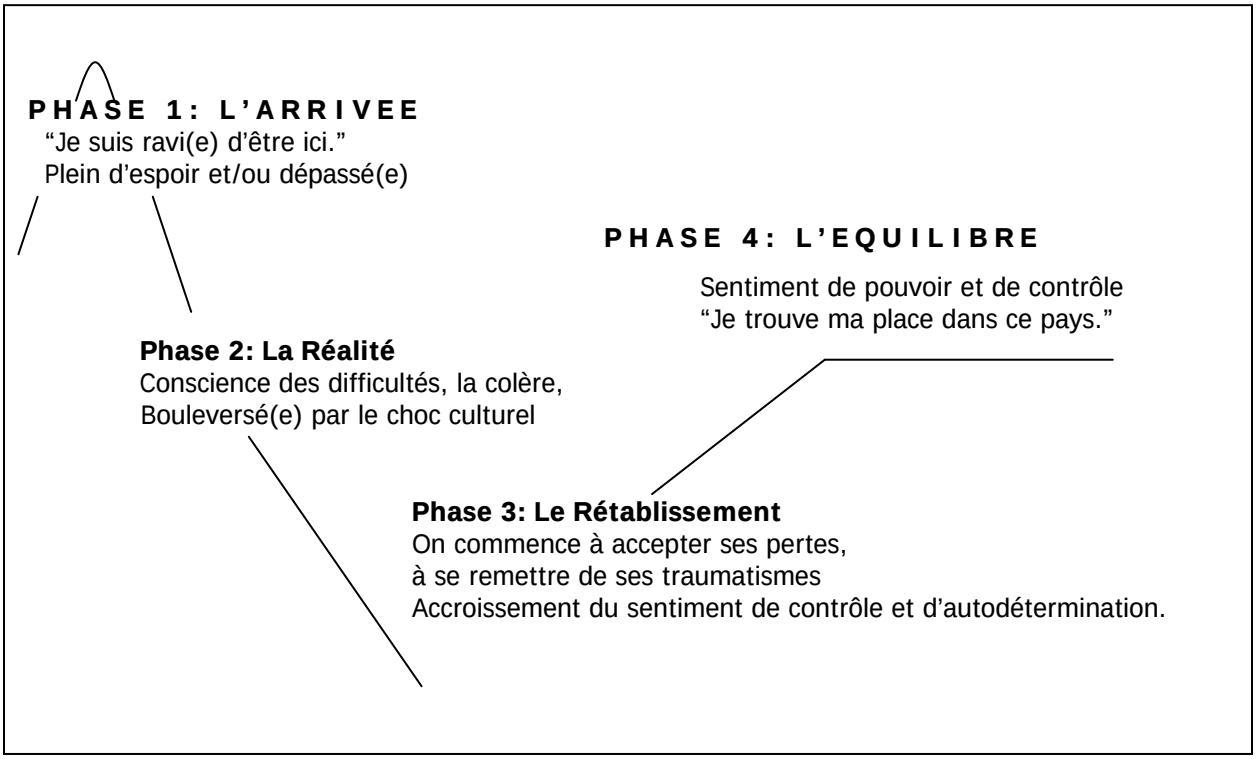
5. Les Moyens de Communiquer avec le CVT: Les clients n'appellent pas les interprètes directement chez eux. Si le client a besoin de quelque chose, il/elle peut demander à un ami qui parle anglais d'appeler le CVT. Cette personne pourra laisser un message et demander que l'interprète rappelle le client. Autrement, le client peut laisser son nom et son numéro de téléphone en parlant *très clairement* dans sa propre langue et l'interprète et un membre de l'équipe soignante rappèleront le client pour avoir plus de détails.

6. Ils vont vous servir d'interprète uniquement dans les rendez-vous au CVT ou ceux organisés par le CVT (tels qu'un rendez-vous chez l'ophtalmologue ou chez le dentiste). Les clients doivent trouver leurs propres interprètes pour tout autre besoin tel comme, par exemple, celui qui est lié à la procédure pour une demande d'asile.

7. Politique d'annulation. Les interprètes ne travaillent pas à plein temps à CVT. Ils viennent seulement quand un client a un rendez vous ou an interprète est nécessaire. Si vous devrez annuler un rendez-vous, appelez CVT le plut tôt possible pour que l'interprète ne doive pas venir a CVT.

Les Phases d'Adaptation des Réfugiés

Ci-dessous pourrait décrire votre humeur, ou votre niveau de satisfaction au fil du temps. Cela fait partie de toute adaptation culturelle normale.



Temps Passé dans le Pays

Comment Combattre le Choc Culturel

Quelques moyens de combattre le choc culturel:

- Savoir que c'est une partie normale d'adapter à une nouvelle culture et que les autres ont eu l'expérience aussi.

- Gardez en vue les bonnes choses qui font déjà partie de votre vie.

- Soyez patient et souvenez- vous qu'il faut du temps pour s'adapter.

- Soyez réaliste. Vous ne pouvez pas accomplir tous les choses que vous voulez immédiatement.

- Apprenez à être constructeur. Si vous rencontrez un environnement peu favorable, ne vous remettez pas dans la même situation à nouveau. Gardez de la compassion envers vous-même.

- Essayez d'incorporer de l'exercice régulièrement dans votre routine. Cela va vous aider à combattre la tristesse et l'isolement de façon positive.

- Approfondi votre contact avec la nouvelle culture. Pratiquez votre anglais. Faites du travail bénévole dans la communauté afin d'avoir l'opportunité de parler avec des gens en anglais. Vous allez moins vous inquiéter pour les questions de communication et vous allez améliorer votre anglais au même temps.

- Laissez-vous ressentir de la tristesse par rapport à ce que vous avez du quitté: la famille, des amis, votre travail, etc.

- Soyez conscient du mal du pays que vous allez sentir et essayez d'accepter le nouveau pays et de mettre votre énergie dans cette transition.

- Essayez de créer des amitiés, d'établir des rapports avec les autres personnes. Ça va vous donner du soutien pendant les moments difficiles.

- Faites de buts simples et évaluez votre progrès au fur et à mesure.

- Ayez confiance en vous-même. Suivez vos ambitions et continuez à faire des projets pour l'avenir. Si vous vous sentez stressé, cherchez de l'aide.

Adapté de "Culture Shock", Dr. Carmen Guanipa, San Diego State University

QU'EST-CE QUE JE PEUX FAIRE EN ATTENDANT MON PERMIS DE TRAVAIL?

- Prenez un cours d'anglais. Vous pouvez trouver des cours d'anglais a la Minnesota Literacy Council- numéro de téléphone (651) 850-5563, www.themlc.org/hotline.html
- Participez aux activités organisées par une église, une mosquée ou une synagogue. Typiquement, beaucoup d'activités sont offertes au sein d'un organisme religieux.
- Obtenez une carte de bibliothèque. Les cartes sont gratuits et vous pouvez obtenir les livres, journaux, et utiliser les ordinateurs gratuitement. Vous avez besoin d'une identification photographique pour l'obtenir.
- Faites du travail bénévole dans un endroit qui vous intéresse. Cela vous aidera à obtenir des recommandations et de l'expérience professionnelle aux USA. Pour l'aide de trouver an organisation, appeler Hands on Twin Cities- numéro de téléphone (612)379-3104, www.handsontwincities.org.
- Prenez une course d'informatique. Les bibliothèques publics ou le Work Force Center peuvent offrir ces courses
- Participez à une équipe de sport. Il y a souvent les jeux de foot aux parcs locaux, surtout les samedis et dimanches.
- Demandez au CVT comment vous inscrire dans une salle de sport près de chez vous. Vous pouvez jouer au basket-ball, faire des exercices et nager!
- Assistez à une conférence à but éducatif. Deux exemples de thèmes traités: Comment vous préparer à l'emploi et comment faire une inscription à l'université. Le Minnesota Work Force Center peut les avoir.
- Apprenez à prendre le bus. Une volontaire de CVT peut vous aider avec cela.
- Demandez au CVT de vous mettre en contact avec une guide de communauté Le Centre peut vous trouver une personne avec qui vous pouvez découvrir diverses activités sociales.
- Demandez un vélo au CVT et faites un tour dans les parcs et à côté des lacs.
- Renseignez-vous sur les écoles et les universités de la région si vous étés intéresse d'allez a l'école quand vous avez l'immigration.
- Allez au musée. L'entrée est gratuite à Le Minneapolis Institute of Arts chaque jour et les jeudis soirs et le premier samedi du mois a la Walker Art Center.
- Pendant l'été, écoutez de la musique gratuitement dans les parcs. Le journal et www.minneapolisparks.org vous indiqueront le genre de musique, l'heure et l'endroit.

Ce dont il faut savoir pour une visite à une clinique ou un hôpital.

Assurance- Les plus parts d'établissements vous demandent avoir votre carte d'assurance quand vous les appelez pour fixer des rendez-vous et quand vous y présentez pour un rendez-vous. Les cliniques des soins médicaux sont basées sur d'assurance au lieu d'être basées sur l'argent.

Interprètes- Les établissements sont requis de fournir des interprètes mais vous devez en faire une demande. Utilisez les interprètes au lieu des amis ou des membres de la famille à assurer la confidentialité et votre vie privée.

Fixer des rendez-vous-Vous doit faire les rendez-vous en avance pour les soins préventifs; le plus souvent il n'est pas possible de vous y présenter sans rendez-vous. Dans le cas d'une maladie, Appelez pour obtenir le prochain rendez-vous disponible.

Soyez à l'heure- Dans le system aux E.U., il est important d'être à l'heure pour les rendez-vous. Les établissements peuvent noter les rendez-vous manqués ou annulés, résultant dans les pénalités.

Posant des questions- Préparez une liste des questions à demander à vous pourvoyeurs. Demandez aux pourvoyeurs pour la clarification si vous ne comprenez pas le fil de traitement.

L'utilisation des prénoms des patients- C'est souvent l'habitude dans ce pays que les visites médicales sont moins formelles que dans les autres pays. On peut vous demander si vous préférez d'être adressé par votre prénom ou nom de famille.

Les Médicaments- Vous ne pouvez pas être prescrit une comprimée chaque fois que vous rendre visite à votre médecin. Quelque fois la visite ne peut être qu'une suite pour savoir si il y a des effets secondaires ou de vérifier l'efficacité d'un médicament. Quelque fois vous pouvez avoir une maladie commune comme une rhume qui ne répond pas aux médicaments. Apportez vos médicaments avec vous aux rendez-vous médicaux pour que les dentistes, les psychiatres, et les spécialistes puissant savoir les médicaments que vous prenez.

Manque de connaissance des cultures-Les médecins et les infirmières peuvent en savoir peu des habitudes culturelles en dehors des E.U. Parlez à vos habitudes de santé culturelles autant que vous soyez confortable.

Partageant votre histoire de torture- Il est difficile de partager votre histoire de torture avec les pourvoyeurs. Malgré tout, votre traumatisme de torture peut avoir un impact sur vos ennuis physiques et le fil de traitement. Avec votre autorisation, votre dossier médical fait par les médecins au CVT peut être envoyer avant votre rendez-vous pour fournir une histoire de vos expériences de trauma.

L'utilisation de 911- Appelle le 911 quand le soin immédiat est nécessaire pour sauver une vie ou de réparer une blessure traumatique. Quelques exemples compris: la douleur à la poitrine avec manquer de soufflé, les blessures sérieuse ou graves comme un os casé ou les brûlures, et les crises. N'utilisez pas la salle d'urgence comme votre clinique pour les soins ---Si vous appelez 911, gardez la ligne. Si vous utilisez une téléphone de terrestre et raccrochez, l'appel peu être suivi et on vous rappellera. Si vous avez fait une faute informer l'expéditeur d'urgence.

Evaluation pour le Groupe d'Education et de Soutien

Priez de répondre à des questions suivantes concernant votre expérience dans ce groupe. Vos commentaires vont nous aider à améliorer le groupe à l'avenir. Vos commentaires resteront confidentiels.

Quelle(s) partie(s) de ce groupe vous ont été le plus utile ?

Est-ce qu'il y avait des choses qui ne vous ont pas été utiles ?

Avez-vous des suggestions pour améliorer le groupe ?

Merci d'avoir participer à cette évaluation !