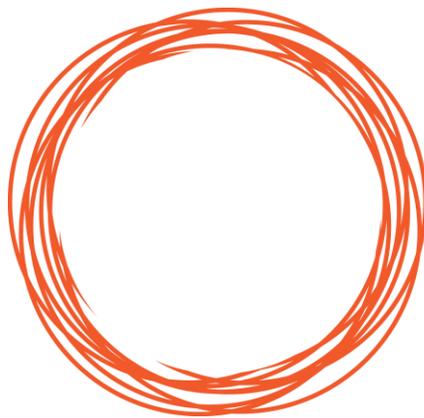


Education and Support Group for Oromo War Trauma and Torture Survivors

A Manual for Facilitators



The
CENTER for
VICTIMS of
TORTURE

.....
Restoring the Dignity of
the Human Spirit

The following material is a modification of the manual,

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

and contains segments of the original document. It has been adapted in 2012 for use with political torture survivors of Oromo ethnicity from Ethiopia living in the Twin Cities, Minnesota.

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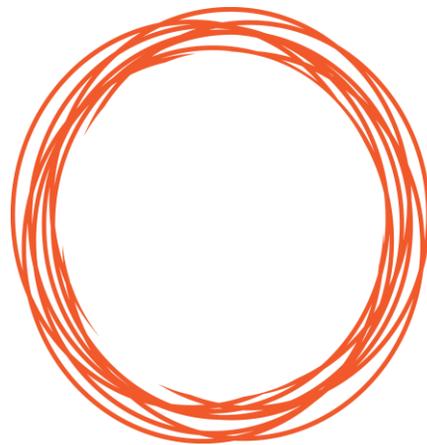
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A Manual for Facilitators



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the Human Spirit

Contents

A. Introduction to the Manual	1
Background/History	1
Why Group?	3
B. Preparing for Group	4
Group Structure	4
Co-Facilitation	4
Session Structure	5
How to Use this Manual	6
Disclosure	6
Use of Interpreter/Cultural Broker	7
Information Session	7
C. Group Curriculum	9
<i>Sessions with Goals and Objectives, Outlines, and Descriptions</i>	9
Session 1: Living in a New Culture	10
Session 2: Taking Care of Yourself and Your Family	14
Session 3: Long-term Effects of Trauma and Torture (Part 1)	18
Session 4: Long-term Effects of Trauma and Torture (Part 2)	23
Session 5: Grief and the Healing Process	28
Session 6: Relationships	34
Session 7: Final Session	38
D. APPENDIX	40
<i>Supplemental Sessions, Handouts, and Facilitator Resources</i>	40
A: Supplemental Session: Taking Care of Your Health	40
B: Supplemental Session: Employment	45
C. Handout: What you need to know for a clinic or hospital visit	50
D. Oromo Proverbs	51
E. Oromo Cultural Summary	52



Introduction to the Manual

Background/History

The Center for Victims of Torture™ (CVT) historically provided therapy through individual, one-on-one treatment services in Minnesota. Beginning in the late 1990s, CVT started to provide limited psycho-educational 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 psycho-educational 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 One 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 Two and

Three by providing education about common effects of torture and introducing frameworks for recovery.

Level Two 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 two 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 One 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 Three 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 Three curriculum by experimenting with different group activities.

The guide is for facilitators of the first level of group treatment, or Level One group. Since the project was formally piloted in 2004, CVT has conducted 24 psycho-educational groups. CVT currently provides Level Two groups and some Level Three group activities. CVT is actively working to further define and shape Level Two and Level Three groups and hopes to publish information about them in the future.

Community-based programs at CVT have experimented with group provision in the community sporadically over the past ten years, as funding permitted. The Refugee Mental Health program, funded by the Office of Refugee Resettlement from 1998 to 2004, held two Somali women's support and education groups (at Brian Coyle Community Center and for CommonBond Communities at Skyline Tower) and developed a white paper for regional and country-wide workshops, "We are a Community: Working with Refugee Women in Non-Therapy Groups." The New Neighbors/Hidden Scars community capacity-building program of 2006-2009 conducted a group for Liberian survivors in a church in a northern suburb of Minneapolis. The white paper, "Church-based Support and Education Group for Liberian War Survivors," details the development, outline, and structure of this endeavor. The group continues in the church with leadership from within the support group itself.

CVT's current community-based programming, the Healing in Partnership project, targets the St. Paul/Minneapolis, Minnesota urban area. Data from surveys of community-based organizations and in the focus groups that followed the needs assessments in Year One of the Project (2009) led to the goals of Year Two, which include the development and implementation of support and

education group curriculum for newly-arriving refugee groups. In addition, most organizations indicated that they would make use of a mental health screening tool and they readily requested training.

Members of refugee communities overwhelmingly stated that they wanted to talk about their emotional distress and mental health symptoms. Many told us that the focus groups were the first time that they have been able to come together and talk about their mental stress since they arrived in the United States. They asked us to provide continued community-based support groups for them and they expressed great relief at being able to share their pain. We learned from work in our previous project, *New Neighbors/Hidden Scars*, that delivering education and support in nonclinical settings was the best way to outreach to the community.

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)

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).

Preparing for Group

Group Structure

Length

The Healing in Partnership project adapted the CVT psycho-educational group model to one that could easily be implemented in community settings. The new model is designed for six to seven sessions in consideration of the ability of community organizations to provide resources to sustain the group. If so indicated, the group sessions can be extended with the introduction of additional psycho-educational material. Sessions are designed to be one and one-half to two hours in length.

Content and order of topics are designed with the principles of group dynamics and with gradual exposure to trauma education in mind. Following the introductory session (Session 1) aimed at provoking discussion, the self-care session (Session 2) is recommended. Clinicians at CVT have found it helpful to reinforce current coping strategies of group members, as well as to introduce breathing and relaxation techniques early in the order of group sessions. In this way, group members can practice and employ these techniques throughout the duration of group.

While sessions can elicit strong emotions tied to significant stressors and extreme losses, the material and discussion address group members' immediate needs, build mastery, and help them connect to one another. What happens in the early sessions will enable group members to engage more deeply in sessions 3-6 that directly address the impact of war trauma.

Session 1	Living in a New Culture
Session 2	Taking Care of Your Self
Session 3	Long-term Effects of War Stress, Part One
Session 4	Long-term Effects of War Stress, Part Two
Session 5	Loss and Grief and the Healing Process
Session 6	Relationships
Session 7	Final session

Gender

The group includes members of both genders. As the group is not a therapy group, gender-sensitive trauma experiences such as domestic violence, rape, and sexual assault, are not processed. A list of community resources and social services will be made available for participants who need additional support and assistance.

Co-Facilitation

Benefits of co-facilitation

In implementing this project, we dedicated resources to support and educate the existing leaders and to develop additional leaders within each refugee community in order that they will "own" the work and eventually offer group work without CVT's assistance. Fostering leadership development within each community facilitates better working relationships between the service providers and refugees. It also enhances the overall community capacity and improves community integration, allowing for the increase in the flow of appropriate mental health resources to community members.

Employing two facilitators (or leaders) for a psycho-educational group with trauma survivors is strongly recommended. It is helpful to divide the workload in half: preparing and delivering presentations for sessions, observing and assessing each group member, etc. Training in group facilitation should be provided for the Oromo co-leader. The co-leader may be the interpreter for the group; in some settings, interpretation is provided by a third person belonging to a partnering agency.

Session Structure

Each session follows a similar outline. The first and last sessions will have a slightly different structure than the rest of the sessions. The basic outline consists of these segments:

Check-in

Each session (after the first introductory session) starts with a check-in. At check-in participants will be asked to answer a simple question with a brief answer. Answering the question is optional and participants are instructed that they may “pass” their turn in this activity. Sample questions include: What is one happy event that happened to you this week? Or, what is your favorite food?

Presentation/Discussion

Following check-in, the material from previous session is briefly reviewed. This is intended to help solidify learning and answer any questions that may have arisen during the week. Next, the topic for the day is introduced. While there is much information to share on each of the topic areas, facilitators will present several key points of education using activities that encourage participation and discussion.

Closure

Each session ends with a breathing/relaxation exercise and a simple closing comment. An Oromo proverb from the co-leaders’ list (see appendix) may be shared while inviting proverbs from group members. Group members may share a wish or hope for the coming week.

Evaluation

Participants may be asked to answer several questions that assist the co-facilitators and/or the research team. What did you learn today? What was the best part of today’s session? What part did you least appreciate?

Practical Resources

At the first session, participants will each receive a folder in which they can keep handouts they receive. Contact numbers for the co-leaders will be marked on the folders. At most sessions, participants will be offered information in the form of handouts with the contact information for community resources pertinent to the topic discussed.

Levels of Literacy

The Oromo community is quite varied. Many members live in large urban areas and have access to education. Other members of the community have lived their entire lives in rural villages with little chance to attend schools. Some members of the group may be pre-literate. (They do not read

or write.) Group leaders need to be aware of this and adjust accordingly. Activities may be led solely through conversation or may incorporate drawings to teach the material.

How to Use this Manual

The manual begins with a history of the curriculum and its development within a clinic setting at the Center for Victims of Torture. This version of the manual is an outcome of the Healing in Partnership Project (HIP) at the Center for Victims of Torture. It has been adapted with consultation from various community members and through the experience of facilitating groups in a number of settings in the community outside of a clinic setting.

Psycho-education groups were co-led with a licensed psychotherapist, student interns and refugee community members from local community based organizations. The refugee community members served as co-leaders, interpreters and cultural brokers. Before the groups began, the HIP staff provided training and psycho-education about trauma and group leadership. This manual is intended to be used by organizations working with refugees who want to provide education about the effects of trauma and torture. It may be co-led by community members and mental health professionals. It may also be led solely by community members in consultation with a mental health professional.

Each session has two or three main objectives listed at the beginning. The session content is then expanded as a guide to be closely followed. Group leaders should be ready and open to adapting the curriculum to meet the needs of the group in front of them while keeping the focus on covering material that helps participants achieve the objectives. Changes in examples, pictures and stories can be made to tailor the lessons to particular cultures and communities.

It is important that group leaders and organizations develop referral networks and resources for group members that may need individual treatment/counseling to address more serious mental health concerns that cannot be done in this short, group format. Handouts listing local resources should be available for group members.

Disclosure

An advantage to starting a new client in a psycho-educational group is the safety and structure offered. The format of the group is predictable; clients can choose their level of participation in each group and there is a specific start and end point to each session. Treatment in a therapy group may be too intense for some survivors at this point given trust issues and avoidance defense mechanisms.

A central task of group facilitators of a psycho-educational group is to create a safe place for survivors to begin to establish trust and engage in new relationships with others. Dealing with disclosure in a psycho-educational 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 war experiences in group. Some clients are ready to begin processing these

experiences, while others may share their histories in a flooded, uncontrolled manner. Co-facilitators should discuss before group begins how to handle disclosure of traumatic history within the context of a psycho-educational group. Facilitators should be careful not to send the message that it is unacceptable to talk about one's traumatic 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 psycho-educational 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 psycho-education group at the screening interview, emphasizing that discussion of 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 with participants that retelling their trauma histories can be an important element of the healing process and that every individual has their own time line for this to happen. Let them know that what other venues are available to them for telling the full story (such as with an individual therapist or in a therapy group).

A suitable way to talk about the purpose of the group is to emphasize that it concerns living now and here in this culture. They are members of an educational or teaching group.

Use of Interpreter/Cultural Broker

The interpreter possesses valuable cultural information. Prep time before each session offers opportunities for "most-appropriate" language, activities, and metaphors to be shared with co-presenters for use in upcoming group time. The interpreter will read each session's materials before coming to the weekly session and be prepared to discuss it during the prep time.

Information Session

An information session is held before the group sessions begin (or the first session may be expanded with extra time to include welcome and introductions, review of agency confidentiality and interpreter policies, and discussion of group goals and session topics). An information session gives those referred to groups the opportunity to be introduced to the support group concept and to decide whether or not they wish to participate. The session may include the following agenda items:

- 1. Welcome and introductions**
- 2. Review of confidentiality and written interpreter policies.** The Oromo people value community. However, the ongoing targeting of the Oromo people by the Ethiopian government has led to a heightened sensitivity to issues of trust. Reviewing confidentiality is one important step in creating a safe space within the group.
- 3. Ice breaker activity.** The "Bundles of Sticks" activity helps group members relax and begin to define the meaning of group work.

Bundle of sticks. Materials needed: ten-fifteen fresh sticks (at least one foot long and about the thickness of a finger), colorful yarn. Take the untied sticks and invite each participant 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.

4. Discussion of group goals and objectives and session topics for each week.

Group Curriculum

Sessions with Goals and Objectives, Outlines, and Descriptions

Session 1: Living in a New Culture

Goal To raise awareness of common responses to living in exile

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

- List three to four stressful challenges to living in a new culture, and
- Name two common phases of adjustment to living in a new situation.

Prepare

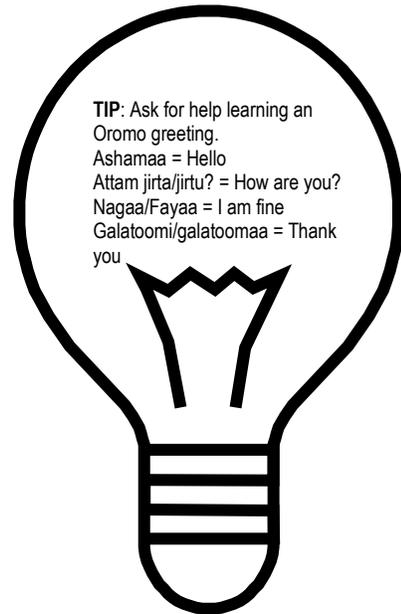
- Display outline of session topics and group rules.
- Set up flip chart with markers.
- Make copies of resources for distribution.

Session Outline

1. Check-in
2. Presentation /discussion: Culture
3. Closing

Practical Resources

- List of refugee assistance organizations
- Guidelines for use of interpreters



Facilitators' Notes:

A session focused on acculturation issues can provide lively discussion while helping war survivors to attain a greater sense of safety and stability. Group members who have been in the United States for several years can share information with those who have arrived more recently.

Some members of the group may be pre-literate. In this case, writing on a flip chart is not appropriate.

Description of Session

1. Check-in

2. Presentation/discussion: Culture

Ask group members, "What is culture?"

Examples of the meaning of culture include:

- A way of life of a group of people
- Symbols of a group's skills, knowledge, attitudes, values, and 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

Culture is described in 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.

A. Different Places – Different Cultures

A
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This activity provokes discussion and heightens the sense of cultural challenges to the participants.

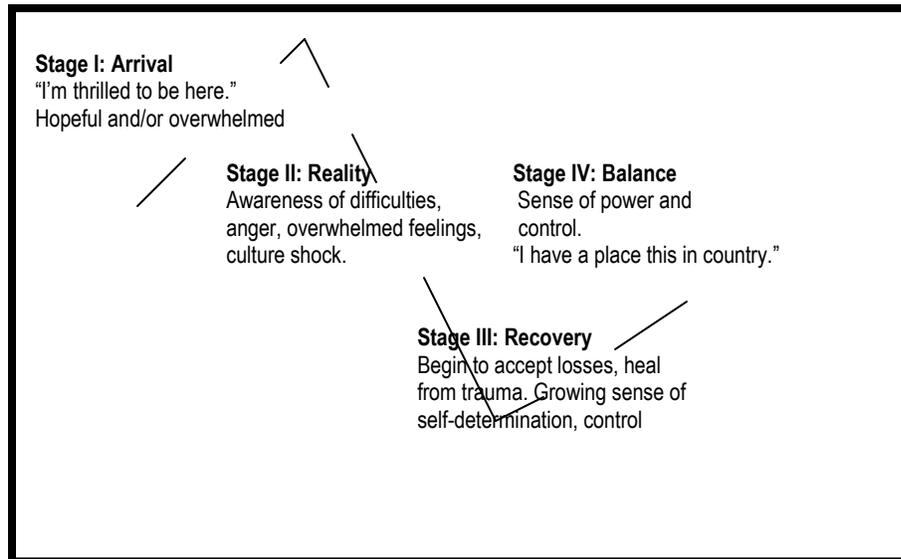
List columns on a flip chart with the following headings:
Life in Ethiopia and **Life in the U.S.**

Have participants compare differences between daily life in their country of origin or first refuge with life in the United States in these or other categories:

- | | |
|----------------------|---|
| ■ school systems | ■ the elderly |
| ■ age of marriage | ■ money |
| ■ food for breakfast | ■ dating |
| ■ how to act at work | ■ the most important thing in the world |
| ■ clothes | ■ care of children |
| ■ cigarette smoking | |

Group members may bring up a variety of other concerns or topics. This list is one of the suggestions that can function to guide the group. One way to encourage participation is to role play the difference between how we greet people in the U.S. compared to Ethiopia.

B. Phases of Refugee Adjustment



Time in Country

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

- I. Arrival.** This phase is characterized by feelings of relief, hope, and elation. During this phase an individual may feel very happy to have left a dangerous situation back home and may look forward to the prospects of rebuilding one's life.
- II. Reality.** Many war refugees experience some difficulty adjusting to American society. The long journey did not end with arrival on American shores. Individuals are now often 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.
- III. Recovery.** Refugees begin to adapt to 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 a small number of individuals do not adapt readily and become further isolated or marginalized.
- IV. Balance.** The present reality becomes acceptable and the individual has a sense of belonging in the new country. One still feels strong ties to place of origin but lives well in the current situation by engaging in meaningful relationships and fulfilling activities.

C. Where Are You in the Phases of Refugee Adjustment?

Activity

An individual can move back and forth between the different phases many times. Most refugees and immigrants periodically “re-visit” stages while still moving ahead. This movement may be demonstrated by a co-facilitator standing up, taking a few steps forward, then one or two back. This is continued for several minutes, with the co-facilitator moving farther forward than backward.

Questions

- Are you in one of the stages of adjustment?
- How have you learned to cope with the changes in your life?
- How has trauma impacted your adjustment?

3. Closing

Practice a relaxation exercise or breathing exercise. Several examples are found in Session 2 and in the optional “Taking Care of Your Health” session. These should be practiced each week to reinforce them.

Ask group members to state their wishes for the week or end the session with an Oromo proverb or saying.

Sample Proverb:

English: *“Whether it is bad or good, the elder’s idea is not despised.”*

Oromiffa: *“Hammaatullee dubbii jaarsaa hintufatanu”*

Meaning: The ideas of elders must be respected

Session 2: Taking Care of Yourself and Your Family

Goal To introduce the concept of self-care and to frame self-care strategies as important ways to cope with the many sources of stress faced by trauma survivors

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

- Describe two self-care strategies, and
- Perform a relaxation technique.

Prepare

- Display outline of session topics and group rules.
- Make copies of resources for distribution.

Session Outline

1. Check-in
2. Presentation/discussion: Taking Care of Yourself and Your Family
3. Closing

Practical Resources

- Handout of illustrated breathing and relaxation exercises



Facilitators' Notes:

The following points are important in a discussion of acculturation and caring for oneself:

- Know that feeling unsafe 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.
- Trauma can interfere with self-care; it can be noted that this topic will be discussed in upcoming groups.
- 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>

Description of Session

1. **Check-in; brief review of previous week. (Ask what group members remember from the last session.)**
2. **Presentation /discussion: Taking Care of Yourself and Your Family**

Questions

- What is "taking care of you"?
- Why is taking care of you important to your family?

Facilitator's Notes:

Members may define "taking care" in reflection to their relationships with others, not of themselves.

A. A Story to Connect Safety and Taking Care of Self

A Read Mohamed's story to participants. State that the story is intended to teach a lesson and to help the group begin a conversation about "self care." Ask them to listen to this story with that in mind.

C Mohamed came to the U.S. from Ethiopia two years ago. His wife and two young daughters are still in Ethiopia. He lives in a good apartment and is taking ESL classes at a local community center. **t** Mohamed works in a large retail chain store and earns enough money for the basic things he needs. He sends any money he can to his wife each month. Although he has not been in the new country long, Mohamed is learning English quickly. He recently obtained immigration status as a political asylee. He attends a mosque he with others from his community. He is currently awaiting approval of visas for his family to join him in Minnesota. However, Mohamed often feels afraid. **i** Mohamed notices this when he leaves the house on winter mornings when the sky is still black. He shakes inside as he leaves the house to get into his car even though he knows the neighborhood is a safe one. Sometimes he feels afraid when he is up late in the evening watching a movie, **v** watching the news or reading a book in the apartment. He talks to his wife Sarah on the phone, although he feels quite sad the following day. He notices that he does not have the energy that he used to possess and wonders if he will be able to support his family when they arrive.

t Questions for the group

- y**
- What do you think of the story?
 - Does Mohamed's experience sound familiar to you?
 - Do you feel unsafe?
 - When and where does this feeling happen?
 - What can Mohamed do to feel safe?

B. Internal vs. External Experiences

Surviving trauma and political torture are major violations of safety and can lead to various responses to real or perceived danger. **External** experiences refer to experiences **outside the body or with others**. **Internal** experiences refer to experiences one has within or feels **inside the body**. Ask participants to name examples of internal and external experience happening to them or to others in the community. Categorize responses on a flip chart with two columns.

<u>External</u>	<u>Internal</u>
Not trusting others	Fear
Often looking behind you when you walk	Fast heartbeat
	Wanting to be alone

List activities that one can do to care for ourselves and to increase feelings of safety. If members of the group are pre-literate, this exercise may be done in conversation without the flip chart.

Proverb

This proverb may be used to generate additional discussion on the topic:

Oromiffa: *“Dubbi kalee tarte har’a hingaafatanu.”*

English: *“One doesn’t ask today about a case that passed yesterday.”*

Question

Is this statement always true?

Many people believe that, once away from the danger, you leave it completely behind. But living through ongoing danger often causes long-term effects on minds and bodies.

C. Practicing Care of Self – An Exercise

A c t i v i t y

Abdominal Breathing: An introduction to the role of the breath in care of self

The breath is one of the few things we can control. When we feel anxious or are afraid, 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 at any time.



Instruct group members to sit up straight with backs against the chairs and feet on the floor. Explain that 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 abdominal breathing is 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 exhalation.



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). Slow and relaxed breathing is essential to ensure that no one hyperventilates. Invite participants to try breathing together and to count aloud. Give instructions to inhale and then exhale. Group members may close their eyes or look at the floor while trying a number of slow breaths on their own.

4. Closing

Ask group members to state their wishes for the week or end the session with an Oromo proverb or saying.

Sample proverb:

Oromiffa: *“Bultiin bultuma akka itti bule abbaatu beeka.”*

English: *“Lives appear similar but an individual knows how he lives.”*

Session 3: Long-term Effects of Trauma and Torture (Part 1)

Goal To identify and normalize symptoms of Posttraumatic Stress Disorder (PTSD) and Depression

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

- Note the interconnections of effects of war stress, and
- Report a decrease in personal stigma associated with symptoms of war stress.

Prepare

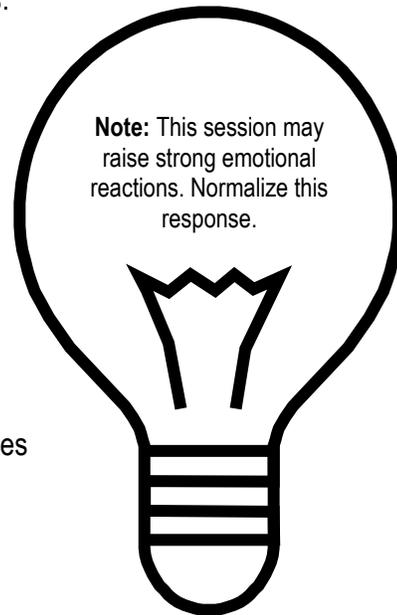
- Display outline of session topics and group rules.
- Set up flip chart with markers.
- Make copies of resources for distribution.

Session Outline

1. Check-in
2. Presentation/discussion: Effects of Trauma
3. Closing

Practical Resources

- Laminated handouts of dog and cat
- List of mainstream and alternative health resources



Facilitators' Notes:

Group members may challenge facilitators by asking why they are being asked to talk about painful topics. Some members may appear "shut down" or may feel "overwhelmed." Facilitators should closely observe group members throughout the session and be prepared to respond appropriately.

Description of Session

1. **Check-in; brief review of previous week. (Ask what group members remember from the last session.)**

2. **Presentation/discussion: Effects of Trauma**

Stress results from experiencing traumatic events. Ask participants to define trauma. There are several key factors of trauma:

- Life threatening
- Unpredictable
- Unstopped by victim
- Extreme in scope

Facilitators' Notes:

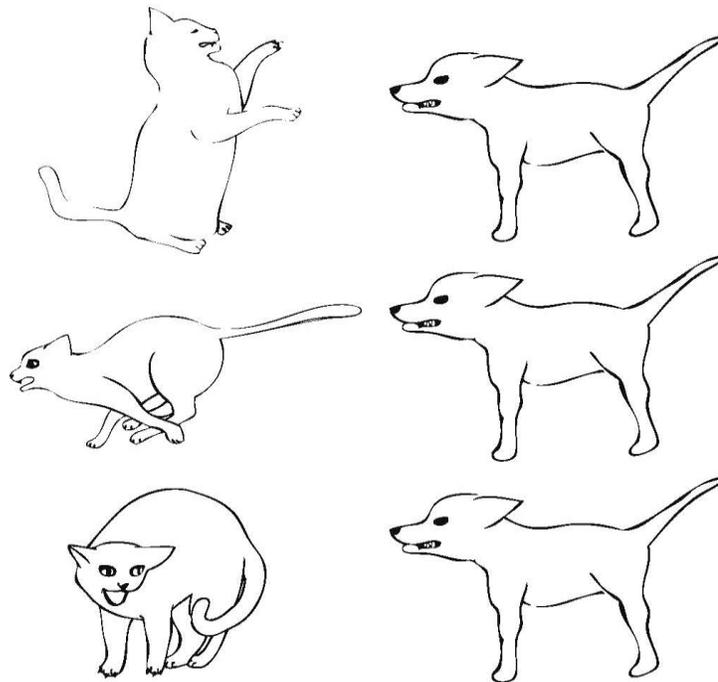
Group members may share experiences as a way of defining trauma. Be ready to acknowledge the experiences and then redirect the speakers in a gentle way. Explain that this group's purpose is not to share traumatic stories or memories but to understand how these experiences affect survivors.

A. Fight/Flight/Freeze

Activity

Flight/Fight/Freeze Responses to Trauma

Humans react to protect themselves and their families. Demonstrate the fight/flight/freeze using the handouts or the cat and dog illustrations. In the first picture, a cat is cornered by a dog; its claws are out prepared to fight. In the second picture, the cat is attempting to run away from the dog. In the third picture, the cat is frozen in place and is not moving.



Fight/Flight

The cat has two action choices in this situation: fight (1st picture) and flight (2nd picture).

Extra energy is required by the cat to be able to defeat the dog. The cat is, in a sense, “super powered” for a short amount of time.

Question

Did clients witness or have these experiences of not feeling pain while fleeing or of being able to run faster or longer than ever before?

Physiologically, our bodies cope in such circumstances in various ways: 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. 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. Once a person is removed from that situation, the body's response may become "stuck." This response is no longer helpful, and can become frightening, can drain the body of resources, and can create unnecessary stress for the person.

Freeze

Freezing (the 3rd picture) happens if the cat does not know what to do or if it is not possible to run or fight.

Question

Have you seen this response in an animal (e.g. a bright light shines in the animal's eyes, or a lizard freezes and can't be seen by prey due to camouflage)?

What happens in the human body is similar to the functioning of a light switch. When individuals have experienced war, their bodies may "turn off" like a light switch. 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. Freezing can protect us from feeling too much pain at the point of death or in near-death experiences (nature's way of protecting the prey that is trapped in the jaws of a lion, for example).

When a person is 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. One way to help end this cycle can be to talk about what happened.

These reactions tire or damage the human body when activated or re-lived repeatedly.

B. The Hand: the Interconnection of Effects

A Interconnections of Effects

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Draw five categories on a white board, labeling the palm "the whole person." Label fingers "social," "physical," "emotional," "spiritual," and "mental." Group members list the symptoms of war stress, categorizing and entering each of the effects they identified into one of the fingers. Some of the effects fit into more than one category.



Questions

How are symptoms connected to each other?

Does the disability of one finger affect the function of the whole hand?

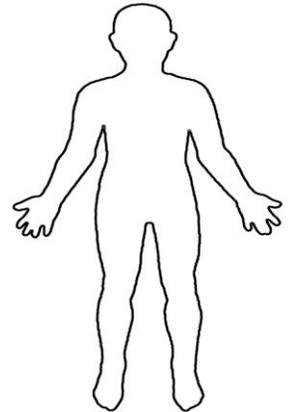
C. Body Map

A c t i v i t y

Body Map

The idea that war stress is uncontrollable and held in the body can be tied in with the concept of feeling “heartsick” (or “stomach-sick” or another term describing wherever the pain is held). Group members note with a marker pen where they hurt on a body map drawn on paper and hung on the wall.

Discuss commonality, connections, and placement of the symptoms.



3. Closing

Ask group members to state their wishes for the week or end the session with an Oromo proverb or saying.

Session 4: Long-term Effects of Trauma and Torture (Part 2)

Goal To identify symptoms of Depression and Posttraumatic Stress Disorder (PTSD)

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

- Recognize Depression and PTSD as outcomes of trauma and torture, and
- Report a decrease in personal stigma associated with Depression and PTSD.

Prepare

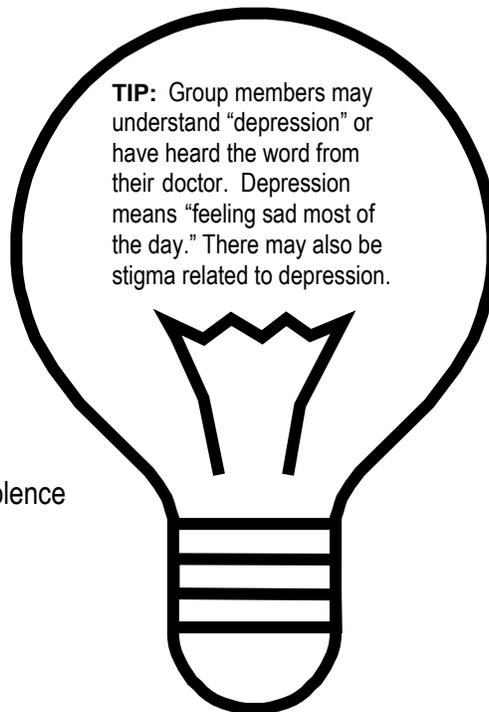
- Display outline of session topics and group rules.
- Set up flip chart with markers.
- Make copies of resources for distribution.

Session Outline

1. Check-in
2. Presentation/discussion: Depression and PTSD
3. Help for Depression and PTSD
4. Closing

Practical Resources

- Information for Survivors of Trauma, Torture and Violence Living in the St. Paul Area



Description of Session

1. Check-in; brief review of previous week. (Ask what group members remember from the last session.)
2. Presentation/discussion: Depression and PTSD

A. Story – An Introduction to Depression and PTSD

Inform group members that the story is meant to teach the group something. Ask them to listen to the story and think about how it may relate to today's topic.

A **The Story of an Oromo husband and wife**
An elderly Oromo husband and wife live with their daughter and the daughter's husband and two children. The husband and wife came to the U.S. as refugees after living in Kenya for 8 years. They had fled their small village in Ethiopia after being threatened by soldiers. They have lived here two years now and have not learned to speak English. The daughter is working but her husband has not been able to find a job.

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The old man is very sad all the time and does not do much during the day. He does not go out to join other men in the community and does not play with his grandchildren, as his wife does. Sometimes he seems to be "not really alive" for he sits and sits and does not want to speak. Sometimes he does not get out of bed in the morning for hours and he does not always comb his hair or brush his teeth when he gets up. When the couple first came to the United States, he was able to work some, although he got very angry at times. He was angry with employers, with other members of the Oromo community in the U.S., and sometimes with his wife.

Now he just sits and sits and seems very sad.

The man's wife often feels afraid. She feels okay during the day. But she has nightmares during the night. She dreams of the night they fled their homes. She awakens crying and cannot return to sleep. She cannot watch the news as the stories of violence and war also upset her.

Questions

What do you think of the story?

Is this story a true one for your community?

How do you think this story relates to our topic for discussion today?

B. Depression

Ask group members if they have heard of the term “depression.” Define this term. You can list the symptoms as follows:

Depression symptoms include the following:

- Little enjoyment of activities
- Change in weight (loss or gain)
- Sleeplessness or sleeping too much
- Very slow movement or restlessness
- Loss of energy
- Feeling worthless 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.

Facilitators' Notes:

It may be helpful to explain depression as a “bone deep” kind of sorrow. Explain that sadness is a normal part of life but depression is a different kind of sadness. It is one that causes the symptoms above. It lasts a long time. A person may need help from a doctor and or a counselor to help with sadness/depression that does not get better.

C. Post-Traumatic Stress Disorder (PTSD)

Ask group members if they have heard of the term “PTSD.” PTSD is a confusing topic for many of us. Explain that PTSD may start as a normal reaction to a traumatic event. Remind them of the pictures of the cat and dog from last session. It can be helpful to define the meaning of the term “post” as in after, “trauma.”

Explain that PTSD happens when a person has been exposed to a traumatic event in which both of the following were present:

1. The person experienced, witnessed, or was confronted with an event that involved actual or threatened death or serious injury to the self or others and
2. The person’s response involved intense fear, helplessness, or horror.

There are three main categories of PTSD and the symptoms of each category are:

Re-experiencing (Re-living)

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

Avoidance

- Trying not to think, talk, or have feelings about the events of war
- Avoiding people, places or things that remind you of the bad things that happened
- Inability to remember part of the past events
- Loss of interest in activities
- Not feeling close to others
- Having no feelings or feeling numb
- Feeling like there will not be a good future for yourself

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.

C. The Web



The Web

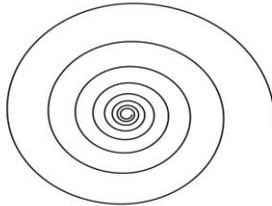
Draw a spider's web to illustrate that many of these symptoms of PTSD and Depression are connected to one another. Ask group members about their experiences of this.

D. The Spiral

A C t i v i t y

The Spiral

War stress is uncontrollable and held in the body. An illustration of a downward spiral on the white board is used to illustrate that not feeling well can lead to symptoms staying in the body which, in turn, can lead to the person feeling worse.



E. Help for Depression and PTSD

Ask group members to listen to this story, which may be used to introduce a discussion about the importance of seeking help. Share treatment and referral options with the group.

Carrot, Egg, and Tea Story

A young woman became very upset about events that happened in her life and complained to her mother about her circumstances. The mother, without saying anything, went into the kitchen and put three pans of water on the stove to boil. She placed a carrot in one pan, an egg in the second pan, and a scoop of tea leaves in the third pan. She let the pots boil for 20 minutes. Then she asked the daughter what she thought this meant. The daughter said she didn't understand why the mother put the carrot, egg, and tea in the boiling water. The mother explained that each of these items was affected in different ways by the boiling water. The carrot became limp and soft when it was boiled. The egg became hardened by the water. But the tea changed the water into something delicious. In our lives, some things change us and some things we are able to change.

Question

What does this story tell us?



3. Closing

Ask group members to state their wishes for the week or end the session with an Oromo proverb or saying.

Session 5: Grief and the Healing Process

Goal To explore group members' perceptions of healing and to empower group members to identify their roles 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 phases of healing cycle, and
- Identify their role in their own healing process.

Prepare

- Display outline of session topics and group rules.
- Bring flip chart and markers.
- Bring pictures of the pressure cooker.

Session Outline

1. Check-in
2. Presentation/discussion: Grief and the Healing Process
3. Closing

Facilitators' Notes:

Participants often share milestones like obtaining a work permit or finding housing as "safety and stabilization." Facilitators can validate these elements of healing while stating that healing is a complex process and everyone has their own timing in healing. Emphasize safety as a necessary foundation for processing trauma.

It is hoped that at this point in the process the group provides safety and a degree of trust for its members.

The meaning of ritual can be introduced as a means of connection with one's losses.

Description of Session

1. **Check-in; brief review of previous week. (Ask what group members remember from the last session.)**
2. **Presentation/discussion: Grief and the Healing Process**

A. What is Healing? – Discussion and Story

Questions for the group

What is healing?

How will you know when you have healed?

A definition of healing from the medical field is “to restore to health or soundness; cure”.

Retrieved 8/18/2008 from: <http://www.thefreedictionary.com/healing/>

A C t i v i t y

The Girl with the Hole in Her Heart

Ask group members to listen to the story. Remind them that the story is intended to teach a lesson. The story is particularly meaningful if the group has talked about the concept of being “heartsick” or used a similar term for suffering from loss.

One day a little girl woke up not feeling quite right. She told her mother and father that she had “a hole in her heart.”

The mother and father loved her very much and did not want her to have “a hole in her heart.” They took her to see a doctor, who gave her a complete examination and did many tests, but sent her home because he could find nothing to fix.

The mother took the little girl shopping for new shoes. They went to town and bought the most beautiful pair of shiny new shoes with buckles. The shoes made the little girl look like a queen. But the new shoes did not fix the hole in the little girl’s heart.

The father said that the little girl had a hole in her heart because she was having too much fun with her friends. He made her stay in her room for an entire day and she could not play with friends. But staying in her room all by herself and not getting to play did not fix the hole in her heart.

The mother and father were worried. The mother asked her best woman friend for a suggestion on how to fix the little girl’s hole in her heart. The best woman friend said that a big birthday party for the little girl would fix the hole in her heart. So the mother and her best woman friend planned a grand celebration of the little girl and invited friends and family from villages miles away. Everyone came and ate a lot of food and sang and danced and celebrated the little girl’s birthday. The little girl had a lot of fun at the party. But when the party was over she said she still had a hole in her heart.

The little girl's grandmother had been watching the attempt to fix the little girl's heart. She watched when the little girl was taken to the doctor and came home without any medicine to fix the hole in her heart. She admired the shiny new shoes that the little girl's mother had bought for her. She was a bit worried when the father made the little girl stay in her room for one day, and she had sneaked in to visit the little girl in her room during that time. She listened to the singing and tapped her foot to the music at the little girl's birthday party.

After the mother and father had tried all these things, the grandmother said to the little girl, "you know, dear granddaughter, I too have a hole in my heart. It is always there now; I can never get it fixed. But sometimes it isn't so bad, especially when I eat some of my favorite foods..."

Grandmother said, "But, dear, the hole in my heart is part of me now. Would you like to go to the store with me and get some ice cream to eat?"

And the little girl and her grandmother held hands and walked to the store to get some ice cream.

An African folk tale

Question

How does this story relate to the topic of healing?

B. Stages of Healing

Question

How do people heal?

It may be helpful to illustrate that the journey of healing is similar to that of a baby learning to walk. Most babies learn to stand, then crawl and then walk.

Healing is a process as well and the stages of healing may move back and forth.

The stages of healing are:

- Being safe now
- Remembering our families
- Starting over again

Three Stages of Healing	
of Judith Herman and re-names of stages by a refugee community leader	
Stage	Definition
Safety and stabilization Being Safe	The first stage of recovery is about restoring safety. This refers to one's external situation (or outside the body) - obtaining a job, finding a safe place to live, obtaining needed medical attention, and refers to one's internal situation (or inside the body) - being able to sleep, eat well, plan for self-protection, engage in relaxation activities.
Remembrance and mourning Remembering our families	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 Starting over again	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 and return to life projects/plans. An individual begins to feel powerful and trusting of people.

Question

Can group members find a stage that "fits" them?

C. Defining Grief – Healing from Grief

Questions

What has been lost for members of the group?

- Country of origin
- Loved ones
- Culture
- Dreams for the future
- Spiritual beliefs
- Identity or sense of self
- Status or occupation

Group members will add other losses to this list.

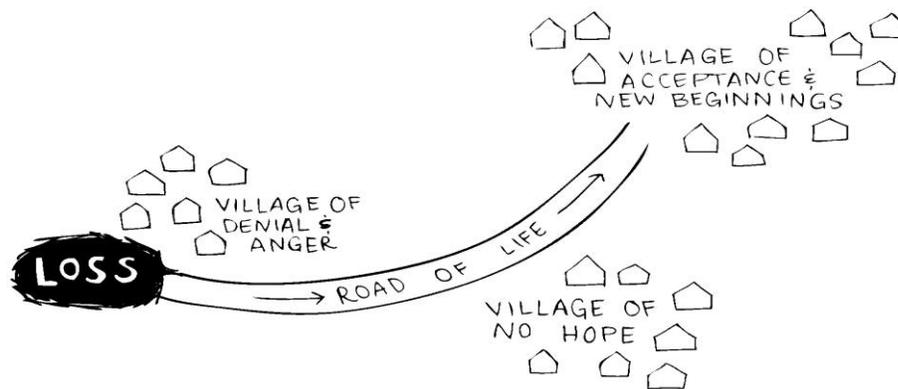
What is grief? Grief is the physical and mental suffering of loss.

Facilitators' Note:

This may be another time that group members begin to share their own experiences. It may fit to allow them to do this in a brief way, but the group leader should guide the group not to share trauma memories at this time. Acknowledging these losses is a first step in coming to terms with what is no longer present in the client's life. Grieving these losses is another important step.

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Draw a picture to depict the phases of grief and to illustrate that these do not occur in a linear process.



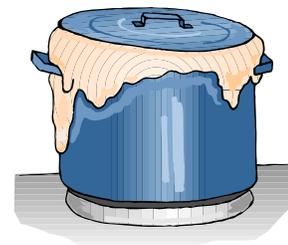
Picture adapted from: Hill, M., et al. (2005). Healing the wounds of trauma: How the church can help. Pauline Publications Africa: Nairobi.

D. What Happens When We Hide Grief and the Effects of Trauma?

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Grief can be hidden. The following exercises are used to remind participants that it is important to talk about their problems.



The Boiling Pot

Two pictures are used in this activity. The first picture shown to participants is of a boiling pot of water with a cover on it. The second picture, shown after a discussion of what may happen in the first, depicts a pot with the cover blown off of it by the boiling water and steam.

A

The Sticks and Stones Exercise

The Sticks and Stones Exercise is used to help participants understand the dynamics of hidden grief.

C



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One facilitator should fill his or her pockets secretly with grass, leaves, sticks, and dirt after taking out the keys and money and other things already in the pocket. Then come back to the group and ask, "What do you think I have in my pockets?"

i

Participants will guess: money, phone, ID card, etc. Then, take out the grass, stones, etc., and show them to the participants. The participants see that what they guess was very different from the reality of what was there.

V

Question

What did you learn from this activity about grief?

i

Group members may share where they are in the stages of grief relative to their various losses; discussion and questions are encouraged. 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. Grief tends to come in waves and is never really over, but usually lessens in intensity over time. Co-leaders share the idea that grief waits for an opportunity to express itself and is on its own time table.

t

y

Healing takes time; most survivors eventually feel better while never forgetting those they have lost.

from Healing and Rebuilding Our Communities Manual for Basic Workshop

Questions

Is healing is something that happens on its own?

Can a hole in the heart be fixed?

Can someone live with a hole in the heart?

Actively choosing to be in charge of one's own recovery processes rather than "receiving" treatment in a passive way is crucial to healing. Healing is promoted by the act of interrupting the downward spiral of not feeling well enough to care for ourselves.

3. Closing

Ask group members to state their wishes for the week or end the session with an Oromo proverb or saying.

Session 6: 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:

- Name ways in which war stress affects relationships in families and communities, and
- Describe how relationships can help a person recover from war stress.

Prepare

- Display outline of session topics and group rules.
- Set up flip chart with markers.
- Make copies of resources for distribution.

Session Outline

1. Check-in
2. Presentation/discussion: Relationships
3. Closing

Practical Resources

- Handout on domestic violence with hotline number



Description of Session

1. **Check-in; brief review of previous week. (Ask what group members remember from the last session.)**
2. **Presentation/discussion: Relationships**

A. Introduction to Relationships: A Story

Ask the group members to listen to the story. Remind them that the story is to teach a lesson. Ask them to listen for how this story may relate to the topic of relationships.

Read **The Story of Abba Gada and Hadha Gada.**

A

Abba Gada and his wife, Hadha Gada, lived in a small village. They had two children living at home and one older son in a nearby town working as a teacher. One night soldiers knocked on their door. The husband was accused of helping the “freedom fighters” by giving them food and a place to “hide.” He was beaten in front of the entire family. Hadha Gada screamed and cried. The soldiers threatened to kill her husband if she did not stop.

C

Hadha Gada could not stop crying and the soldiers arrested her. She was pregnant at the time. Despite this, she was held in prison for three months. At first her family did not know where she was. Hadha Gada thought her husband had been killed.

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The soldiers had left her husband without shooting him, but warned him that they would come back. He and the children were finally told which prison Hadha Gada was in. They were able to bring her food and some clothes. After three months, they managed to collect enough money to bribe the guards for her release.

i

The family did not feel safe staying in the village. They fled to Kenya. They lived there for some years before securing visas to come to the United States.

v

Abba Gada came first to the U.S. and he found work. The family joined him 2 years later. The family struggles to readjust. Abba Gada felt responsible for what happened and blamed himself. He also felt as if his family, especially the youngest children, were strangers to him due to the long absence. Sometimes he barely spoke with them when he was home. At other times he was angry with everyone.

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Hadha Gada was not angry with people but she felt very sad inside. She didn’t eat much and often wanted to die. Sometimes when she was alone in the house, she became very frightened for no reason.

The older son was a good teacher back home. He struggled to learn English and often complains about his minimum wage job at a local warehouse. He drank a lot with his friends at night and was often late arriving to work in the morning. He experienced headaches and stomach aches.

The lives of all family members had changed. They could not pretend that nothing had happened. Abba Gada himself believed that men shouldn't talk about their problems and he kept his feelings inside.

adapted from *Healing the Wounds of Trauma*

Question

- What do group members think about the story?
- How have the relationships changed?
- Has this happened to families they know?

B. Defining Relationships: The Importance of Relationships

Shift to talking about the topic of relationships.

- A relationship can be defined as a connection between people.

Question

What are different types of relationships? Examples include:

- Family relationships
- Long-term committed relationships
- Friendships
- Co-workers
- Community
- Association
- Political party relationships

There is energy involved in forming and maintaining each relationship, and each type of relationship serves a function in our lives.

Questions

- Why it is important to have relationships?
- What do you get and what do you give in relationships?
- Does war stress affect the ability to engage in relationships?

Relationships are at the core of human existence. We cannot survive without other people. From birth, we live in relationship and depend on our parents and others 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.

Activity

Circles and Web

Unlike a cyclone or flood, war is a trauma of human design. It causes one to be afraid of other people, as people were the source of pain. It causes distrust and isolation. Isolation increases loneliness and depression – the process can be a downward spiral.

Three concentric circles are drawn on white paper to illustrate the spiral outward that happens as the individual's hurting affects his or her family members and, in turn, the community. Discussion should include the topics of domestic violence and intergenerational discord.

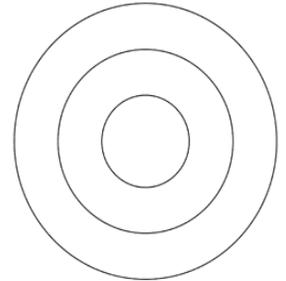
Questions

How does one begin to trust again?

What is a healthy relationship?

How does a healthy relationship contribute to the healing process?

The three concentric circles can be marked with connecting lines to make a web showing the strength of healthy relationships. A way to talk about trust is to describe a banking account in which we deposit experiences of acts of kindness, honesty, keeping promises.



3. Closing/relaxation Exercise

Ask group members to state their wishes for the week or end with an Oromo proverb or saying.

Remind group members that next week is the final session. Ask them how they would like to mark this time as a group. Many groups share food. Let the group members know you will also review the sessions and talk about what's next for them on their healing journeys.

It is important to talk with group members about "what's next" for them in their recovery journeys. Options for continuing group activity may be presented, either in the present form, as a therapy group, or by community referral. Individual therapy should also be offered, at this point, and as indicated throughout the group meetings. Group members are encouraged to seek further assistance and referral, as needed.

Participants may plan a final "event" if they choose. Many African groups have ended the group with a celebratory meal.

Session 7: Final Session

Goal To provide a closing session and discuss next steps

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

- Name several things they have learned through the sessions,
- Discuss endings and good byes, and
- Know optional “next steps” for individual recovery and healing.

Prepare

- Display outline of session topics and group rules.
- Set up flip chart with markers.
- Make copies of resources for distribution.

Session Outline

1. Check-in
2. Review, discussion, celebration
3. Closing

Description of Session

- 1. Check-in; brief review of previous week.** Ask what group members remember from the last session.
- 2. Review**

Questions for evaluation

- What did you learn from this group?
- What else you would like to have discussed or learned?

Discussion: Normalizing Endings

For many survivors of trauma, an ending can be a difficult time. Discuss with the group that endings are a normal part of life. Acknowledge that many of them did not have “normal” endings when they were forced to flee for their safety. Acknowledge that this goodbye may bring up sad feelings.

Group members may also want to exchange contact information. Your agency may have a policy about that. You can encourage group members to stay in touch and continue the relationships they have built here.

Celebration

Group members have accomplished much in the time together. They have, above all, been present with each other and with the group facilitators and began the trust-building process. It may be appropriate to offer certificates of completion to group members.

- 3. Closing/Relaxation Exercise**

End the session with an Oromo proverb or saying.

APPENDIX

Supplemental Sessions, Handouts, and Facilitator Resources

A: Supplemental Session: Taking Care of Your Health

Goal To provide group members with information on how to seek medical help and on staying healthy through exercise and good nutrition

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

- Name the primary goal of health care in the U.S.,
- Report a basic understanding of how and where to seek medical care, and
- Articulate one action to promote health and self-care in their lives.

Prepare

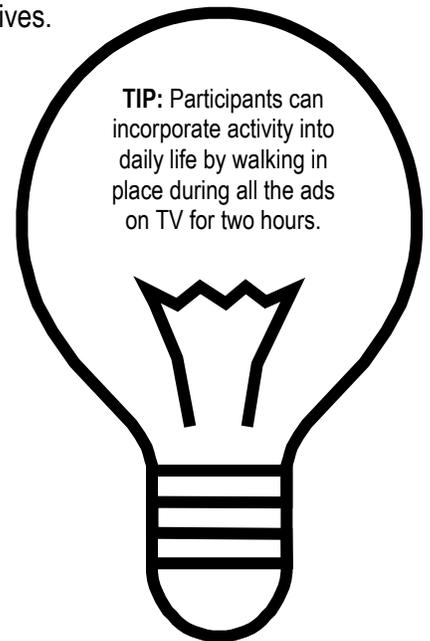
- Display outline of session topics and group rules
- Set up flip chart with markers
- Display a poster of 5 food groups or other health information

Session Outline

1. Check-in
2. Presentation/discussion: Taking Care of Your Health
3. Closing

Practical Resources

- Handout: What you need to know for a clinic or hospital visit
- Portico contact info (low-cost health insurance)
- List of low-cost medical and dental clinics



Facilitators' Notes:

Group members' questions can lead to embarrassment or distress for them or others and can be addressed after group in private. Encourage participants to address medical questions to their primary provider.

Description of Session

1. Check-in

2. Presentation/discussion: Taking Care of Your Health

Good health care is vital for survivors of war trauma.

Understanding the U.S. Health Care System

A

This activity provides a rich source of material that can lead into a discussion of new concepts such as health insurance.

C

Discuss the culture of health practices in Ethiopia in comparison of that of the U.S. Note that there are differences between those who lived in large urban areas of the country and those who lived in rural or remote villages. Use the flip chart to make two lists, one representing observations on health care in Ethiopia and one for health care in the U.S.

t

Questions for participants:

Who provides health care? What is their training?

What is the cost?

When help is needed, who receives the best care?

What is the focus of health care in the U.S.?

i

V

Focus on prevention in the form of routine check-ups, screenings, immunizations, etc., that can be essential to prevent or to detect any illness early in its course. Discuss different ways in which to receive medical care along with instructions.

i

■ **Primary care** is the "medical home" for a patient, ideally providing continuity and integration of health care.

■ **Urgent care** is to be used for any illness or injury that would prompt a participant to see the primary care physician but cannot wait until the next day. Examples of reasons to seek help at urgent care include minor cuts, ear infections, and sore throats with fever.

t

■ **Emergency care** is to be used when immediate care is needed to save a life or to repair traumatic injury. Examples of these health concerns include: chest pain with shortness of breath, serious or severe injuries like broken bones or burns, and seizures. The emergency room is not a clinic or for primary care. There may be co-pay for use of the emergency room, and often there is a lengthy wait for services. If in a medical emergency situation, call 911. When calling 911, do not hang up the phone until help arrives.

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Staying Healthy with Nutrition and Exercise

Ask what foods members eat to get a sense of current habits/practices. Many group members have decreased appetites due to worries about acculturation challenges and thoughts about what is happening back home. Encourage them to eat healthy foods and foods that they enjoy. Stress the need to drink water (tap water is fine in Minnesota), especially when it is hot and humid outside.



How did you get exercise in Ethiopia?

Emphasize the need to make an effort to get exercise here. The benefits of exercise include stress reduction, increased energy, and better digestion and elimination.

How can you work exercise into your present life?



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Progression Relaxation Script 1

Relaxation scripts may help to calm the mind and body, alleviating some of the harm from stress.

Close your eyes and take a slow, long breath, all the way into the belly. Hold the breath for a second and then exhale. Repeat this breathing for a few moments.

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?

Notice 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.

Notice 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.

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.

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.

Tighten 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.

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.

Arch your back 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.

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.

Progressive Muscle Relaxation Script 2: The Rooted Tree

A Please stand up with your feet firmly planted on the floor. Close your eyes. Slowly and calmly, breathe in and breathe out. Focus on your breath as you fill your lungs deeply. Watch your breath as it passes it out through your nose. Breathe in, breathe out. In, out. If you feel your mind wander, just gently bring attention back to your breath. In and out. You are alive. You are here.

C Start to imagine that you are a tree and that from your feet are roots that are reaching down, down, down. They are strong enough to reach down through the floor and now are digging into the earth. They are going deeper into the earth into a place that is rich with energy and life-giving water. As you breathe, feel yourself breathe in the life energy from deep within the earth.

t Feel the sun on your face, and the gentle breath of life on your skin. Breathe in good, breathe in peace. As you breathe out, breathe out your pain, your tiredness. As you breathe in, let the rich earth's energy soothe you and calm your breath. You are a tree growing towards the sky with strength. Your branches are being fed with the goodness of the soil and the sun, and they are growing wide.

i You are a wide tree with deep roots and you stand tall even as the winds grow strong. You feel yourself whipped around when the weather becomes fierce, but you remain well-connected. Feel it whipping as you stand firm.

t Now calming again, slowly breathe in, breathe out your life energy. Feel refreshed and strong. Prepare to open your eyes and come back into this world. Even though you are no longer a tree, tell yourself that you will try to keep yourself rooted, even when you are at home, and for the rest of the evening.

y When you are ready, open your eyes.



3. Closing

Ask group members to state their wishes for the week or end the session with an Oromo proverb or saying.

B: Supplemental Session: Employment

Goal Help participants to recognize and promote their personal strengths to improve chances of employment.

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

- List differences between work culture in U.S. and in home country, and
- List three to four personal strength words to use on a job application or to use in an interview.

Prepare

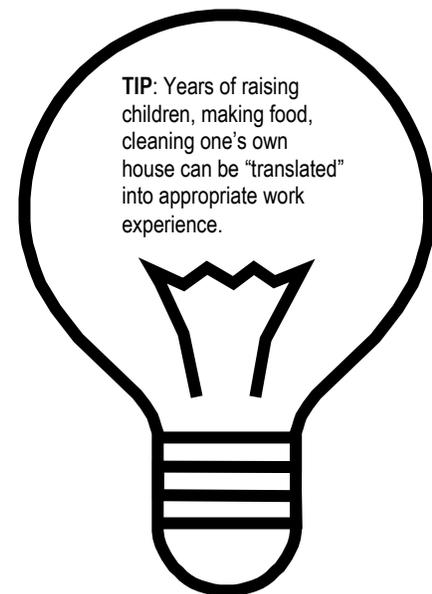
- Display outline of session topics and group rules.
- Set up flip chart with markers.
- Make copies of resources for distribution.
- Bring collage materials: paper, scissors, glue, magazines, and markers.
- Have sample job applications blank and completed as examples.

Session Outline

1. Check-in
2. Presentation/discussion: Employment
3. Closing

Practical Resources

- “Finding and Keeping a Job” pamphlet (from CVT)
- Strength words handout
- Job applications



Facilitators' Notes:

A discussion of the barriers to acknowledging personal strengths is a valuable opportunity for the group members to explore creative ways to honor the demands of both cultures.

Description of Session

1. Check-in

2. Presentation /discussion: Employment

Questions:

What is a “strength”?

- Something you are good at doing
- Skill or trait you have that has helped you in some way

Is it important to show your personal strengths at a job interview or on an application? If so, why?

- Employers expect this.
- An employer will not know why he should hire you if you do not tell him.
- You need to distinguish yourself from other applicants.

What are the barriers to doing this?

- Discomfort
- Unsure of what to say
- Do not feel you have any strengths



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Role plays Two people act out a mock interview. In the first interview, use modest and passive body language and tone of voice. In the second interview, model assertive body language and tone of voice.

Script. I'm a 37-year-old Oromo refugee woman. I am applying for a house keeping job at a hotel. I have been in the US for 2 years. My children are in school and before the camp, I farmed and took care of my 3 children and the household.

Interviewer's Questions

1. What are your strengths?
2. What work experience have you had?
3. What are your skills?
4. What challenges do you have regarding work?
5. What work would you like to be doing in 3 years?
6. How will you help the organization/company?

Poor Examples of Replies

1. I have no strengths.
2. I have not worked for 15 years.
3. I cannot say.
4. I have struggled to learn English, I cannot find a job, I am always sad and missing my country.
5. I do not know.
6. I am average. I bring nothing to the company.

Better Examples of Replies

1. I am adaptable. I have had to move several times in my life. My family would say I remain peaceful in times of trouble. My friends have said that I work hard and I am easy to get along with.
2. In my country I was a farmer, preparing food, house cleaning, and providing child care. Here I have volunteered at CAPI (organization that helps refugees find jobs).
3. I am bilingual. In my culture being polite is extremely important. I bring excellent manners and people skills. In the camps people lived in small crowded homes very close to each other. I often mediated conflicts and was considered a peace maker.
4. I'm dedicated to learning English. I am in ESL classes and I am continually working to improve my English language skills.
5. I plan to be working at your hotel. You will save money on training costs if you hire me.
6. I bring diversity to the hotel staff. I am a creative problem solver (especially in the camps and since moving to the US). I work hard and I am respectful of my employer.

Questions

- Will the job seeker be hired by the hotel?
- What did she do well in the interview?

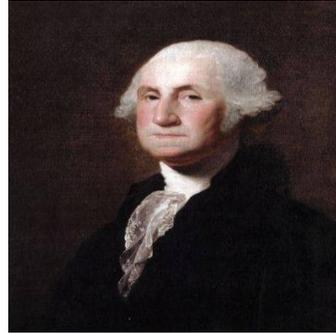
A c t i v i t y

Leaders

Have group members name a leader they admire.

- Teacher
- Family member
- Religious leader
- Political leader

Discuss the strengths of the people named.



A c t i v i t y

Strengths Collage

This activity helps the members identify their assets and offers practice in saying strengths out loud (as in a job interview). A listing of strengths is offered for use in applications and in interviews.

Participants cut pictures from magazines and create their own drawings and words to represent their strengths and values on individual collages. After the collages are completed, each group member will describe and share their collage with the group. They may display pictures of things they like or that remind them of their country. Their collages encourage discussion of strengths using the images chosen by the participants. Dig deep to mine the meaning behind the choices!

3. Closing

Use a quote of strength appropriate for the group.

"Woman is made by her belief. As she believes, so she is."

STRENGTH WORDS

Especially for Refugee Women

Adaptable

Friendly

Patient

Dedicated

Hard Working

Determined

Polite manners

Great customer service provider

Self-starter

Calm

Resilient

Hardy

Works well under pressure

Motivated

Quick learner

Good people skills

Healthy

Multitasks well

Flexible

Creative

Great sense of humor

Bilingual

Trilingual

Leader

Experience in:

Childcare

Gardening

Farming

Food prep/ cooking

House keeping

Cleaning

May be: Highly experienced as (health, food, childcare, etc.) worker
High school or college graduate

C. 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 the office 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 war history It is difficult to share your war trauma history with providers. However, what happened to you could have an impact on your present physical ailments and the course of treatment.

Use of 911 Call 911 when immediate care is needed to save a life or to repair traumatic injury. 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.

D. Oromo Proverbs

- **Oromiffa:** Turina keessatt killen millaan adeemti
English: By persevering, the egg walks on legs.

- **Oromiffa:** Hammaatullee dubbii jaarsaa hintufatanu.
English: Whether it is bad or good, the elder's idea is not despised.

- **Oromiffa:** Ofumaa marti male allaatiin duut lafuma.
English: Even though it flies in the sky, a bird dies on the ground.

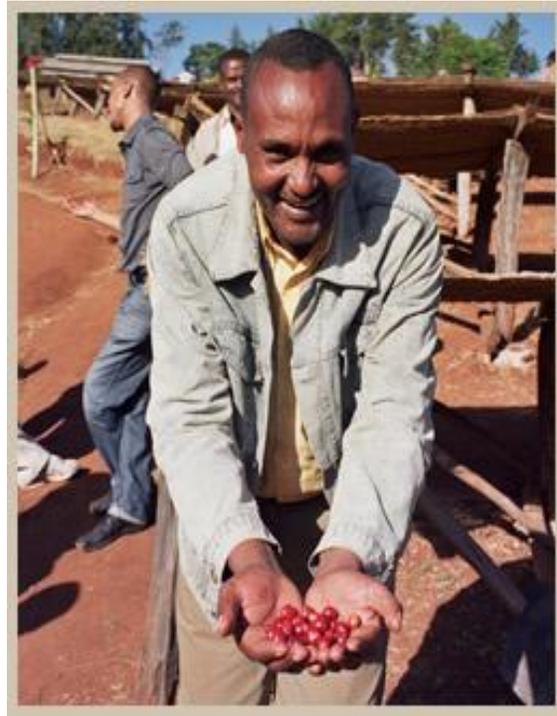
- **Oromiffa:** Bultiin bultuma akka itti bule abbaatu beeka.
English: Lives appear similar, but an individual knows how he lives.

- **Oromiffa:** Kan darbe yaadatani, isa gara fuula dura itti yaaddu.
English: By remembering the past, the future is remembered.

E. Oromo Cultural Summary



Source: <http://www.gadaa.com/thepeople.html>



Source: <http://www.oromocoffee.org/>

The Oromo people are the largest ethnic group in Ethiopia, representing 30 million of the 60 million living in the country. The Oromo are the third largest ethnic group in Africa. Their original homeland—Oromia—spanned across most of Ethiopia and into northern Kenya. Their native language is Oromo, which is also called Oromiffa (Oromifiya) or affaan Oromoo.

Today's Oromo people know of cultural freedom in story only. The Oromo have experienced social and political oppression under Ethiopia's ruling governments for close to 400 years. During the reign of Haile Selassie (1930-1974), Oromo culture was brutally oppressed. The Oromo language was banned, and speakers were publicly and privately ridiculed. Haile Selassie's overthrow in 1974 did not bring freedom or acceptance for the Oromo people. The Marxist-Leninist dictator, named Mengistu Hailemariam, established a regime known as "Derge" when persecution and suppression of Oromo culture continued as individuals associated with Oromo political groups were imprisoned, tortured, or killed. In 1991, the Ethiopian People's Democratic Movement (EPDM), led by Meles Zenawi, took control of the government and announced a transitional period until elections could be held. Zenawi won the elections in 1995, 2000, and 2005, and has held the position of Prime Minister since. This change of leadership brought no relief for the Oromo people. There have

been widespread accounts of arbitrary detention, torture, extrajudicial killings, intimidation, and forced relocation. The government continues to detain Oromo on the suspicion of supporting the Oromo Liberation Front (OLF), an armed group struggling for Oromo self-determination. In a 2004 study of Oromo living in the Minneapolis/Saint Paul metropolitan area of Minnesota, researchers found that 55 percent of the sample had been tortured, and men were more likely to have been tortured than women. This generation of younger adults has lost much and many have been injured and displaced.

Oromo people hold great respect for the elderly. This respect is demonstrated by the traditional government “Gadaa system” that is based on age. This system organizes society into groups that assume different responsibilities within the community and change every eight years. The Oromo typically live in extended families. Children are considered full members of the community and are allowed to participate in significant discussions when they are old enough to speak and understand. Children are important in Oromo culture because they keep their parent’s spirit alive in the community even after death. Today’s Oromo children often are separated from family members in the refugee Diaspora and the cycle of traditional roles is interrupted.

Traditional Oromo spiritual beliefs center around one god, “Waqaa,” who is responsible for all of humanity. As the Oromo have adopted Christianity and Islam, many have maintained the notion of “Waqaa.” In the 2007 Ethiopian census, it was noted that 47.5 percent were Muslim, 30.5 percent were Ethiopian Orthodox, 17.7 percent were Protestant, 3.3 percent practiced a traditional religion, and 0.5 percent were Catholic. Within the Oromo community, Christians and Muslims have coexisted peacefully. Even so, the term “Galla” is used by current day ruling Ethiopian groups to refer to the Oromo. This is a derogatory term that roughly translates to “stranger” or “non-Muslim.” This term is contradictory to the Oromo’s traditional tolerant view of people who hold beliefs different from their own.

The Oromo people have endured much but still maintain their cultural connections as much as possible. This is easier to achieve when they are able to live in safe, tolerant, and multi-generational communities.