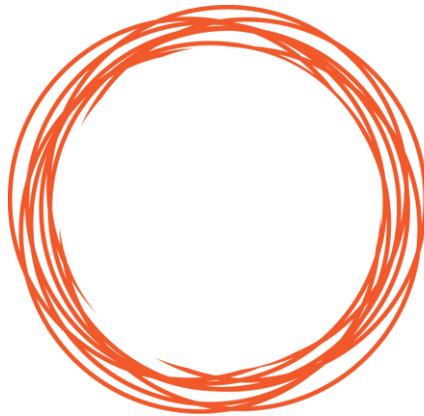


The Women's Circle:

Education and Support Group for Bhutanese Women

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 was adapted in 2012 for use with political torture survivors of from Bhutan living in the Twin Cities, Minnesota.

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The version for those who work with Bhutanese survivors of torture was developed by the Healing in Partnership Program of the Center for Victims of Torture™. Funders are the Huss Family Foundation, Blue Cross/Blue Shield of Minnesota, Medica Foundation, and the St. Paul Foundation. This manual is adapted for torture survivors of a particular conflict and of a defined ethnicity, and is still in draft and experimental form. It is prepared for use with psycho-educational groups with community-based leadership in community venues.

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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 offered psycho-educational groups based on Judith Herman's (1992) model of recovery for some clients. The impetus for groupwork 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 modeled on trauma information groups conducted at Cambridge Hospital, U.K..

CVT's current service provision in Africa is predominately group-based. In Africa and in Minnesota, 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 of group work based on Judith Herman's stages of recovery. These levels, described in her book, *Trauma and Recovery* (1992), are: 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 builds 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 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. The 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, a careful evaluation and selection of prospective participants needs to be held at the end of the Level One Group. Level Two Groups are 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 experimented with Level Three curriculum through a variety of 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 occasional 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 facilitation from within the support group itself.

CVT's current community-based programming, the Healing in Partnership project, targets the urban area of 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.

Members of refugee communities overwhelmingly stated that they wanted to talk about their emotional distress and mental health symptoms. Many stated that focus group participation

provided 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 CVT 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 Offer Group Work?

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 can provide 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).

Preparation 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 model is designed for six-seven sessions in consideration of the ability of community organizations to provide resources to sustain the group.

If resources are available, 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 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 addresses group members' immediate needs, builds mastery of self-care skills, and aids in the development of connection to one another. What happens in the early sessions will enable group members to engage more deeply in the sessions that directly address the impact of war trauma.

The sessions are:

- | | |
|------------|---|
| Session 1. | Introduction |
| Session 2. | Living in a New Culture |
| Session 3. | Taking Care of Your Self and Your Family |
| Session 4. | Understanding the U.S. Healthcare System |
| Session 5. | Long-term Effects of War Stress, Part One |
| Session 6. | Long-term Effects of War Stress, Part Two |
| Session 7. | Loss and Grief and the Healing Process |
| Session 8. | Relationships |
| Session 9. | Final Session |

Gender

The group includes only members of one gender. In developing this model with the Bhutanese community, we were informed that women in the community generally do not speak readily when men are present. As the group is not a therapy group, 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 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 for a psycho-educational group with trauma survivors is strongly recommended. It is helpful to divide the workload in half during the session: preparing and delivering presentations for sessions, observing and assessing each group member, etc. Training in group facilitation should be provided for the Bhutanese leader. The leader may be the interpreter for the group; in some settings, interpretation may be 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 are 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: What is one happy event that happened to you this week? What is your favorite food?

Presentation/Discussion

Following check-in, the material from the previous session is briefly reviewed. This step solidifies learning and allows facilitators to 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 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. Bhutanese women have shared that singing and clapping are activities that they enjoy and groups may choose to end in this manner. A Bhutanese proverb may be shared by facilitators while proverbs are invited from group members. Group members may share a wish or hope for the coming week. A closing ritual helps to provide structure and it builds a sense of safety as each group follows a predictable sequence.

Evaluation

Participants may be asked to answer several questions that assist the 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 Resource

Participants will each receive a folder in which they can keep handouts at the first session. Contact numbers for the facilitators 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

Some Bhutanese community members have had access to education. This is particularly true of members who spent many years living in refugee camps or were able to travel abroad to study.

Other members of the community lived 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 facilitators need to be aware of this and adjust accordingly. Activities may be led solely through conversation or may incorporate drawings as teaching tools for the material.

How to Use this Manual

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 in Minnesota 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 facilitators, interpreters and cultural brokers. Before the groups began, the HIP staff provided training and psycho-education about trauma and group facilitation.

This manual is intended to be used by organizations working with refugees who want to provide education about the effects of trauma and torture. Groups may be co-led by community members and mental health professionals or may be led solely by community members in consultation with a mental health professional.

Each session has two or three objectives listed at the beginning. The session content is then expanded with activities on the topic. Facilitators 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 including added pictures and stories can tailor the lessons to particular groups 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

Safety and structure are offered in a psycho-educational group. 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.

An essential task for 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. 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. Tell clients 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 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 with the Bhutanese 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 as 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 facilitators 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.

Session 1: Introduction Session

Goal To create an environment for a safe and positive group experience and to help the group take ownership of the “women’s circle”

Objectives During the session, group members will:

- Create the beginning of a safe and supportive space for learning and sharing, and
- Identify group rules.

1. **Welcome and introductions.** The Bhutanese people value the importance of community. Newly arrived refugees may not have had exposure or opportunities to address issues of positive mental health. The formation of these groups is coming out of needs expressed from members of the community. This is intended as a space for women to come and talk together about their concerns and to provide a space to learn from one another as well as the group facilitators.
2. **Review of confidentiality and written interpreter policies.** The Bhutanese people value education highly and the goal of the group of helping them, as leaders, elders, student, etc. to understand how the war still affects their community in exile can be emphasized.
3. **Ice breaker activity.** The following activities help group members relax and begin to define the meaning of group work. Choose one.

Bundle of sticks. Materials needed: 10-15 fresh sticks (at least one foot long and about the thickness of a finger), a length of yarn. Invite each participant to choose one of the untied stick from the bundle. Ask group members to break their stick in half. Collect the pieces and tie all 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. Comments may focus on the strength in numbers, the power of the group, the fragility of an individual, etc.

<p>Facilitators’ Notes: This session may be offered as an information session or can be held as the first session of the group itself. Those referred to the groups will be introduced to the support group concept and given the opportunity to decide whether or not they wish to participate.</p>

Web of connection. Material needed: A ball of colorful yarn.

Have participants stand in a circle. Choose a simple question like “Where are you from?” or “What is your name?” or “What do you hope the group will give you?” As the facilitator, hold the yarn and give your answer to the question chosen. Holding one end of the yarn, toss the ball of yarn to another member. She then answers the question, holds a point on the yarn, and tosses the ball to another member. A web is created as the activity is completed. Ask participants what the web symbolizes or represents. Answers may include comments about connections and relationships among those involved and about the creation of the group itself.

Holding a Rock. Material needed: one big rock.

Ask one or two group members to hold the rock with one finger. (This will not be possible.) Then ask all the group members to help hold the rock together. Discuss the meaning of the exercise; conversation may include comments about the strength of numbers, the power of the group, etc.



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

Session 2: 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

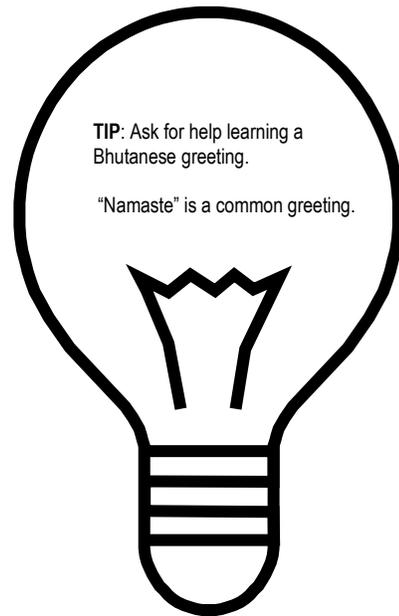
- Display outline of session topics and group rules.
- Set up flip chart with markers.
- Make copies of resources for distribution.

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.

Description of Session

1. Check-in

2. Presentation/discussion: Culture

Ask group members, "What is culture?" Bhutanese may refer to this as "Dharma".

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. River of Life Drawing

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

C

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y

River of Life Drawing

Explain to participants that a river represents the time-line of their lives. Ask the women to draw a river on paper and to note where each has lived at different points in their lives. Ask them to remember aspects of their environment in each of those locations such as climate, language, food, relationships. Be explicit with these categories, as these will be included in the upcoming discussion. Give participants about 5-10 minutes to complete the task. You may ask one or two of the group members to share the drawings while guiding each to share the aspects that highlight culture.

Facilitators' Notes: This activity was suggested by a Bhutanese facilitator who noted that many women like to draw. In practice, this exercise has ignited discussion and engaged a group of women. It provides a bridge to the discussion of culture and brought forth many stories along the women's journeys to the U.S.

B. Different Places – Different Cultures

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

C List columns on a flip chart with the following headings:
t **Life in Bhutan and in Nepal (refugee camp)** and **Life in the U.S.**

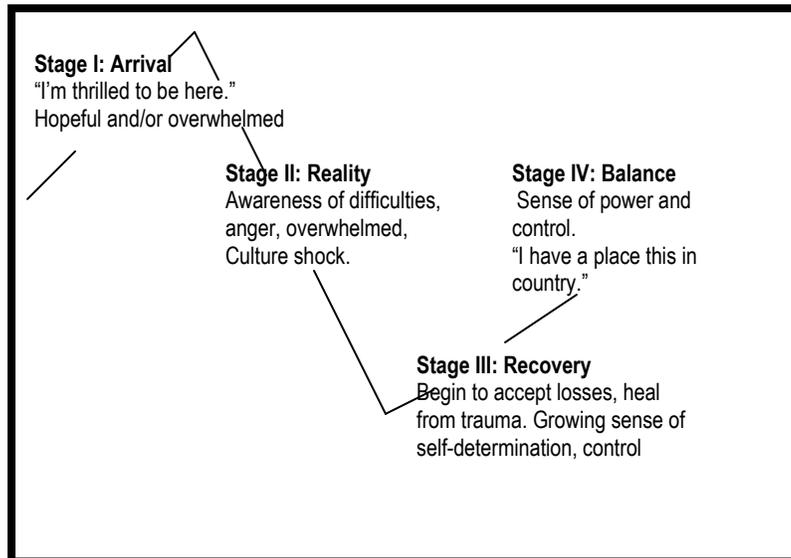
i *Note: Some younger group members may not have memories of Bhutan, as they spent most or all of their lives in a refugee camp in Nepal.

v Have participants compare differences between cultural practices in their country of origin or first refuge with those in the United States in these or other categories:

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

Group members may bring up other categories for discussion. This list is one of the suggestions that can function to guide the group.

C. 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.

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

Activity

An individual can move back and forth among the different phases many times. Most refugees and immigrants periodically "re-visit" stages while still moving ahead. This movement may be demonstrated by a facilitator standing up, taking a few steps forward, then one or two back. This is continued for several minutes, with the 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. Examples are found in Session 3 and Session 4. These should be practiced each week for reinforcement.

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

Session 3: 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

- How do you take care of yourself and your family?
- Why is taking care of you important to your family?
- How do we comfort children? How do we comfort ourselves and each other as adults?

Use the example of a parent holding a crying baby and comforting a baby to lead to discussion about how to care for ourselves.

Facilitator's Notes:

Group members may define "taking care" only in reflection to their relationships with others, not themselves.

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

Read Ram'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.

Ram and his family came to the U.S. from Nepal two years ago. They fled Bhutan years ago after being forced from their land and their homes. Currently, they live in a good apartment and their two children are doing well in school. Ram works in a meat-processing plant so the family has enough money for the basic things they need and also to spend a little extra for other things each month. Although they have not been in the new country long, the family's members have all learned to speak in English, they attend community gatherings, and they feel good about their new lives. However, Ram and his wife both are afraid at times. Ram is afraid, he says, 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 or reading a book in the apartment. His wife, Sita, is always afraid for the children and she does not like the teenagers to go out by themselves, even during the day. She makes them go out together or with one of the parents or a friend.

Questions for the group

- What do you think of the story?
- Does Ram's experience sound familiar to you?
- Do you feel unsafe?
- When and where does this feeling happen?
- What can Ram and his wife 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 oneself 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:

“Without firewood, the fire will go out.”

Meaning: When the evil is done, fighting and worrying stop.

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 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 a Bhutanese proverb or parable.

Session 4. Taking Care of Your Health

Goal To provide group members with knowledge of how to seek medical help and how to stay 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

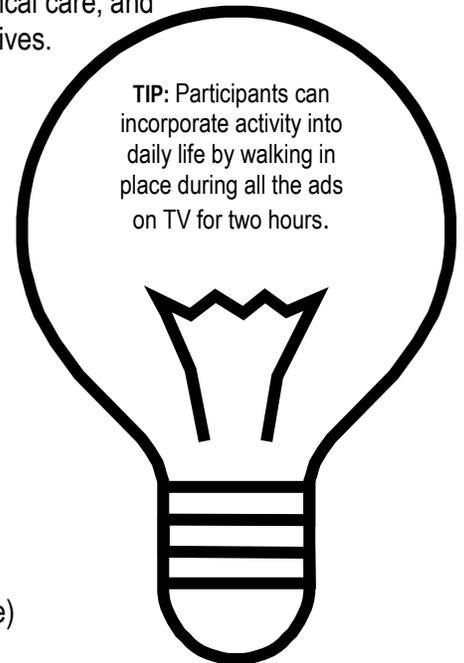
- Display outline of session topics and group rules.
- Set up flip chart with markers.
- Display a poster of 5 food groups or other health information.

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 (for help finding low-cost health insurance)
- List of sliding-fee medical and dental clinics



Facilitators' Notes: Group members' questions can lead to embarrassment or distress for them or others and should be addressed after group in private. Encourage participants to share medical questions with their primary health care provider.

Description of Session

1. Check in; brief review of previous week
2. Presentation/discussion: Taking care of your health

A. Comparing healthcare systems

A Good health care is vital for survivors of war trauma. 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 Bhutan and Nepal (refugee camp) in comparison of that of the U.S. Use the flip chart to make three lists, one representing observations on health care in Bhutan, one for Nepal, 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 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.
v Provide scenarios for group members that teach them where to go for medical services depending upon symptoms and day and time. Examples: minor cut (urgent care), can't breathe (emergency care) sore throat (primary care).

i ■ **Primary care** is the “medical home” for a patient, ideally providing continuity and integration of health care.
t ■ **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.
y ■ **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, stay on the phone until help arrives.

B. Staying Healthy

A c t i v i t y

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 acculturation challenges and worries 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 Bhutan or Nepal?

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?



C. Progressive Relaxation

A c t i v i t y

Progression Relaxation Script 1

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.

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 between a tight muscle and a relaxed one. Notice warm or heavy feelings that 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 between a tight muscle and a relaxed one. You are feeling more and more calm, secure, and relaxed.

Tighten your arm muscles. Tighten them as much as you can and notice the feeling of tightness. Hold it. And now relax and straighten out your arms. Let the relaxation flow all the way down your arms.

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. 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 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 tightness 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.

D. The Rooted Tree

A C t i v i t y

Progressive Muscle Relaxation Script 2: The Rooted Tree

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.

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.

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.

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.

Now be calm again and slowly breathe in and 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. When you are ready, open your eyes.



3. Closing

Practice a relaxation exercise or brief breathing exercise. This should be practiced at home each week for reinforcement. Ask group members to state their wishes for the week or end with a proverb or saying from the group's culture.

The saying reflects a view of traditional Bhutanese culture concerning moderation.

“Eating eagerly makes you choke; eat too much and you will suffer from a stomach ache.” (*One shouldn't be too self-indulgent or you will have serious problems*).

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. Mention any traditional medicines or herbs used.

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.

Session 5: 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

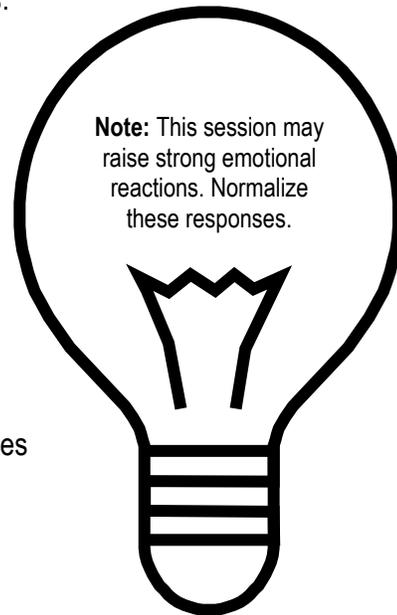
- Display outline of session topics and group rules.
- Set up flip chart with markers.
- Make copies of resources for distribution.

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 to “shut down” their feelings or may seem “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 is a result of 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:

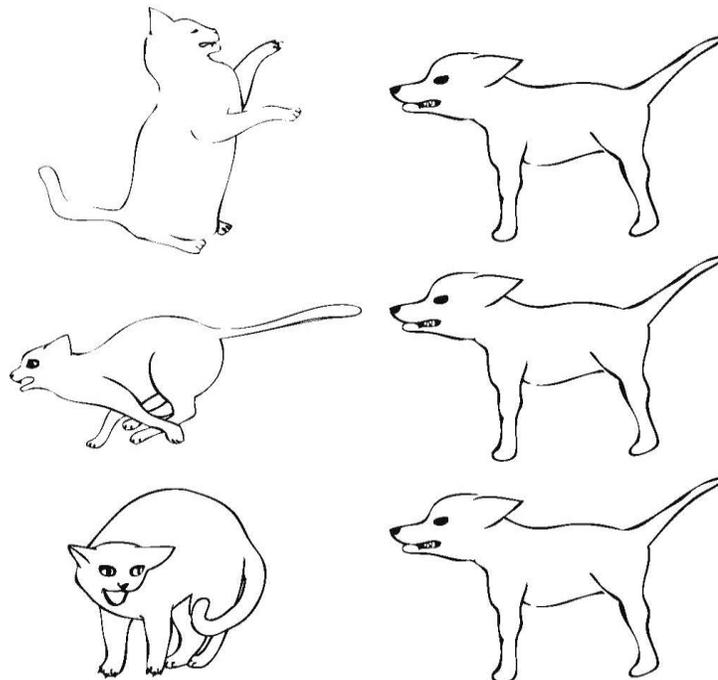
Group members may share experiences as a way of defining trauma. Be ready to acknowledge the experiences and then redirect the speakers in a gentle way. Explain that this group's purpose is not to share traumatic stories or memories but to understand how these experiences affect survivors.

A. Fight/Flight/Freeze

Activity

Flight/Fight/Freeze Responses to Trauma

Humans react to protect themselves and their families. Demonstrate the fight/flight/freeze responses using the handouts or the cat and dog illustrations. In the first picture a cat is cornered by a dog and 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 have the experiences of not feeling pain or of being able to run faster or longer than ever before while fleeing danger?

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 pump more oxygen to the body, our glands secrete hormones, etc. The difference between a human and a cat is that after the traumatic event, the cat returns to its normal life and does not think about its experiences. Humans 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. Fight or flight are the body's ways of protecting humans from future harm. Once a person is removed from that situation, the body's response may become "stuck" with learned responses. The responses then are 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 from feeling too much pain at the point of death or in near-death experiences. An example is nature's way of protecting the prey that is trapped in the jaws of a lion.

Even 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. These reactions tire or damage the human body when activated or re-lived repeatedly. One way to help end this cycle can be to talk about what happened with someone trusted.

B. The Hand: the Interconnection of Effects

A Interconnections of Effects

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



Questions

How are symptoms connected to each other?

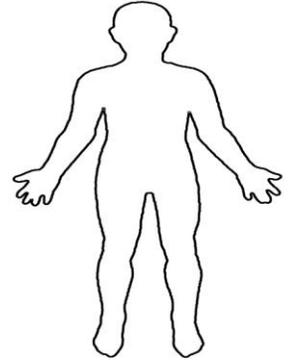
Does the disability of one finger affect the function of the whole hand?

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

Practice a relaxation exercise or brief breathing exercise. Examples may be found in the “Taking Care of Yourself” and “Taking Care of Your Health” sessions. Ask group members to state their wishes for the week or end with a proverb or parable from the group’s culture.

Session 6: 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

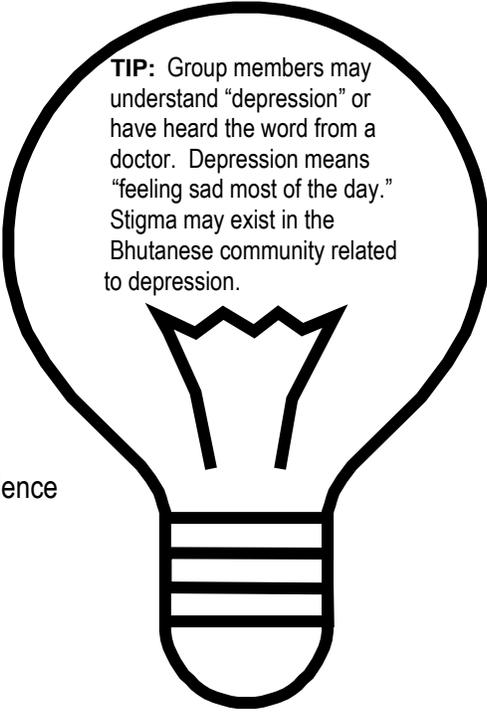
- Display outline of session topics and group rules.
- Set up flip chart with markers.
- Make copies of resources for distribution.

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



TIP: Group members may understand “depression” or have heard the word from a doctor. Depression means “feeling sad most of the day.” Stigma may exist in the Bhutanese community related to depression.

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 one meant to teach. Ask them to listen to the story and think about how it may relate to today's topic.

A C t i v i t y	The Story of a Bhutanese husband and wife An elderly Bhutanese husband and wife live with their daughter and the daughter's husband and two children. The woman and man came to the U.S. as refugees after living in Bhutan and then in refugee camps in Nepal. 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.
	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 Bhutanese men and does not play with his grandchildren, as the old woman 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 Bhutanese in the U.S., and sometimes with his wife.
	Now he just sits and sits and seems very sad.
	Questions What do you think of the story? Why does the man feel sad? Is he depressed? 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:

- 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)

Have group members 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 may be helpful to define the meaning of the term “post”, as in after “trauma.”

Explain that PTSD happens after a person has been exposed to a traumatic event in which both:

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 symptoms of each category are listed here:

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



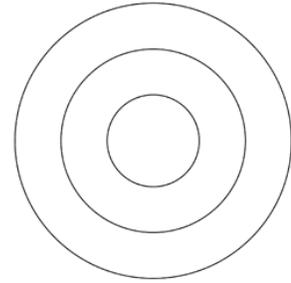
Draw a spider's web to illustrate that many of the symptoms of PTSD and Depression are connected to one another. Ask group members to share their reactions to the explanation given of the drawing.

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D. The Spiral

The Spiral

War stress is uncontrollable and is 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, lead to the person feeling worse.



E. Help for Depression and PTSD

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

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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

Practice a relaxation exercise or brief breathing exercise. Group members may state their wishes for the week or offer a proverb or parable from the group's culture.

Session 7: 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 concepts of healing,
- Describe phases of healing cycle, and
- Identify their roles in their own healing processes.

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 cite milestones such as obtaining a work permit or finding housing as factors leading to "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, which is part of the healing process.

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

Ritual can be introduced as activities that provide connection to personal 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 (in bold) 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?

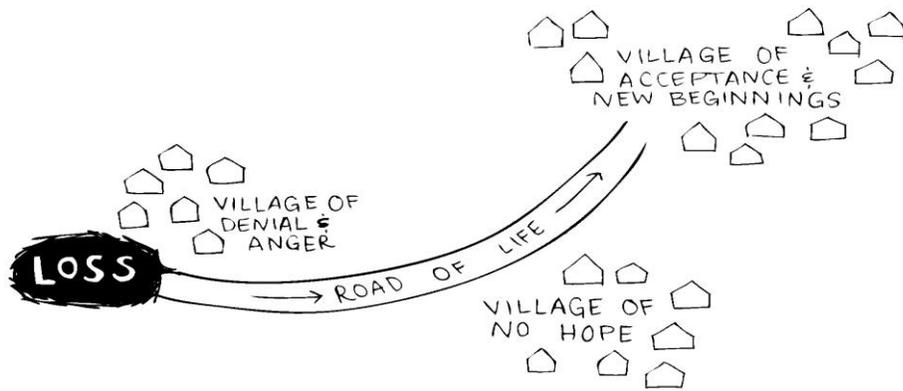
Grief is the physical and mental suffering of loss.

Facilitators' Note:

This may be another point at which group members begin to share their own experiences. This may be acceptable with a few brief scenarios, but the group facilitator 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 phases 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.

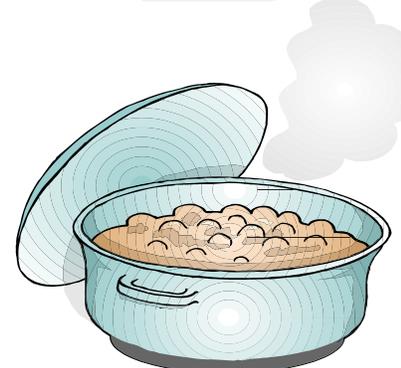
D. What Happens When We Hide Grief and the Effects of Trauma?

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

The Boiling Pot

Two pictures are used in this activity. The first picture shown to group members 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 group members understand the dynamics of hidden grief.

C



t

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

Group members will guess: money, phone, ID card, etc. Then, take out the grass, stones, etc., and show them to the group members. The group members 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. Facilitators 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

Practice a relaxation exercise or brief breathing exercise. There are some examples found in the "Taking Care of Yourself" and "Taking care of Your Health" sessions. These should be practiced each week to reinforce them. You may also ask group members to state their wishes for the week or end with a proverb or parable from the group's culture.

Session 8: 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.

A Read the story of Ram and Sita

C Ram and his wife, Sita, 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 invaded the village and set fire to houses. Ram, Sita, and their children ran out of their house as the roof caught fire and they hid in the trees.

t Not long after, they heard trucks arriving and the soldiers got into them and left the village. Several days later as Ram walked out to his field, he stepped on a landmine. After some time passed, he received help from the backpacker medic, who had to remove one of his arms as it was destroyed by the bomb and could not be fixed whole again. After many months, Ram's wound healed.

i He began to farm with one arm. Although he did his best, he was angry with everyone. He beat his wife and children and quarreled with his neighbors. Sita 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.

v The older son in the town, who had been a good teacher, started losing interest in his job. He drank a lot with his friends at night and was often late arriving at the school in the morning. He experienced headaches and stomach aches.

i Ram's friends never talked about his missing arm; they just pretended nothing happened. Some of the villagers teased him and made fun of him. For Ram, his whole life had changed and he could not pretend that nothing had happened. Ram himself believed that men shouldn't talk about their problems and he kept his feelings inside.

t
y --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.

C. Circles of Healing/ Circles of Pain

Activity

Spiral 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.

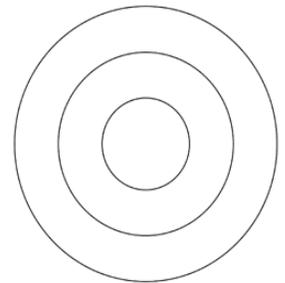
Questions

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.



4. Closing

Practice a relaxation exercise or brief breathing exercise. There are some examples found in the “Taking Care of Yourself” and “Taking care of Your Health” sessions. These should be practiced each week to reinforce them. You may also ask group members to state their wishes for the week or end with a proverb or parable from the group’s culture.

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 groups have ended the group with a celebratory meal.

Session 9: 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

Practice a relaxation exercise or brief breathing exercise. There are some examples found in the “Taking Care of Yourself” and “Taking care of Your Health” sessions. These should be practiced each week to reinforce them. You may also ask group members to state their wishes for the week or end with a proverb or parable from the group’s culture.

APPENDIX

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

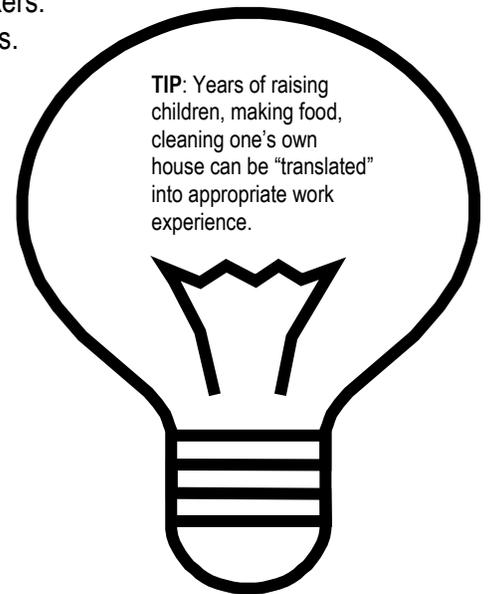
- Display outline of session topics and group rules.
- Set up flip chart with markers.
- Make copies of resources for distribution.
- Bring collage materials: paper, scissors, glue, magazines, markers.
- Have sample job applications blank and completed as examples.

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



Activity

Role plays Two people act out a mock interview. In the first interview, use 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 Bhutanese 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 can not say.
4. I have struggled to learn English, I can not 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?

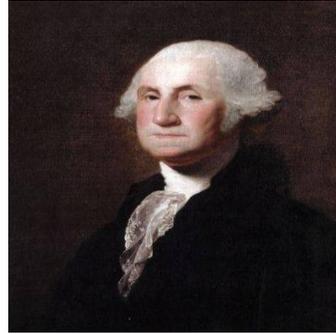
A c t i v i t y

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

B. Bhutanese Refugee Fact Sheet



Anna Husarka, "Photo essay: refugees from Bhutan," *Open Democracy*, Nov. 18, 2009 (<http://www.opendemocracy.net/anna-husarka/photo-essay-refugees-from-bhutan>)

There are ten ethnic groups within the Bhutanese population. The largest ethnic group is the Druk, which hold most of the power in the country. They speak Dzongkha and most practice Lamaistic or Tibetan Buddhism. The next largest group is the Lhotshampa (pronounced: Low-sham-pa) which reside in southern Bhutan. They are ethnically Nepali and the majority practice Hinduism. These distinctions are emphasized by the unequal status of the Lhotshampa people that originated when they were allowed to enter the southern Bhutan region as temporary or migrant workers. The Lhotshampa migration to Bhutan occurred primarily between 1875 and 1940 when the Bhutanese government invited them as migrant workers to help clear the jungles of southern Bhutan. Many of those migrant workers stayed and wanted to remain permanently. Not until adoption of the Nationality Law of 1958, were the Lhotshampas granted Bhutanese citizenship if they owned land and had ten years of residency. The Lhotshampas quickly rose in population and power, with some gaining positions in government. Despite living in Bhutan for several generations, the Lhotshampas retained their distinct Nepali culture and language. Relative tolerance seemed to allow a fairly peaceful time for the people of Bhutan.

After a nationwide census in 1980, the Bhutanese government under King Jigme Singye Wangchuck became concerned with the growing population and influence of the Lhotshampas. This resulted in policies and actions in the 1980s and early 1990s that have since been classified as ethnic cleansing by international humanitarian organizations. Through these policies, many Lhotshampas had their citizenship revoked. In 1989, King Jigme Singye Wangchuk proposed the "One Bhutan, One People" policy. This policy was based on the belief that Bhutan was too small to support the cultural diversity created by the Lhotshampa people. The King feared a loss of traditional Buddhist traditions and values. This policy instituted restrictions on traditional clothing, eliminated the Nepali language from schools, and forced marriages between Hindus and Buddhists, which were intended to suppress the teaching of Hindu culture.

Resentment stemming from discriminatory policies culminated in riots in Southern Bhutan in 1990. The government imprisoned several thousand demonstrators and tortured at least two thousand Lhotshampa inmates. The majority of these prisoners were never brought to trial. As of

2009, 200 political prisoners were still incarcerated. Other human rights abuses during this time include restrictions on freedom of religion, refusal to recognize minority groups, criminalization of homosexuality, and restrictions of movement throughout the country due to checkpoints in Nepal.

After the increased violence in 1987, many Bhutanese fled or were forced to leave Bhutan due to fear of mistreatment by the government or forced migration. Since this time, one sixth of Bhutan's population has sought asylum in India, Nepal, and other countries. No Bhutanese who fled have been allowed to repatriate. The Bhutanese began arriving in the United States in March of 2008. As many as 16,000 Bhutanese will be resettled during 2011. As of 2011, the refugee camps have a population of 75,000 refugees.

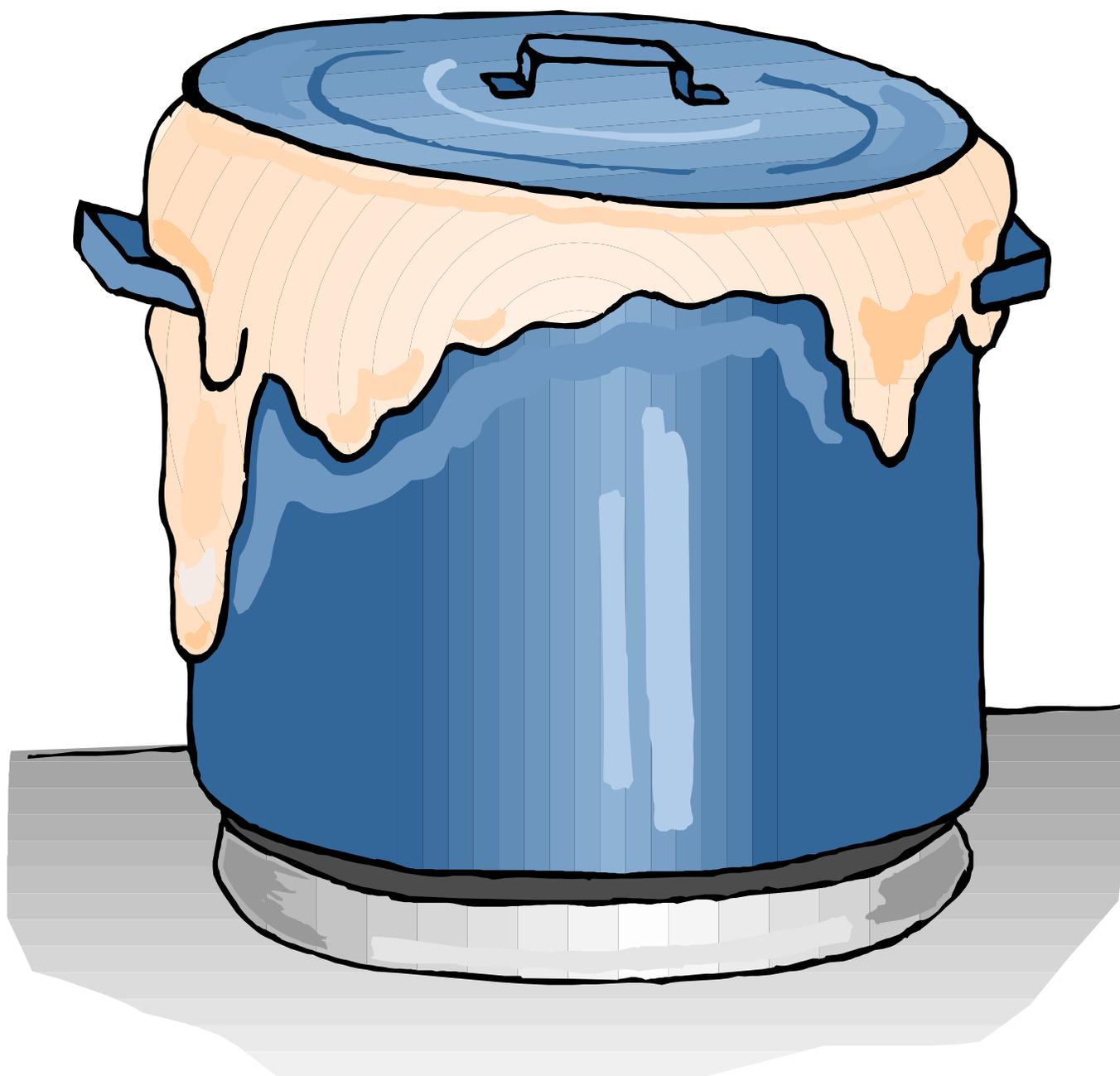
The Bhutanese tend to have higher English skills than many other groups of refugees, since it is the language used in refugee camps schools. Many Bhutanese elders were farmers, but most children went to school in the refugee camps. The Bhutanese are family and community-oriented. Family size is often up to eight people, and aunts, uncles, and cousins are considered part of the immediate family. Sixty percent of the refugees in Minnesota are Hindu, with the rest being Buddhist and Christian. Males are traditionally dominant members of society, but this seems to be changing in refugee communities. The caste system is important, but holds less influence in the camps and in the United States. Domestic violence, alcoholism, and gambling are issues, especially in refugee camps. In the refugee camps, generally only those who are suicidal seek mental health services. There is a definite stigma surrounding mental illness. The Bhutanese describe mental health treatment as "turning their mind." Many refugees experience trouble adjusting to Minnesota's cold climate. This also limits the mobility of Bhutanese elders. The Bhutanese report employment, language, and socialization differences as the most prominent problems when moving to United States. The expression of Bhutanese culture is very important for the refugees. Creative visual arts and photography is sometimes used by the younger refugees to express traditional culture. These individual expressions can raise awareness of the Bhutanese refugee issue as well, when the work of the refugee artists is exhibited in countries around the world.

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C. Visual Aids

Handouts such as these may be laminated and passed among group member during pertinent discussions.





You may gather simple illustrations and cultural pictures to illustrate activities to promote self-care. Photos from Bhutan or of Bhutanese in the United States are appreciated. Suggested topics: Go to your doctor for regular check-ups. Eat good foods each day. Enjoy friends and family. Practice your faith. Do not drink alcohol. Ask for professional help.

Ask for Professional Help

