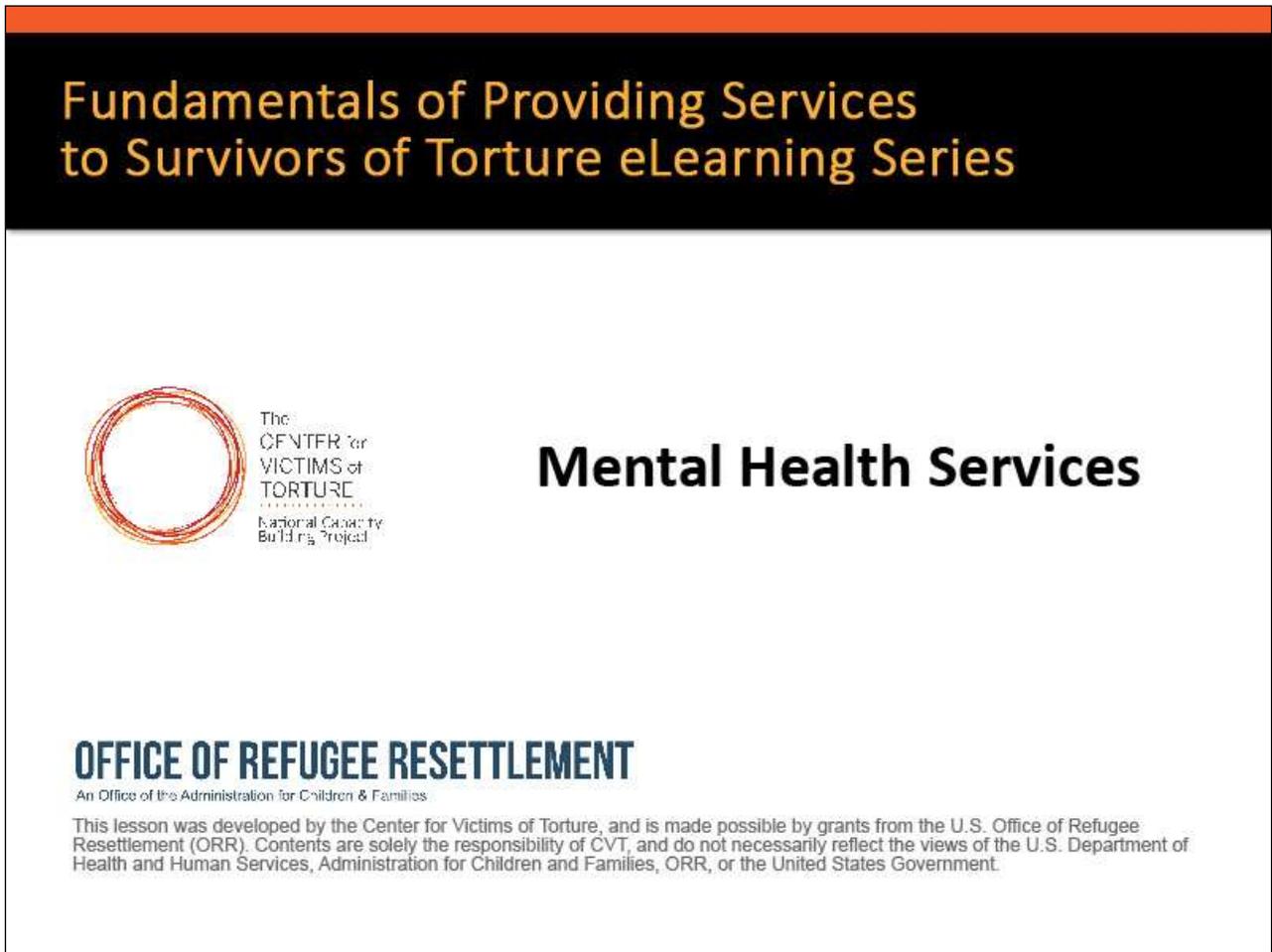


Mental Health Part One

Slide 1 - Welcome



Fundamentals of Providing Services to Survivors of Torture eLearning Series



The
CENTER for
VICTIMS of
TORTURE
.....
National Capacity
Building Project

Mental Health Services

OFFICE OF REFUGEE RESETTLEMENT
An Office of the Administration for Children & Families

This lesson was developed by the Center for Victims of Torture, and is made possible by grants from the U.S. Office of Refugee Resettlement (ORR). Contents are solely the responsibility of CVT, and do not necessarily reflect the views of the U.S. Department of Health and Human Services, Administration for Children and Families, ORR, or the United States Government.

Welcome to the Mental Health Services unit in the Fundamentals of Providing Services to Survivors of Torture eLearning Series.



Slide 2 - Introduction

“Emerging from the situation in which we were tortured, survivors often feel, and are, misunderstood. People expect us to be who we were before the torture occurred. But an individual changes dramatically. The consequences of torture are multi-dimensional and interconnected; no part of the survivor’s life is untouched.”

Sister Dianna Ortiz,
The Survivors’ Perspective,
2001

↓

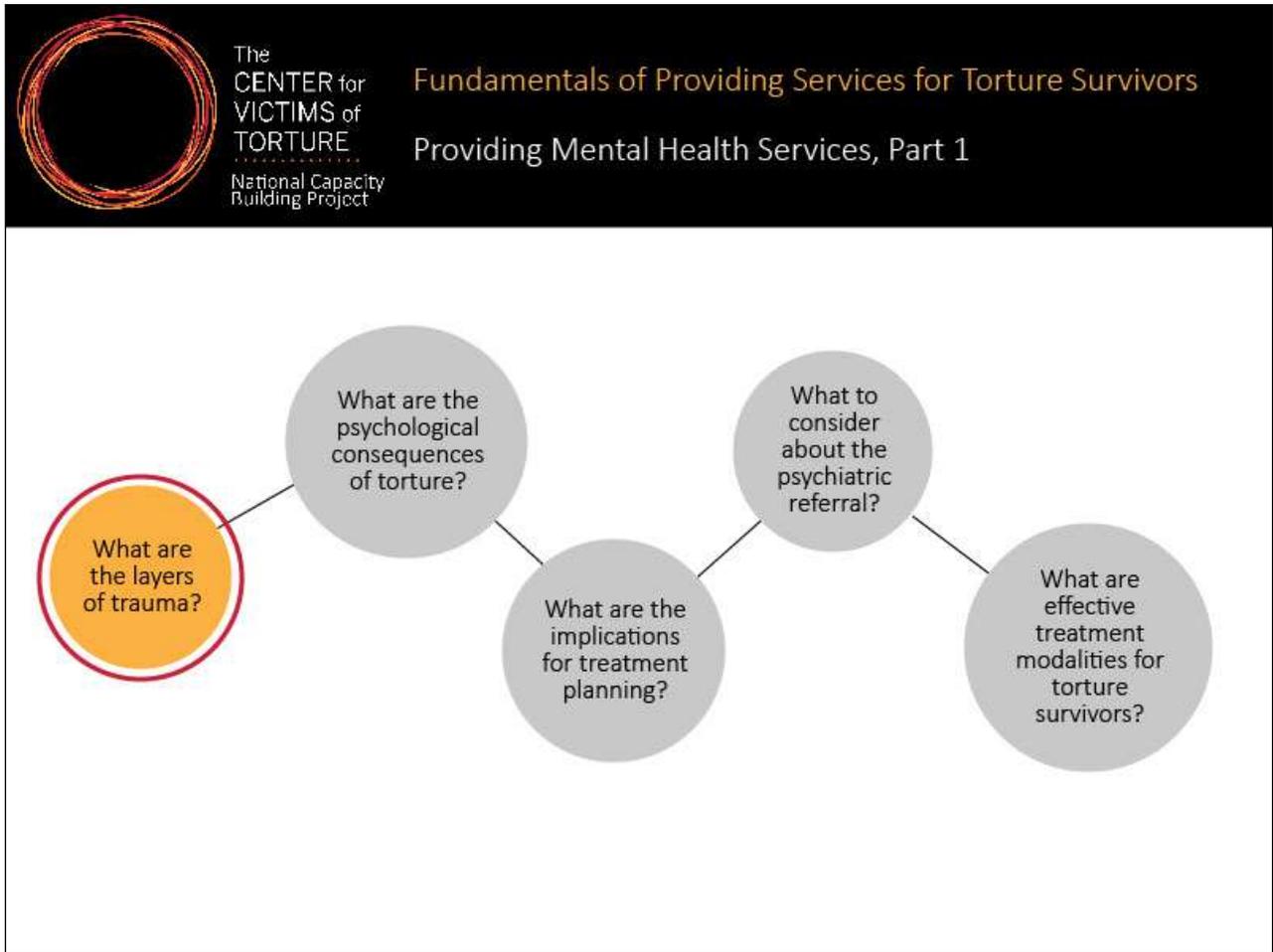
Throughout the training,
Click the **Play** button  below to move to the
next slide

Hi, I’m Dr. Mary Fabri, PsyD, Senior Director of the Heartland Alliance Marjorie Kovler Center. This quote from Sister Dianna Ortiz, a torture survivor, provides a glimpse into the survivor’s perspective. When torture victims are released from the torture chamber, the psychological symptoms are often misunderstood by their families and communities. There is a strong wish that the victim be the same person they were before, that the torture had never happened. This is also true for torture survivors: they want to be who they were before. From the survivor’s perspective, any movement towards healing is always referenced to how they were before – from how many hours did they sleep at night to what kind of role did they have in their family or community. This point of reference is often very painful for the survivor and may be difficult for us as providers to understand since we are meeting the survivor after the torture experience. Our point of reference for improvement is different.





Slide 3 - Lesson Objectives

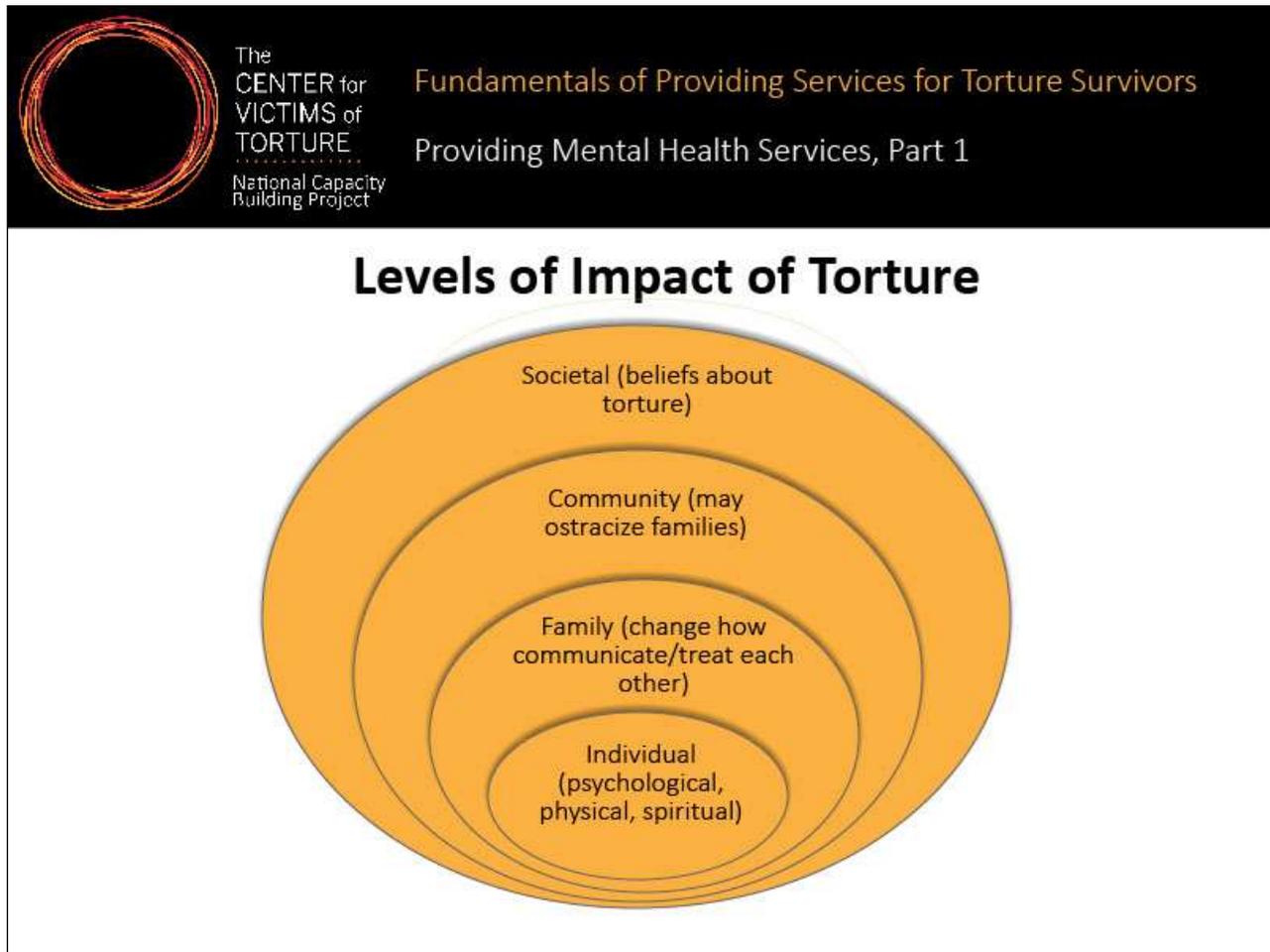


In this lesson, we are going to be looking at the fundamentals of providing mental health services for torture survivors. This section of the mental health fundamentals will help you understand the layers of harm that torture causes, and the importance of holistic treatment and working with other professionals and community resources that ultimately help the treatment team to meet the multiple needs of torture survivors.





Slide 4 - Levels of Impact/Layers



When an individual is tortured, the body is often the object of physical harm with beatings, electric shock, or other forms of physical abuse. Psychological torture can cause long term consequences by altering cognitions, emotions, and the very spirit of the victim. Many survivors will point to scars on their bodies and talk about how they have healed. But for many the wounds to their thoughts, their emotions and their spirit take even longer to heal.

To understand trauma, and in particular torture, it is important to recognize that the individual who is tortured is the first victim. The torture victim, however, does not exist in isolation. The individual returns to a family, whether it is their own nuclear family or an extended family. The family exists in a community, and that community in a larger society. If you think about it, the victim comes back to their family changed by torture. The family is a system and will make alterations to how they treat each other, how they communicate with each other after the torture victim returns. The community will also adjust to that family and make changes that they perceive or believe need to be made to respond to the family of the torture victim. Some families may find themselves more isolated or ostracized by their community because a member of their family was tortured. If you think about this at the societal and global levels, we have all made adjustments and





modifications to how we think about the use of torture. Results of surveys indicate that some people think that torture is effective and that it has a purpose. It is important that we become more aware of the systemic impact of torture and of all the societal adjustments that are made in countries where torture is used.



**Slide 5 - --Other Factors**

The slide features a black header with the logo of The Center for Victims of Torture (National Capacity Building Project) on the left. The title 'Fundamentals of Providing Services for Torture Survivors' and subtitle 'Providing Mental Health Services, Part 1' are on the right. The main content area is white with a red-bordered box containing a bulleted list of factors.

Other Factors to Coping

- Earlier traumas
- Past exposure to war or criminal violence
- Conditions of flight
- Immigration status: refugee or asylum seeker

When we are assessing how people are coping after torture, we also have to consider other factors. Have they been exposed to earlier traumas? Has there been other family violence, either domestic violence, or other family members who were tortured? What kind of exposure have they had to war or other types of violence, such as criminal violence or rape? What were the conditions of flight? Did they spend time in a refugee camp? What was the refugee camp like? How did they come to the U.S.? Are they refugees with some benefits and access to services, or are they seeking political asylum? This means they don't have access to the same resources as refugees and are dependent on charity or on programs that provide services to asylees. These are multiple layers that we need to consider when we ask what needs to be done to help torture survivors.





Slide 6 - --Potential Impact of Torture

The slide is titled "Potential Impact of Torture" and is part of a presentation by "The CENTER for VICTIMS of TORTURE National Capacity Building Project". The main content area is a white rectangle with a black border, containing several orange starburst shapes. Each starburst contains a text label representing a potential impact of torture: "Fear", "Emotional Overwhelm", "Memory Problems", "Physiological Changes", "Humiliation", "Intense Emotional Reactions", "Change in how one sees self/world", "Stress", and "Hopelessness".

It is not surprising that torture and other violence that survivors are exposed to in their flight for refuge, as an asylee or as a refugee, can cause intense feelings of fear, stress and being emotionally overwhelmed. We know that extreme trauma creates physiological changes and intense emotional reactions; it changes the way that people think about themselves and the world. Torture in particular commonly engenders intense feelings of hopelessness and humiliation that are deeply damaging. Overwhelming emotions can have an impact on the person's ability to remember. There are many potential changes that we need to assess. These are possible changes, not everyone will have the same kinds of symptoms or intensity of symptoms, but as we meet each survivor as an individual, we have to be aware of the realm of possibilities and how to assess their needs. In doing this, in our effort to help people heal from torture, we must recognize that there are biological, psychological, social, and spiritual realms of healing after trauma.





Slide 7 - Terror to Healing and Reflection

The screenshot shows a video player interface. At the top left is the logo for 'The CENTER for VICTIMS of TORTURE National Capacity Building Project'. The main title is 'Fundamentals of Providing Services for Torture Survivors Providing Mental Health Services, Part 1'. The video title is 'Terror to Healing, Part 2 from HeaTorture'. The video player shows the title 'FROM TERROR TO HEALING' with a 'Loading ...' indicator. Below the video player is a progress bar showing 27:33. To the right of the video player are instructions: 'Watch From Terror to Healing, Part 2 for the first 15 minutes. Click the play button on the video to start.' and 'Click here to open video in a new window.' Below these instructions is a 'Continue' button. At the bottom of the video player, there are two questions: '1 How has torture changed the survivors' lives in the biological, psychological, social, and spiritual realms?' and '2 How were the survivors affected by having family members tortured, killed, or missing?'. A question mark icon is on the left of the questions, and a notepad icon is on the right.

In the Core Concepts and Eligibility Requirements lesson, you watched the video “From Terror to Healing” part 2. Now, focusing specifically on mental health issues, please click the play button on the video to watch the first 15 minutes. After listening to the survivors’ stories, consider the two questions and reflect on them your journal.





Slide 8 - Next: Psychological Consequences



In part 2 of this lesson, we'll discuss the psychological consequences of torture. Not only do we need to understand the psychological consequences for survivors, but also the consequences for their families. Additionally, when assessing survivors we need to maintain a perspective of their strengths, not just what harm the torture has created, but what strengths does the survivor present with? As providers we will be helping survivors build on their strengths as they recover from the harm of the torture experience.





Slide 9 - Psychological Consequences

The slide features a black header with the logo for 'The CENTER for VICTIMS of TORTURE National Capacity Building Project' on the left. The main title is 'Fundamentals of Providing Services for Torture Survivors' and the subtitle is 'Providing Mental Health Services, Part 1'. The central content is a list of psychological consequences, each in a yellow button: Re-experiencing, Avoidance, Hyperarousal, Depression, Altered Self-Concept, Psychotic/ psychotic-like symptoms, and Somatic complaints. To the right of this list is a grey button with the text 'Click each button to learn more' and a red button with the text 'Continue'. Below the grey button, the text reads 'When you are done, click Continue'.

Often when mental health providers consider severe trauma like torture, they think of Post Traumatic Stress Disorder (PTSD). Not all torture survivors, however, meet the criteria for a diagnosis of PTSD. They often may have symptoms that meet some of the criteria, but not all of them. Some of the typical symptoms that we see in torture survivors include those that create an experience of reliving the trauma and then conversely of trying to avoid remembering the trauma. Survivors may have symptoms secondary to being hyper-aroused involving changes in the central nervous system and other biological functions. Others suffer from depression. The way the survivor sees themselves has also been altered by the torture experience followed by all the challenging realities of being in a new country. Sometimes post-torture symptoms may seem psychotic-like to the untrained professional. A trauma-informed assessment by providers who understand the consequences of torture is very important. Many survivors find it is much easier to talk about somatic complaints and may present non-specific physical symptoms. Again, providers need to be trauma-informed to conduct sensitive assessments. Let's briefly review each of these consequences.



**Slide 10 - --Re-experiencing**

The slide features a black header with the logo of 'The CENTER for VICTIMS of TORTURE National Capacity Building Project' on the left and the title 'Fundamentals of Providing Services for Torture Survivors Providing Mental Health Services, Part 1' on the right. The main content area is white with a red border. It contains the title 'Psychological consequences of torture' and a sub-section 'Re-experiencing' with a list of symptoms: 'Triggers by any of the senses', 'Flashbacks', 'Intrusive thoughts and memories', and 'Nightmares'. A yellow icon of a head with a brain and a red 'X' is on the left. At the bottom, there is a yellow button labeled 'Close' and the text 'Click the button to return to the list'.

Re-experiencing the trauma may involve the survivor having triggers that make them remember what they have suffered. It could be military uniforms, guns, or other visual cues in the environment. It can also be smells. Many survivors talk about the torturers being chain smokers, so the smell of cigarette smoke may be a trigger. Others describe the smell of alcohol on the breath of their torturer, so the smell of beer, wine, or whiskey can be a trigger. Sounds can also be a trigger, for example, the 4th of July fireworks can remind survivors of missiles and bombs, so an American holiday celebration can be a time that causes distress for a survivor. It is important to remember that what reminds a survivor of their trauma can be processed by any of the senses: visual, auditory, olfactory, or even tactile. When there is a trigger, there can even be a flashback, the torture is re-experienced as if it is happening again. It is not just a memory. Flashbacks are experienced in the body. There is a disconnect from the here and now, and survivors relive the torture not just in their mind, but also in their physical body. Intrusive thoughts and memories, different from a flashback, are often described by survivors: "...as if there is a video being played in my mind and I cannot turn it off." This description illustrates the involvement of an intrusive memory which cannot be put out of the mind at will. Nightmares are another way that survivors relive their trauma in their dreams while sleeping. Often survivors wake up disoriented after a nightmare, some may go right into a flashback upon awakening. You heard about





some of these experiences in the video. Understanding the different ways in which a torture survivor re-experiences the trauma and continues to suffer the consequences is important in understanding their behaviors and needs.





Slide 11 - --Avoidance


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Providing Mental Health Services, Part 1

Psychological consequences of torture



Avoidance

- Avoidance of thoughts, conversations, activities, places, or people that remind them of their torture
- Social withdrawal
- Emotional constriction
- Personal detachment
- Inability to recall trauma details

Click the button to return to the list

If a survivor is re-experiencing their trauma in the ways we just described, it makes sense that one would want to avoid reminders of their trauma. This might involve actively avoiding having conversations with people, engaging in activities, or being in places where there are reminders of what happened. Survivors may isolate themselves and withdraw socially from their communities. Survivors may attempt to limit the range of emotions they express, fearing they will be unable to control the expression of emotions and will become overwhelmed. There is emotional constriction, as well social constriction. Survivors pull inward and may begin to also feel detached from their personal experiences of themselves, like they are watching themselves go through the motions of daily life, but not feeling connected to it. Attempts at constriction may also result in an inability to recall some important details about the trauma. There is a strong wish not to remember, to avoid remembering. It is important to realize that not all memory problems are due to avoidance, but only some. Traumatic brain injury, or TBI, can impact memory and also interact with symptoms of depression and anxiety. Many survivors have been beaten on the head and assessing for TBI is important for both diagnosis and treatment, since findings on the plasticity of the brain indicate hope for recovery.





Slide 12 - --Hyperarousal


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Psychological consequences of torture



Hyperarousal

This system does not always go back to normal after torture

- Hypervigilance
- Difficulty concentrating
- Difficulty falling, staying, or returning to sleep
- Irritability or increased anger
- Startle response
- Generalized anxiety
- Gastrointestinal distress

Click the button to return to the list

Hyper-arousal is also important to understand. When we are in danger it is a normal physiological response to have heightened arousal, to be ready to fight back, or run away, or freeze. It is how a human being and other animals biologically respond to threat. When torture ends, the arousal system does not automatically return to normal. During torture, there has been a sustained level of fear, threat, and danger. Feeling safe takes time, so a torture survivor continues to experience hyper-arousal. Hyper-arousal results in behaviors such as hypervigilance, the need to be alert and aware of what is going on in the environment – such as who is in the room and where is the closest exit. Hyper-arousal can also result in difficulty concentrating and paying attention. This affects a person’s ability to learn new information, such as learning a new language. It can cause sleep problems - difficulty falling asleep, staying asleep, and returning to sleep. If a survivor is not getting enough sleep, is constantly vigilant and monitoring her environment, it can contribute to feeling irritable and quick to anger. Hyper-arousal may also be seen in startle reactions. An unexpected sound or entry of someone in the room will result in an over-reaction, a physical startle response. Hyper-arousal can also manifest in general anxiety with restlessness, an inability to sit still for a period of time, or difficulty focusing on what is being said. There may also be an increased perspiration, fidgeting hands or bouncing legs. If you think about this all together, if you are hyper-aroused, it can cause gastro-intestinal problems where the stomach feels upset. The





survivor is trying to stay alert, is not sleeping well, perhaps is not eating properly and develops gastrointestinal symptoms related to the ongoing stress.





Slide 13 - --Depression


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Providing Mental Health Services, Part 1

Psychological consequences of torture



Depression

- Loss of pleasure
- Appetite and sleep disturbance
- Psychomotor agitation or retardation
- Chronic fatigue
- Feelings of helplessness, hopelessness and worthlessness
- Diminished attention, concentration, and memory
- Thoughts of death, dying, and suicide

Click the button to return to the list

Depression is another common symptom after torture. Nothing in the survivor's life is experienced with pleasure anymore. There can be appetite disturbances with weight loss and no wish or desire to eat; some survivors may exhibit the opposite and may use food to try and calm or soothe themselves, so there is weight gain. The same may occur with sleep disturbances. There can be disturbed sleep with an inability to sleep adequately. In other cases, the survivor may sleep too much, feel lethargic, and not have the energy or motivation to get out of bed. Depression can cause people to be very lethargic and move slowly, or it can result in agitation and restless behavior. Chronic fatigue may be a manifestation of depression, impacting one's self esteem, feelings of helplessness, hopelessness, and worthlessness. All of this affects the survivor's ability to pay attention, concentrate and remember. Some survivors also have thoughts of death and dying. This is often more of a wish to die, expressed through questioning why the torturers did not kill them, or wishing that the torturers would have killed them. It is important to be aware of a survivor's wish or thoughts about dying. It is important to monitor, but not to overreact if a survivor talks about a wish to die. If any of you, from whatever service area, hear a survivor talk this way, it is important to alert a mental health team member who can assess if the survivor has active suicidal ideation or is it the survivor's passive wish that the





torturers had killed them instead of allowing them to live. It is always important to help the survivor to feel safe.





Slide 14 --Altered Self-Concept


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Psychological consequences of torture



Altered self-concept

- Personality change
- Feeling damaged or contaminated
- Feeling irritable or angry
- Hopelessness, no future

Click the button to return to the list
Close

After being tortured, survivors may describe that their personalities have changed. They come out of the torture experience with a different view of themselves. A survivor may describe that during the torture their personality was shattered. One survivor described that she understood the goal of the torture was to destroy her personality, so when she was released, she would not resume her political activity. She described feeling damaged, contaminated, and unable to be who she was before. Some survivors are plagued by fear and feel humiliated and ashamed. Others feel strongly irritable and behave in different ways than they did before the torture. For example, perhaps they have a family with young children and they find that they can no longer enjoy them. The child playing now irritates them and causes them to have angry outbursts. This behavior may be very foreign from how the survivor was before the torture, and contributes to an altered sense of self. Many survivors also feel hopeless, like they have no future. Their life, as they knew it prior to being tortured, is over. They do not have a sense of having a productive life with the same kinds of goals. An altered self-concept becomes an important aspect of a survivor's life after torture and needs to be addressed as part of their healing.

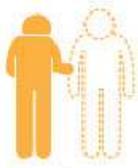




Slide 15 - --Psychosis


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Providing Mental Health Services, Part 1

Psychological consequences of torture



Psychotic, psychotic-like symptoms

Trauma reactions are sometimes mistakenly interpreted as psychotic symptoms:

- Dissociation- feeling disconnected or losing time
- Delusions- may be tied to past torture
- Hallucinations - distinguish from flashbacks of past torture
- Bizarre ideation and behavior- perceptual distress, paranoia and suspiciousness may stem from torture

Click the button to return to the list

A torture survivor may be misdiagnosed and mistreated if they are assessed by a provider who is not familiar with the psychological consequences of torture. It is also important to be aware that some torture survivors may have a pre-existing mental disorder, or that their torture was so severe that they now have psychotic or psychotic-like symptoms. These symptoms include dissociation, which is feeling disconnected from the experience of the here and now, not feeling anything, not remembering. The survivor may report periods of lost time where they cannot remember what they were doing. Delusions become part of thought processes. For example, a survivor may talk about being followed. This may be real, or not real. It is important to be able to assess the situation. Usually there is a thread of truth to the delusions based on past experiences. A survivor may notice that someone is in their foot traffic pattern on a daily basis. It is someone they recognize who is going to the same direction they are every day. They may begin to believe that the person is following them. It is important to assess if the person is really following them? OR is the experience of being followed in their home country contributed to their thought that someone here is following them? And can the survivor see the thread connecting this to past experiences?





It is very important to be able to assess the difference between hallucinations and a flashback, or a memory. Many torture survivors, as they talk about the trauma, have intense re-experiencing of some part of the torture, which may be misinterpreted as a hallucination. An example would be if someone is having a flashback. They are reliving the trauma. They may act and speak in ways that reflect the re-experience of the trauma. This has nothing to do with what is happening in the here and now. To an inexperienced provider, it may appear like the person is hallucinating rather than having a flashback. It is very important to be familiar with, and have experienced providers available to assess symptoms and determine what is secondary to trauma and what is related to a mental illness. This is also true when assessing bizarre ideation and behavior. Perceptual distortions, paranoia, and suspiciousness can all be the result of severe torture, but it is important to assess for mental illness. As with suicide, this is an important part of risk assessment, followed by sensitive and appropriate crisis intervention and treatment. Again, non-mental health staff must be alert to the need for referral for further assessment.



**Slide 16 - --Somatic Complaints**

The slide features a black header with the logo of 'The CENTER for VICTIMS of TORTURE National Capacity Building Project' on the left. The title 'Fundamentals of Providing Services for Torture Survivors' and subtitle 'Providing Mental Health Services, Part 1' are on the right. The main content area has a white background with a red border. It contains a sub-section 'Somatic complaints' with a list of five items: Headaches, Rule out traumatic brain injury, Back pain, Musculo-skeletal pain, and Sexual dysfunction. To the left of the list is an orange icon of a person with a hand to their head. At the bottom right is an orange 'Close' button and a text prompt 'Click the button to return to the list'.

Psychological consequences of torture

Somatic complaints

- Headaches
- Rule out traumatic brain injury
- Back pain
- Musculo-skeletal pain
- Sexual dysfunction

Click the button to return to the list

Headaches are a common somatic complaint that survivors present. It is important to acknowledge that these headaches are due to the tension that they live with every day. When collecting the history about what types of torture someone has suffered, it is important to note if there was closed head trauma. There may be a need to assess whether or not a head injury may be a contributing factor to headaches. Back pain and other reported musculoskeletal pain must also be assessed relative to types of physical torture and the possibility of injury. Sexual dysfunction can also be related to the stress of having been tortured or to actual physical injury from sexual torture. It may be either or both. Often somatic complaints are easier for torture survivors to report to a provider. It is easier to say “my back hurts,” “my head hurts,” rather than “I have been tortured,” “I was raped.” Somatic complaints are often the entry point where we can begin to talk to survivors about their experiences. This calls for close collaboration between medical and mental health staff.





Slide 17 - Reflection



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Psychological consequences of torture

<p>Re-experiencing</p> <ul style="list-style-type: none"> • Triggers • Flashbacks • Intrusive thoughts and memories • Nightmares 	<p>Avoidance</p> <ul style="list-style-type: none"> • Avoidance of thoughts, conversations, activities, places or people • Emotional constriction • Social withdrawal • Personal detachment • Inability to recall trauma details 	<p>Hyperarousal</p> <ul style="list-style-type: none"> • Difficulty falling, staying, or returning to sleep • Irritability or increased anger • Difficulty concentrating • Hypervigilance • Startle response • Generalized anxiety • Gastrointestinal distress 	<p>Depression</p> <ul style="list-style-type: none"> • Loss of pleasure • Appetite and sleep disturbance • Psychomotor agitation or retardation • Chronic fatigue • Feelings of worthlessness • Diminished attention, concentration, and memory • Thoughts of death, dying, suicide 	<p>Altered self-concept</p> <ul style="list-style-type: none"> • Personality change • Feeling damaged, contaminated • Problems of impulse control resulting in atypical behavior • A sense of shortened future 	<p>Psychotic/psychotic-like symptoms</p> <ul style="list-style-type: none"> • Dissociation • Delusions • Hallucinations • Bizarre ideation and behavior • Perceptual distortions • Paranoia/suspicious thoughts 	<p>Somatic complaints</p> <ul style="list-style-type: none"> • Headaches • Back pain • Musculo- skeletal pain • Sexual dysfunction • Rule out traumatic brain injury
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?

1

Name 5 psychological effects of torture described by the survivors in the video.

2



Why might a survivor focus on physical problems rather than psychological?

We are going to pause again to refer to the video you watched. Take a few moments and name 5 psychological effects of torture you heard described by survivors in the video. Then after that, reflect for a moment and write a few sentences in your journal about why you think that survivors would focus on the physical problems they would have rather than the psychological.





Slide 18 - Respect and dignity



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Fundamentals of Providing Services for Torture Survivors

Providing Mental Health Services, Part 1

Interviewing and assessing survivors

<p>Value Dignity</p> <ul style="list-style-type: none"> • Treat survivor with respect and dignity, as a valued human being • Value of their humanness • Counter their experience of feeling less than human 	<div style="background-color: #e0e0e0; padding: 10px; border-radius: 10px; margin-bottom: 10px;"> <p>Torture:</p> <ul style="list-style-type: none"> • Objectifies the body • Dehumanized <p>Interview may remind them of these feelings</p> </div>

Now that you have an understanding about the psychological consequences of torture, let's discuss how to approach interviewing and assessing survivors. To effectively interview and assess, consider focusing your approach around four basic guidelines.

In a way, as providers, we face a dilemma when we have to conduct interviews or assessments with torture survivors. It's important to remember that torture objectifies the body so that the torture victim is often left feeling as if they are an object. They have been dehumanized. Torture treats the body as an object to harm. Assessments, whether they are legal, medical or social service oriented, are also an attempt to get an objective assessment of the survivor. During the process of interviewing, the survivor may again be reminded of being treated like an object. It is important we take measures that help the survivor heal psychologically, to treat the survivor with respect and dignity, and to always express a value of their humanness in everything we do, as a way to counter the inherent experience in torture of feeling less than human.





Slide 19 - Acknowledge Resilience


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Providing Mental Health Services, Part 1

Interviewing and assessing survivors

<p>Value Dignity</p> <ul style="list-style-type: none"> • Treat survivor with respect and dignity, as a valued human being • Value of their humanness • Helps to counter experience of feeling less than human 	<p>Acknowledge Resilience</p> <ul style="list-style-type: none"> • Remind them that they are survivors and they are resilient • Find ways to recognize and acknowledge their strength and ability to adapt • Despite challenges, trauma, and tragedy

It is very important for us to remember that survivors are just that, they are survivors and they are resilient. It is essential for us to recognize in the survivor, and to acknowledge to the survivor, how they *are* strong, and they *are* adapting despite all the obstacles and challenges, despite the trauma and tragedy that they have endured and the stresses they are dealing with now as they are rebuilding their lives. It is important for us as helpers to assist the survivor in remembering and recognizing their own strengths.





Slide 20 - Build Trust



Fundamentals of Providing Services for Torture Survivors

Providing Mental Health Services, Part 1

Interviewing and assessing survivors

<p>Value Dignity</p> <ul style="list-style-type: none"> • Treat survivor with respect and dignity, as a valued human being • Value of their humanness • Helps to counter experience of feeling less than human 	<p>Acknowledge Resilience</p> <ul style="list-style-type: none"> • Remind them that they are survivors and they are resilient • Find ways to recognize and acknowledge their strength and ability to adapt • Despite challenges, trauma, and tragedy
<p>Build Trust</p> <ul style="list-style-type: none"> • Show respect for the survivor • Be flexible and honest • Be confident and caring • Stay calm and be dependable • Be nonjudgmental • Be self-aware • Be honest about resources available to them • Your being open and helpful shows your concern for them 	

Establishing a trusting relationship is always important in the work we do and taking the steps to develop a trusting relationship demonstrates respect for the survivor. We need to be flexible and honest. We need to be able to do our jobs in a way in which we communicate self-confidence; that we know what we are doing and that we are doing it in a genuine, caring fashion; that we maintain a calm manner and not become overwhelmed, agitated or upset by the demands that are being made on us. Stay calm, be dependable, be open and very, very importantly, be non-judgmental. Survivors often may seem like they are demanding or that they want or need things that we cannot readily access. Having a sense of self-awareness, of how we feel about what the survivor needs versus what we can actually provide becomes important. We need to be aware of our feelings and our responses to what we're learning about what the survivor has suffered and what they need. We need to be able to respond in a way that will help the survivor trust us, to see us as a helper in the larger program where there are resources. It is essential to be honest about what resources are available and dependable in delivering assistance. Being open and helpful in our approach to survivors demonstrates the program's concern about their well-being. As you'll learn in the self-care module next week, maintaining this attitude and approach requires conscious and continuing attention to our own emotions and behavior.





Slide 21 - Listen



Fundamentals of Providing Services for Torture Survivors

Providing Mental Health Services, Part 1

Interviewing and assessing survivors

<p>Value Dignity</p> <ul style="list-style-type: none"> • Treat survivor with respect and dignity, as a valued human being • Value of their humanness • Helps to counter experience of feeling less than human 	<p>Acknowledge Resilience</p> <ul style="list-style-type: none"> • Remind them that they are survivors and they are resilient • Find ways to recognize and acknowledge their strength and ability to adapt • Despite challenges, trauma, and tragedy
<p>Build Trust</p> <ul style="list-style-type: none"> • Show respect for the survivor • Be flexible and honest • Be confident and caring • Stay calm and be dependable • Be nonjudgmental • Be self-aware • Be honest about resources available to them • Your being open and helpful shows your concern for them 	<p>Listen</p> <ul style="list-style-type: none"> • Listen to the words spoken • See their affect and body language • Listen to what you feel • Communicate that you understand and are listening • Helps to facilitate trust and a bond

If we are going to truly understand a survivor's situation and their needs, in whatever domain, it becomes important that we learn how to listen. We must listen not only to the words that are being spoken to us, but to what we can see with our eyes, their affect and body language. We also need to pay attention to how we feel in our hearts about the survivor's condition. When we can communicate with the survivor that we do understand and we are listening, it can help facilitate a trusting relationship and a bond in which a survivor can feel that perhaps, finally, there is someone who can help, who can share the burden; someone who can help them manage the stresses of their life in this new country.



**Slide 22 - Conducting Assessment**

The slide features a black header with the following text and logos on the left: "The CENTER for VICTIMS of TORTURE" and "National Capacity Building Project". On the right of the header, it reads "Fundamentals of Providing Services for Torture Survivors" and "Providing Mental Health Services, Part 1". The main content area is white and contains the title "Approach to Assessment" in bold. Below the title is a red-bordered box containing a list of four bullet points:

- Accurately identify & name the problem(s)
- Find appropriate language to name the problem
- Share information
- Support empowerment

When we conduct an assessment, we need to accurately identify what the survivor's problems are and not misidentify them. It is important to become familiar with the psychological and physical consequences of torture. We need to know what we are observing in the survivor or hearing from the survivor and be able to accurately name the problem. We must find the appropriate language to describe the problem with the survivor in a way that can help the survivor appreciate that this is what happens after torture – it is something that we expect, it is normal after suffering such severe trauma. In sharing information about what we are learning through our assessment, we can emotionally support the survivor. We can help them feel empowered. If the survivor can acknowledge the reality of their condition, as a torture survivor living in a host country with many challenging steps to take, it is a sign of strength, not weakness. It is a sign of initiative that they are seeking help, not passivity. We need to learn to frame our services and the ways in which we can help survivors so that they feel they are empowered to make choices to help themselves through the resources we can make available to them.



**Slide 23 - Assessing Needs**

The slide features a black header with the following text and logos on the left: 'The CENTER for VICTIMS of TORTURE' and 'National Capacity Building Project'. To the right of the logos, the header text reads 'Fundamentals of Providing Services for Torture Survivors' and 'Providing Mental Health Services, Part 1'. The main content area is white and contains the title 'Approach to Assessment' in bold. Below the title is a red-bordered box containing a list of 13 bullet points.

Approach to Assessment

- Accurately identify & name the problem(s)
- Find appropriate language to name the problem
- Share information
- Support empowerment
- Collect information by asking questions calmly and slowly
- Ask questions in a non-confrontational way
- Let people talk at their own pace
- Ask open-ended questions
- Follow a logical line of questions
- Understand how the problem affects the person's behavior, thoughts, and feelings
- Consider the person's life situation
- Consider the person's family and community

When we are assessing the survivor's needs, whether it is a mental health assessment, legal needs, or social services, it is important to have a calm demeanor; to speak slowly and clearly; to ask questions in a non-confrontational way; to let people talk at their own pace; not to be too directive, but to try to keep the questions as open ended as possible; to have a logical line of questioning, not to jump around; and to be thoughtful about how the survivor might feel as we are asking for the information. Many survivors have had experiences of interrogation and even though we are not interrogating when we are collecting information by asking questions, the survivor may experience it as if we are.





Slide 24 - Terror to Healing, Cont. Reflection

The screenshot shows a video player interface. At the top left, there is a logo for 'The CENTER for VICTIMS of TORTURE National Capacity Building Project'. The main title of the video is 'FROM TERROR TO HEALING' in large, bold, yellow and black letters. Below the title, it says 'Loading ...'. The video player controls at the bottom show a play button, a progress bar at 27:33, and the Vimeo logo. To the right of the video player, there are three instructional boxes: an orange box with text about reviewing the video, a blue box with a 'Click here to open video in a new window.' button, and a red 'Continue' button. Below the video player, there is a reflection section with a large question mark icon and two numbered questions.

The CENTER for VICTIMS of TORTURE
National Capacity Building Project

Fundamentals of Providing Services for Torture Survivors
Providing Mental Health Services, Part 1

Terror to Healing, Part 2
from HealTorture

FROM TERROR TO HEALING
Loading ...

27:33 | vimeo

To review the video, click the play button on the video to start. Watch for the first 15 minutes.

Click here to open video in a new window.

When you are done, click Continue

Continue

1 Describe three ways in which you recognize resiliency in the survivors from the video.

2 Name three ways in which you, in your particular staff role, will convey respect for survivors and build a foundation of trust.

Now let's reflect again on the survivors you met in the video and apply what you've learned. Read the questions and write your answers in your journal.





Slide 25 - Next: Mental Health Pt 2

The CENTER for VICTIMS of TORTURE
National Capacity Building Project

Fundamentals of Providing Services for Torture Survivors
Providing Mental Health Services, Part 1

Congratulations, you have completed the eLearning on Fundamentals of Providing Services for Torture Survivors: Mental Health Services, Part 1.

There is no assessment for Part 1. There will be an assessment at the end of Part 2.

Proceed to Mental Health Services, Part 2

Congratulations, you have completed the eLearning on Fundamentals of Providing Services for Torture Survivors: Mental Health Services, Part 1. There will be no assessment until the end of Part 2. To proceed to Mental Health Services Part 2, please click the yellow button. Thank you.

