

Mental Health Part Two

Slide 1 - Next: Implications



Welcome to Part 2 of Mental Health Essentials. In this part, we will cover the three remaining topics of the Mental Health Essentials lesson related to treatment planning, psychiatric referrals and effective treatment modalities. Now let's explore the implications for treatment planning. After assessing a torture survivor and their needs, especially with mental health, it is important to think about what kinds of referrals a survivor needs: psychiatric, psychotherapy, traditional healing or some integration of a treatment modality that focuses on the mind-body-spirit.

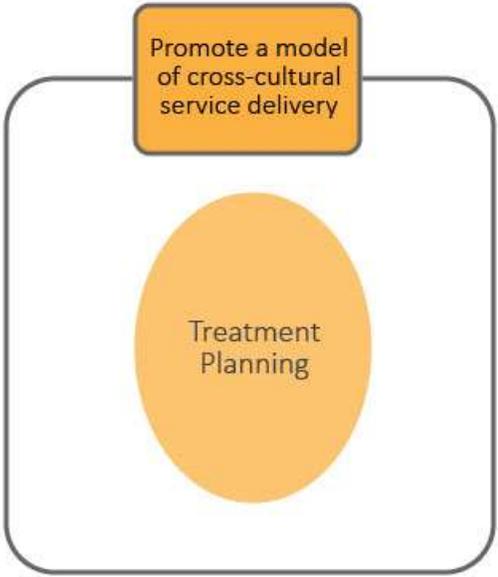


Slide 2 - Framing Treatment


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Providing Mental Health Services, Part 2



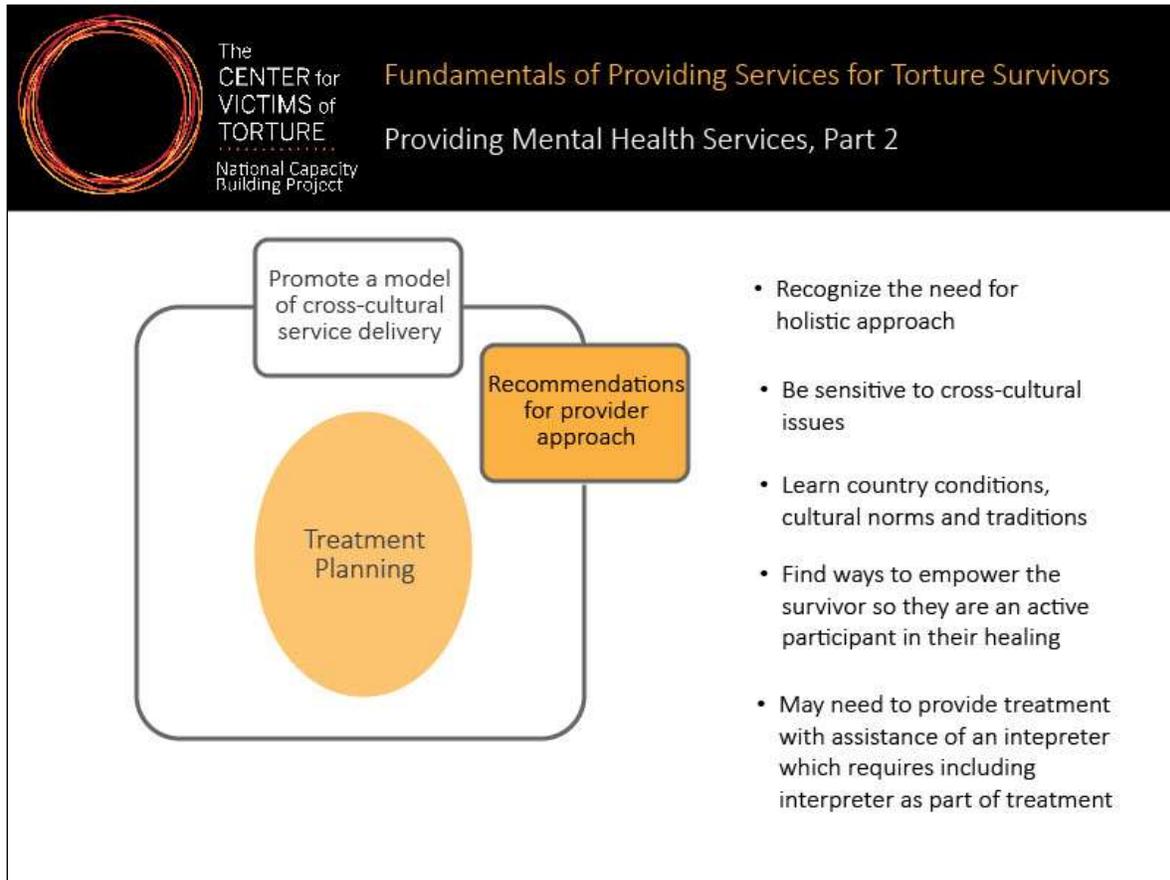
- Medical and mental health care are not utilized worldwide for healing
- Talking with concerned, caring persons when troubled- a common practice in most cultures
- Make cultural adjustments to the service frame
- With survivor's permission engage with community elders and spiritual healers

In trying to promote a model of cross-cultural service delivery, we need to recognize that medical and mental health care is not the same around the world. Often mental health services in developing countries, where many survivors come from, are reserved for the most seriously mentally ill. Some survivors may fear that they are perceived as crazy. It is important to approach mental health services in a sensitive way. In most cultures, talking with a concerned, caring person when you have a problem is a common practice. It is not a mental health professional, but there is someone designated in your family or community to seek counsel from - an elder, a community leader or a religious leader. Suggesting to survivors that they talk about their problems is not out of their realm of experience. In order to bridge the gap between a Western based mental health system and a more traditional family or community based approach to solving problems, we often will have to consider making cultural adjustments to the service frame. In developing cross-cultural services, it is important that the provider educate the survivor about the services they are recommending, but also be very open to learning from the survivor ways we may need to adjust the delivery of the recommended service, as well as ways the survivor has dealt with personal and emotional issues in their culture. With the survivor's guidance, permission and participation, engaging community elders, spiritual healers or traditional healing rituals can be comfortable and effective. This may help ensure the survivor's engagement in services. You can learn more about the role of spirituality in healing in the webinars cited in the Readings section of this module.





Slide 3 - Provider Approach

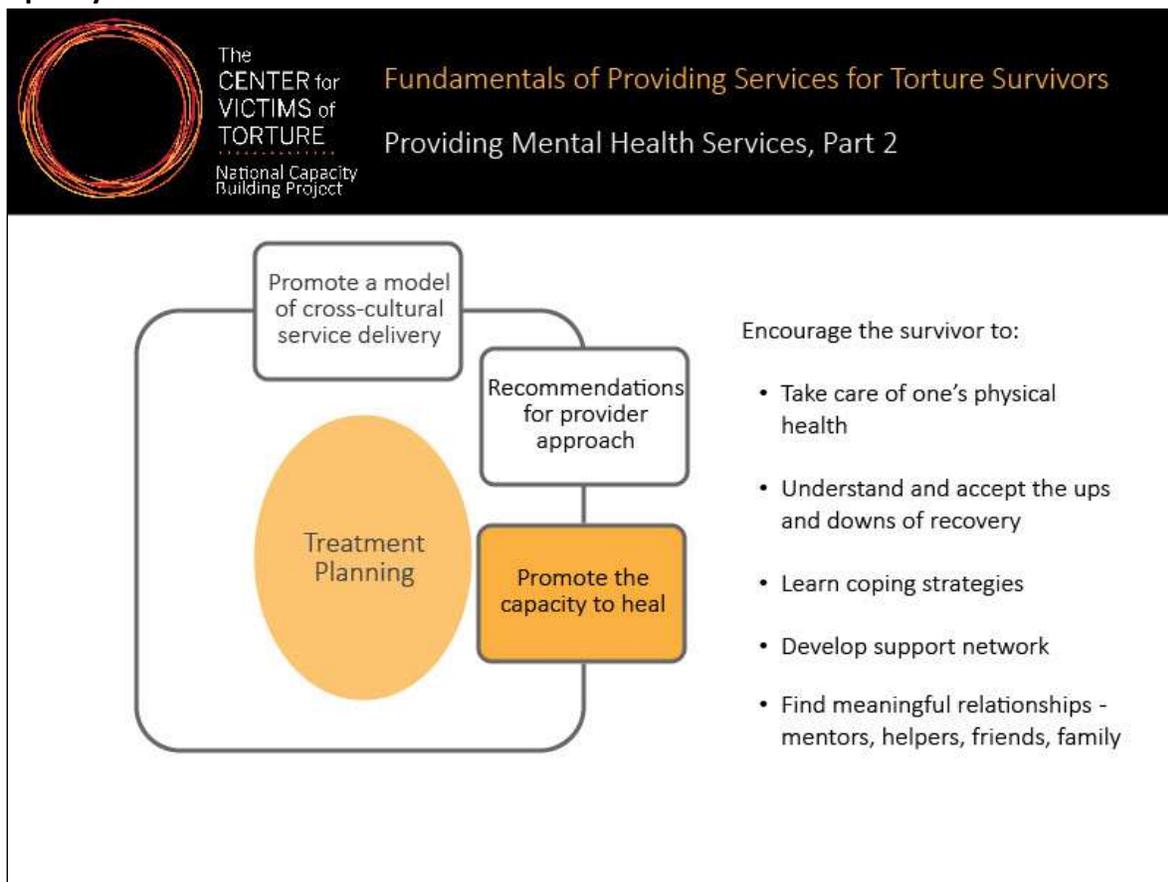


As a mental health provider or any helper reaching out to a torture survivor, it is important to recognize the need to treat the whole person. As we talked about in an earlier section, not only has the survivor's body been affected by torture, but also their cognitions, their emotions and their spirit. Healing involves all those domains. At the same time, we need to be sensitive to cultural issues. It is important, as providers, to know about the country conditions where the survivor came from, what the cultural norms are, and the traditions of that particular survivor. It is important to find ways to empower the survivor, to give them choices, so that they can be engaged as an active participant in their own healing. Additionally, we are trained to provide mental health services in a therapeutic dyad, talk taking place directly between the provider and client. When providing services for non-English speaking survivors, we provide treatment with the assistance of an interpreter, therefore expanding that therapeutic dyad into a therapeutic triad. This requires the provider to approach their work to include the interpreter as an essential component of treatment.





Slide 4 - Capacity to Heal



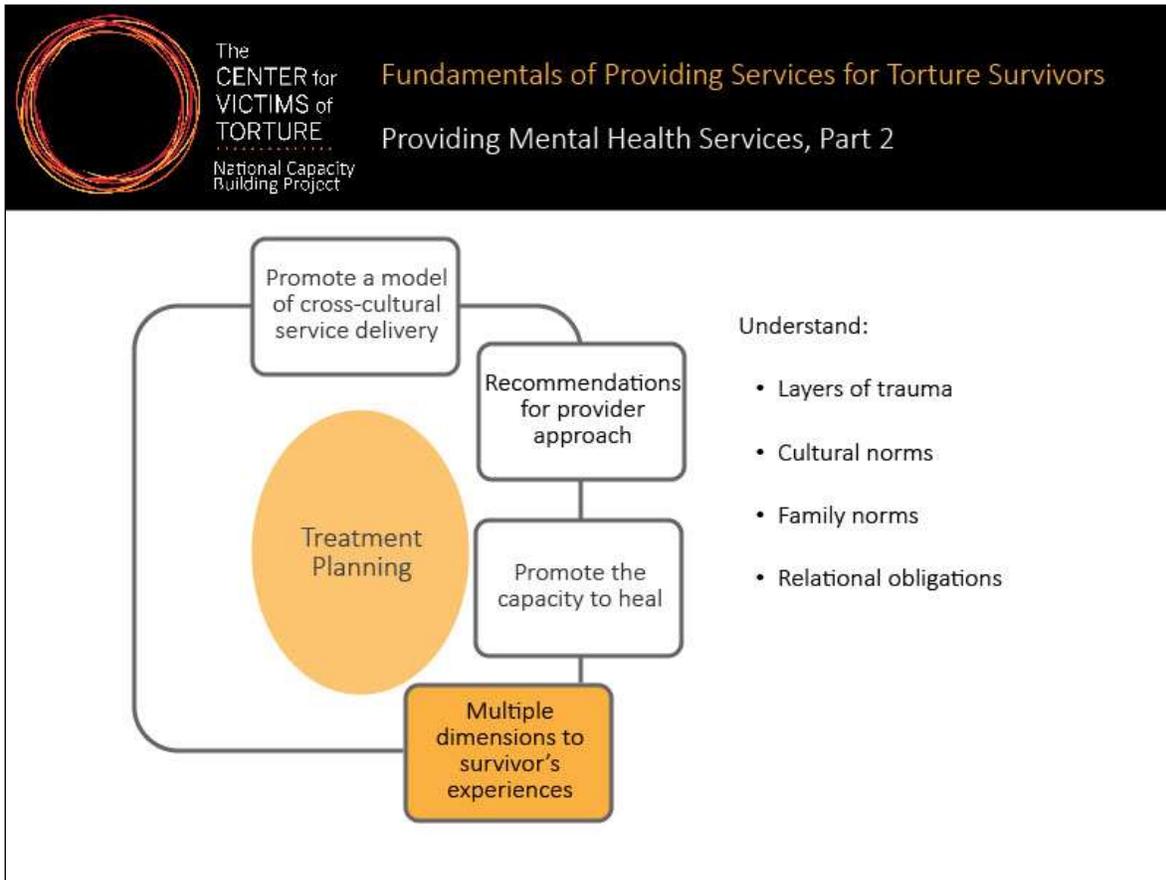
In promoting empowerment and therefore the capacity of the survivor to heal, it is important to encourage the survivor to take care of their own physical health, to understand that healing can be a series of ups and downs, steps forwards, steps backwards, that it is just part of the process. We need to help survivors learn coping strategies that will assist them during those times when they feel they are going backwards instead of forwards. It is important to help survivors develop a support network and to have meaningful relationships.

Some helpers from the torture treatment program serve as mentors or by encouraging participation in activities where new friendships can develop or relationships with family members and community can be re-established. The medical module in this course emphasized the importance of health promoting activities – diet, exercise, sleep – as well as body-oriented treatments like massage, physical therapy and acupuncture. The social service module will highlight the role of education, employment and community involvement. All these are part of the holistic care plan and directly impact mental health.





Slide 5 - Multiple Dimensions



In responding to the needs of torture survivors, it is always important that we remember the layers of trauma: the body, the mind, the spirit; the individual, the family, the community; pre-torture experiences, torture experiences; the conditions of flight, the conditions of resettlement, all the experiences that contribute to how the survivor experiences themselves in their host country. We need to be sensitive to their cultural norms, their family norms, and also be very respectful of the obligations they feel towards their family back home. Even though the survivor is living in a host country and often living under difficult situations themselves, they may be worried about their family members back home. Their concerns include their family's needs not just what their own needs are. We have to keep the big picture in mind as we are helping a survivor heal.





Slide 6 - Restore Control


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graph TD
    TP((Treatment Planning)) --- P[Promote a model of cross-cultural service delivery]
    TP --- R[Restoring control]
    TP --- RA[Recommendations for provider approach]
    TP --- PC[Promote the capacity to heal]
    TP --- MD[Multiple dimensions to survivor's experiences]
    
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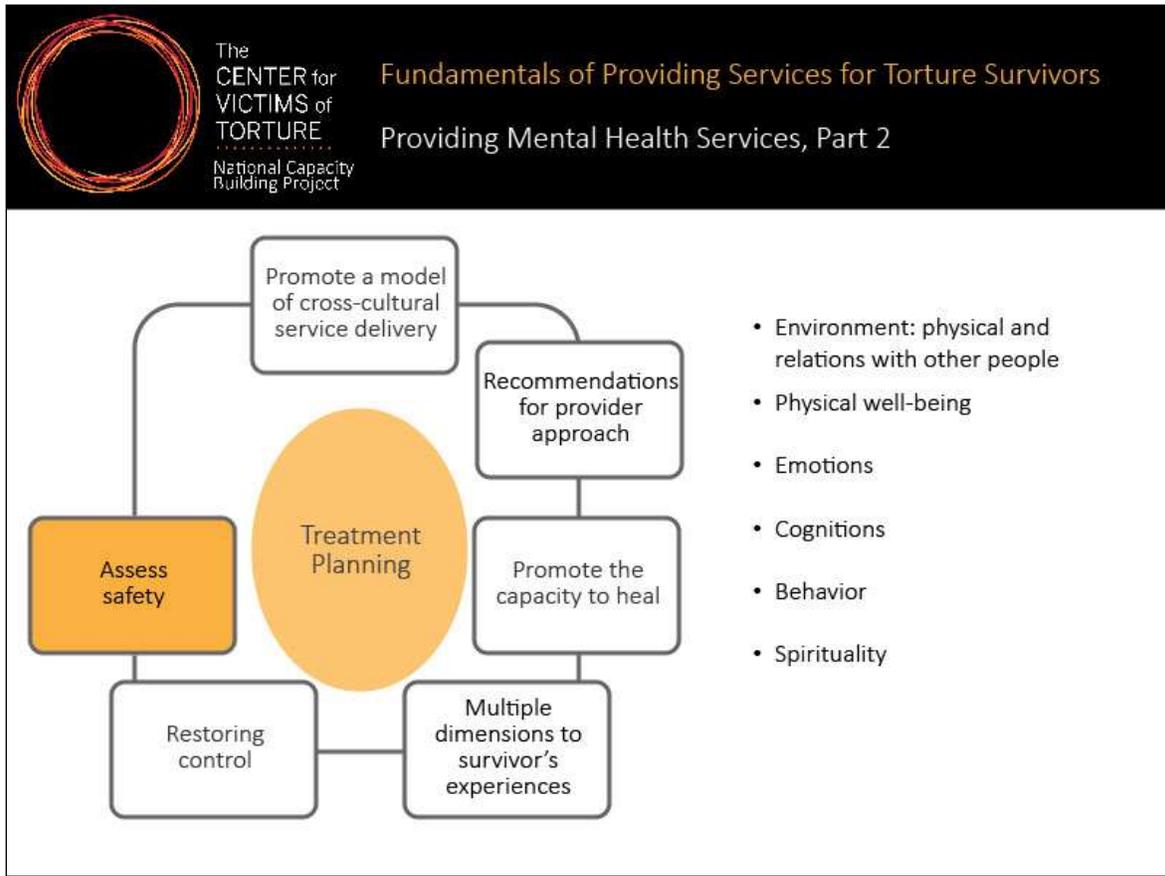
- Trauma robs the victim of power and control.
- One aspect of healing is the restoration of power and control.
- Another aspect of healing is re-establishing safety.
- Survivor should feel like they have choices and some control and decision making.

When someone has been tortured, s/he feels powerless, as if s/he has no control in their life. One aspect of healing is helping the survivor to reclaim a sense of power, to experience having some control in your life and over what is going to happen to you. Another aspect of healing is re-establishing a sense of safety. These two tasks are primary in our therapeutic work with survivors - to establish safety and trust in an environment where a survivor feels like they have choices and can exert some personal control and decision making.





Slide 7 - Assess Safety

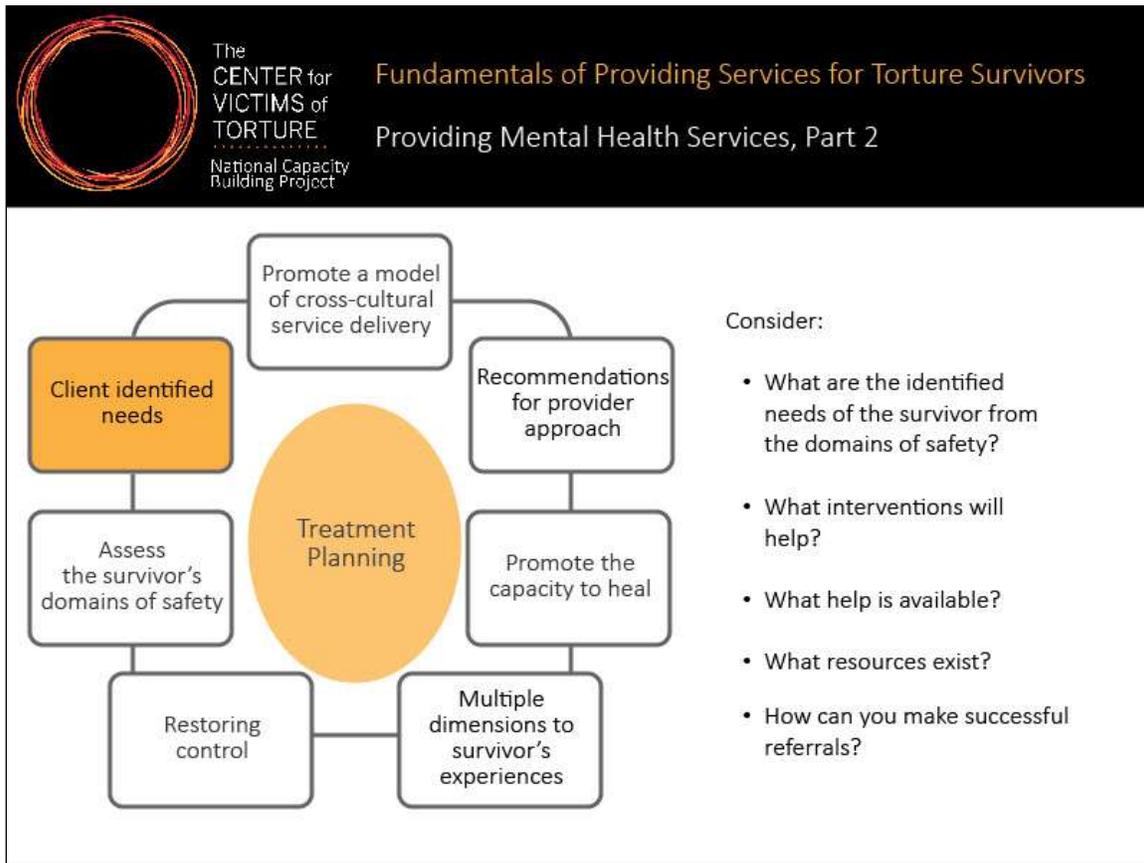


To provide a therapeutic environment for a survivor that promotes healing, we must consider safety within the different realms of the survivor’s experience: the physical safety of the environment; their physical well-being and the emotions, cognitions, and behaviors they exhibit on a daily basis; and the expression of their spirituality.





Slide 8 - Client Identified Needs



When developing a treatment plan, it is important to first consider what needs the survivor identified, not what we as helpers have identified, but what are those needs the survivor are identifying as most primary to them at this time. Providers need to consider what intervention will be most helpful to respond to the identified needs - and then assess what help is actually available, what resources exist in your treatment setting to respond to those needs? And then how can you, as someone who has just conducted an assessment, make referrals for resources in a seamless fashion? Often survivors do not want to retell their story to someone else. They don't want to respond to a lot of questions again. As someone who has information about the survivor, how can the transition to the resources that are available within your program be made most smoothly?



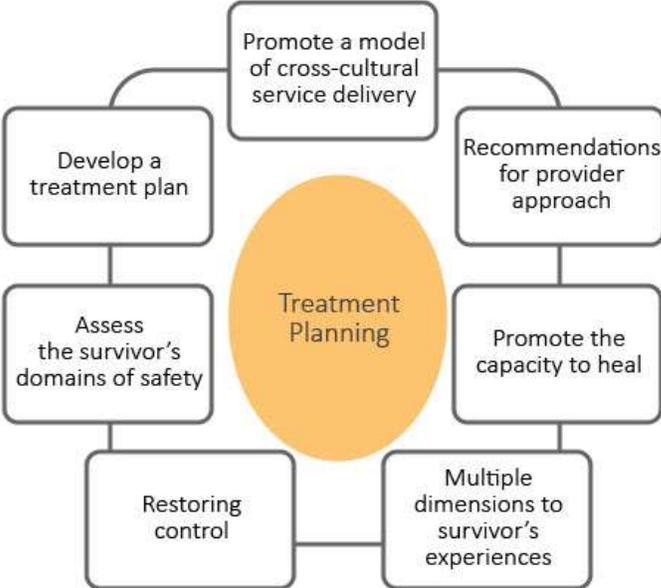


Slide 9 - Reflection


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- 1 Identify three issues related to their domains of safety that were described by survivors in the video that emerged after arriving in the country of refuge.
- 2 Imagine your task is to explain to a survivor the purposes of psychiatry and psychotherapy without using those terms. Be mindful that the survivor comes from a country where mental health is limited to care for the most severely mentally ill.



Now let's take a break and think about how this looks for you as a helper in your torture rehabilitation program. Referring back to the video again, identify three issues related to the domains of safety mentioned by the survivors that emerged once they were settled in a host country. After you complete this, imagine that your task is to explain to a survivor the purpose of a psychiatric referral or psychotherapy without using those terms, keeping in mind that saying you want to send someone to the psychiatrist or psychotherapist may result in resistance because a survivor does not want to be perceived as crazy. Write a brief explanation of how you would do this.





Slide 10 - Next: Psychiatric Referral



After completing an assessment with a torture survivor, there are two common mental health referrals – psychiatry and psychotherapy. We are going to talk about the psychiatric referral first. During this section, changes in the brain after trauma will be simply explained. As a result of these changes, specific psychiatric interventions with medications can be very helpful in symptom amelioration. Additionally, any kind of collaborative treatment, between a psychiatrist, a psychologist, a social worker, or other mental health provider is very important in providing the best treatment possible for a survivor.





Slide 11 - PTSD

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Psychiatric diagnoses: Posttraumatic stress disorder, major depressive disorder

- Two most common diagnoses after torture
- Both can be chronic with periods of remission
- Improvements of symptoms for both
- Symptoms can occur with stressful events
- Reoccurrence can resolve more quickly
- Persistent vulnerability for reoccurrence

Within the Western psychiatric framework for understanding trauma and its effects, Post-traumatic Stress Disorder (PTSD) and Major Depressive Disorder are the two most common diagnoses after torture. They both can be chronic with periods of remission. Improvements of the symptoms of PTSD and Depression occur. Over time, however, when there are stressful events, such as receiving bad news from home or a current trauma, illness, or accident, symptoms will commonly flare up again. The reoccurrence of symptoms often resolve more quickly than they did originally, but there is a persistent vulnerability for symptoms to reoccur over time. To understand the role of psychiatric medications in the treatment of trauma, it is useful to know that there are recent studies using magnetic resonance imaging that show us how trauma affects the brain. Neuroanatomic structures and neurobiologic systems are altered as a result of trauma and contribute to the symptoms of PTSD. Let's review some of the main findings of neurobiological alterations that are seen in PTSD.





Slide 12 - Amygdala



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Amygdala

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- Fear center of the brain
- Evaluates emotional meaning of sensory experiences
- Establishes connection between past fearful situations with current stimuli
- Fear reactions paired with neutral stimuli triggering flashbacks, startle response, other hyperarousal symptoms

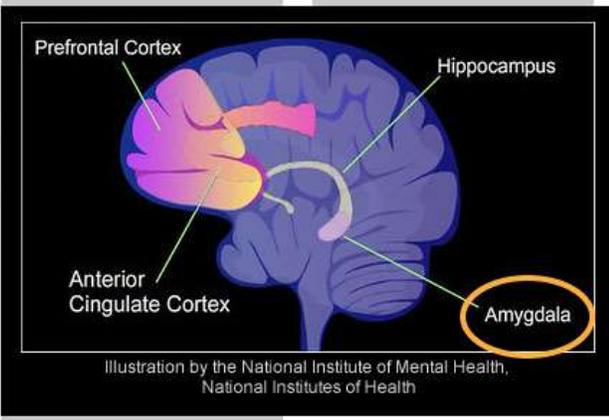


Illustration by the National Institute of Mental Health,
National Institutes of Health

The amygdala is often referred to as the “fear center” of the brain, evaluating the emotional meaning of sensory experiences. The amygdala helps the brain establish a connection between past fear producing situations and current stimuli. After trauma, past fears may be paired with a stimulus in the present that would otherwise be neutral. This information can then activate the emotional memories of fear and can be highly reactive in people suffering from PTSD. Fear reactions are paired with neutral stimuli triggering phenomena such as a flashback, startle responses, and other symptoms related to hyperarousal.





Slide 13 - Hippocampus



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Hippocampus

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- Impaired short term memory
- Involved in regulation of emotions and formation of short term memories
- PTSD patients show decreased size and diminished function of hippocampus
- Contributes to poor memory
- Difficulty learning and processing lots of new information

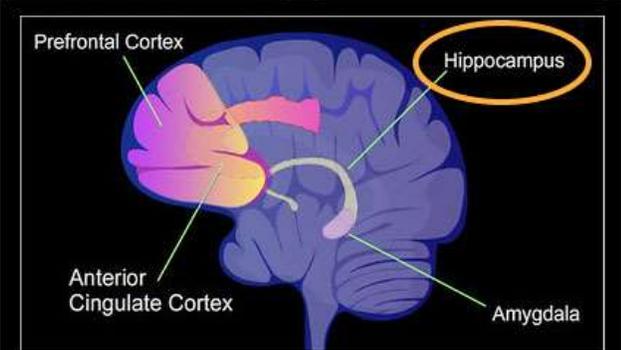


Illustration by the National Institute of Mental Health,
National Institutes of Health

One of the most troubling long term problems for people with PTSD is impaired short term memory. This may be related to changes in the hippocampus. The hippocampus is involved in the regulation of emotions and in the formation of short term memories. Magnetic resonance imaging of persons with PTSD shows clear decrease in size and diminished function of the hippocampus which contributes to poor memory as well as difficulty learning and remembering new information. This has significant implications for many torture survivors who are trying to learn a new language and process a lot of new information about their adopted country and culture.





Slide 14 - Pre-Frontal Cortex



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Medial pre-frontal cortex



- Regulates emotional and fear responses
- Closely linked to hippocampus
- Studies show both to have dysfunction in people with PTSD
- Failure to mediate the amygdala's fear reaction causing persistent fear-related symptoms

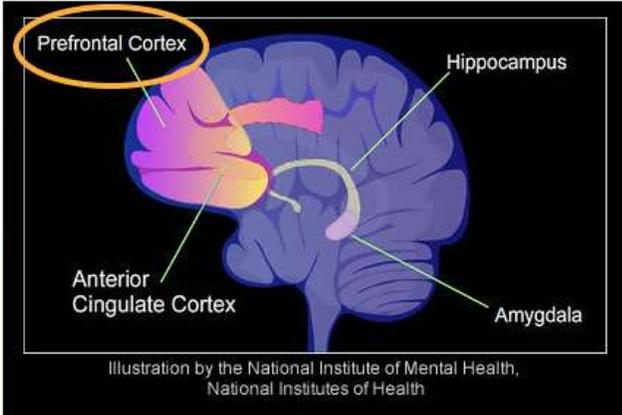


Illustration by the National Institute of Mental Health,
National Institutes of Health

The medial prefrontal cortex regulates emotional and fear responses. The medial prefrontal cortex is closely linked to the hippocampus. In several studies both the medial prefrontal cortex and the hippocampus were found to have dysfunction in individuals suffering from PTSD symptoms. Current thought based on this research believes that the medial prefrontal regions and the hippocampus fail to mediate the hyper-reactive amygdala's fear reaction resulting in persistent fear-related symptoms of PTSD – such as flashbacks and startle reactions.





Slide 15 - Medications

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Providing Mental Health Services, Part 2

Psychiatric diagnoses: Posttraumatic stress disorder, major depressive disorder

Amygdala

Hippocampus

Medial pre-frontal cortex

Medications

- Antidepressants
- Anxiolytics
- Mood stabilizers
- Anti-psychotic medications
- Neurotransmitter blockers

Psychiatric medications are effective in combination with psychosocial treatment, consistent with holistic care.

With a better understanding of the impact of trauma on the brain, we can see why medications are very helpful in reducing symptoms of Depression and PTSD. Many classes of medications can be helpful when targeting the specific neurobiologic changes that are seen in brain functions. For example, psychiatrists working at torture rehabilitation programs find antidepressants in the SSRI category and other medications that block norepinephrine show good success in alleviating symptoms of both Depression and PTSD. Research shows that psychiatric medications are most effective in combination with psychosocial treatment, consistent with the holistic care model presented in this course. Psychiatric medication plus psychosocial intervention is one of the best practices in torture survivor programs.





Slide 16 - Holistic Treatment Planning


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Psychiatric diagnoses: Posttraumatic stress disorder, major depressive disorder

Amygdala	<p style="text-align: center; margin: 0;">Medications</p> <ul style="list-style-type: none"> Antidepressants Anxiolytics Mood stabilizers Anti-psychotic medications Neurotransmitter blockers 	<p style="text-align: center; margin: 0;">Holistic Treatment Planning</p> <p style="font-size: small; margin: 0;">Address the biological, psychological, social, and spiritual needs of a torture survivor to promote healing and wellness</p>
Hippocampus		
Medial pre-frontal cortex		

In addition to the mental health component which addresses the biological and psychological impact of trauma, it is important to integrate the social and spiritual needs of the torture survivor, to create a treatment plan that promotes the healing of the whole person. Psychiatric medication in combination with effective multidisciplinary care provides quality mental health care for the torture survivor. This may also include complementary treatments such as massage, acupuncture, and other body-based interventions.





Slide 17 - Terror to Healing Pt2

The slide has a black header with the following text on the left: "The CENTER for VICTIMS of TORTURE National Capacity Building Project". On the right of the header, it says "Fundamentals of Providing Services for Torture Survivors" and "Providing Mental Health Services, Part 2".

The main content area features a video player on the left. The video title is "Terror to Healing, Part 2" from "HealTorture". The video frame shows the text "FROM TERROR TO HEALING" with "Loading ..." below it. The video player controls at the bottom show a play button, a progress bar at 15:23, and the Vimeo logo.

On the right side of the slide, there is an orange rounded rectangle containing the text: "Click the play button on the video to start. It will start 15 minutes 23 seconds into the video. Then watch to the end of the video (approximately 20 minutes)."

Below that is a light blue rounded rectangle with the text: "To watch the video again in a browser, click here." with a "Click Box" label above the text.

At the bottom right, there is text: "When you are done, click Continue" above an orange rounded rectangle button labeled "Continue".

[Narration matches text on slide.]





Slide 18 - Reflection

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1 Both survivors in the video describe some doubt about their doctors' ability to help them. Make a recommendation for an MD to provide a sensitive first meeting with a survivor describing similar concerns.

2 A new client appears confused about dates and times and continues to miss important appointments. What may be contributing to this confusion and what intervention could be helpful? Write three possible causes and interventions you might try for each.

Thinking about the comments by the survivors in the video, read the questions and write your answers in your journal. [Questions on slide read]





Slide 19 - Next: Treatment Modalities



Next we will be looking at effective psychological treatment modalities. The training objectives for this section will be to promote understanding of the most commonly used interventions by torture treatment programs, to discuss some of the complexities of working with an interpreter when providing services, and to understand the strengths and vulnerabilities of working with an interpreter.



**Slide 20 - Consider & Ask**

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**It is important you understand, respect,
and are sensitive to the survivor's:**

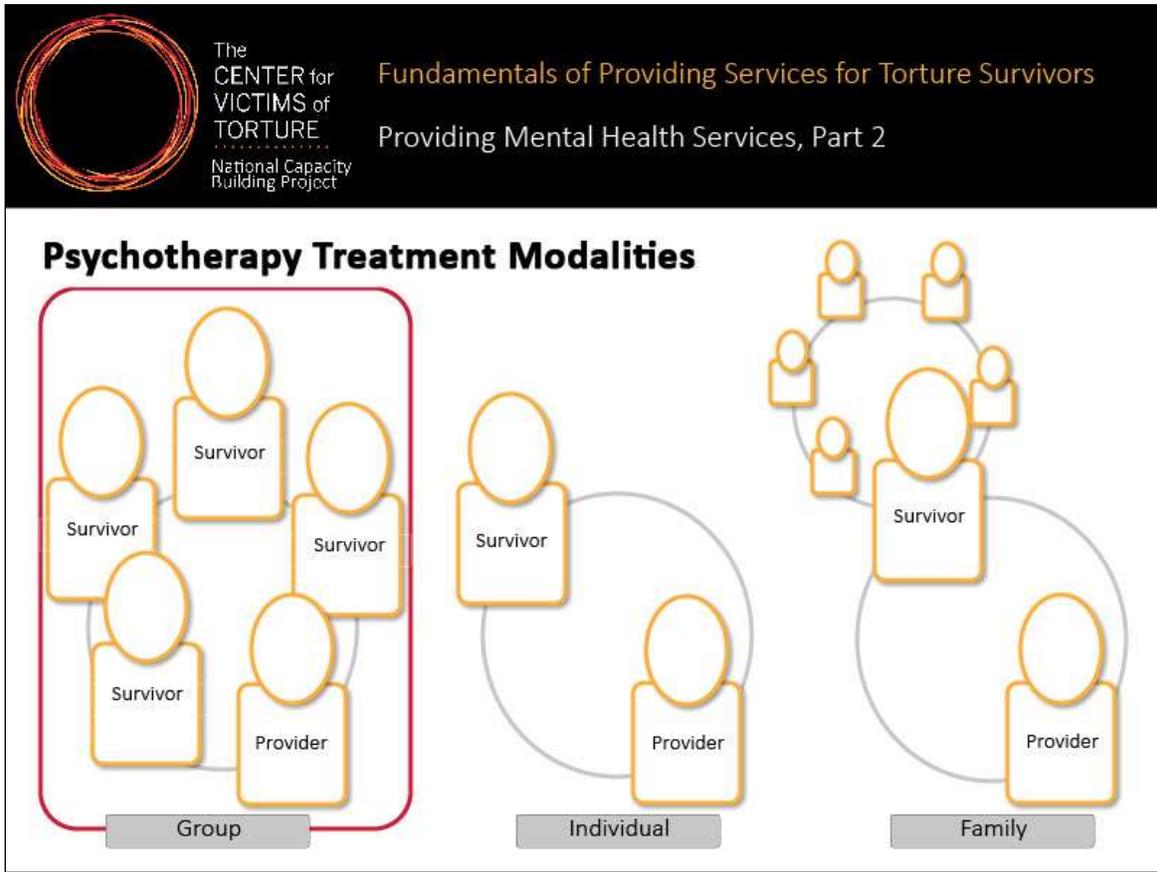
- Culture
- Cultural beliefs and norms
- Religious beliefs and norms
- Individual and family beliefs about what is healing what will help them get better

When considering possible psychological treatments, it is important to have an understanding of the culture the survivor comes from. It is important to be sensitive to and respectful of cultural beliefs and norms, religious beliefs and norms, and also the survivor's individual and family beliefs about what is healing and about what will help them get better.





Slide 21 - Psychotherapy Treatment Modalities



There are three basic psychotherapy treatment modalities: group, individual and family. Since many centers use groups as a treatment modality, let's consider this first. Group therapy brings together survivors, who share the experience of torture, or perhaps family members who share the experience of living with a torture survivor, or perhaps children who share having a parent who is a torture survivor. Bringing people together in a group setting who have a common shared experience can break down the stigma, isolation, and shame related to the trauma experiences, and promote social connection providing the group members with a positive experience.





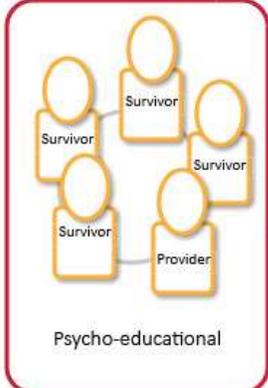
Slide 22 - Group Models


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Providing Mental Health Services, Part 2

Models for Therapeutic Groups



Psycho-educational

- Time limited
- Focus on providing information about specific topic
 - ⇒ Nutrition
 - ⇒ Mental health condition
 - ⇒ Post-traumatic stress disorder
 - ⇒ Depression
 - ⇒ Employment opportunities
 - ⇒ Resume and interviewing help



Support



Therapy

There can be many different reasons to bring people together for groups. There are psycho-educational groups which are time limited and focus on providing information about a particular subject. Some topics are nutrition or a mental health condition, such as post-traumatic stress disorder or depression. They may be about employment opportunities in your community, how to create a resume, and how to interview for a job. There are many practical topics and information that can bring people together for a time limited, topic focused series of group meetings.



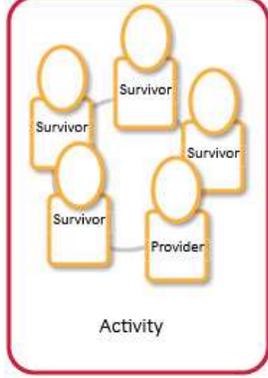


Slide 23 - --Group Therapy: Activity Model


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Models for Therapeutic Groups

- Help with isolation issues
 - ⇒ Learning how to get around city
 - ⇒ Using public transportation
 - ⇒ Go to free events in community: museums and musical events
 - ⇒ Gardening and cooking groups
- Bring people together
- Promote social connection



Activity



Support



Therapy

Activity groups also are very important when you consider the social isolation that many survivors live with. Activity groups can be learning how to navigate the new city they're living in, introducing them to public transportation, perhaps to free events that take place in your community – museums and musical events. Some treatment centers also promote social activity through community gardening and cooking groups. Activities bring people together to share a common activity and to promote social connection. It is not necessary to have a mental health clinician at a psycho-educational group or activity group, but it is essential to appreciate the therapeutic value of these types of groups.





Slide 24 - --Group Therapy: Support and Therapy



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Psycho-educational

Facilitated by clinicians

Support groups

- Focus on sharing and learning about problems and successful coping strategies
- Promotes supportive environment for sharing and creating relationships

Therapy groups

- Co-facilitated by two clinicians
- Focus more on traumatic content
- Provides safe and supportive environment
- Sharing, listening, and supporting



Activity



Support



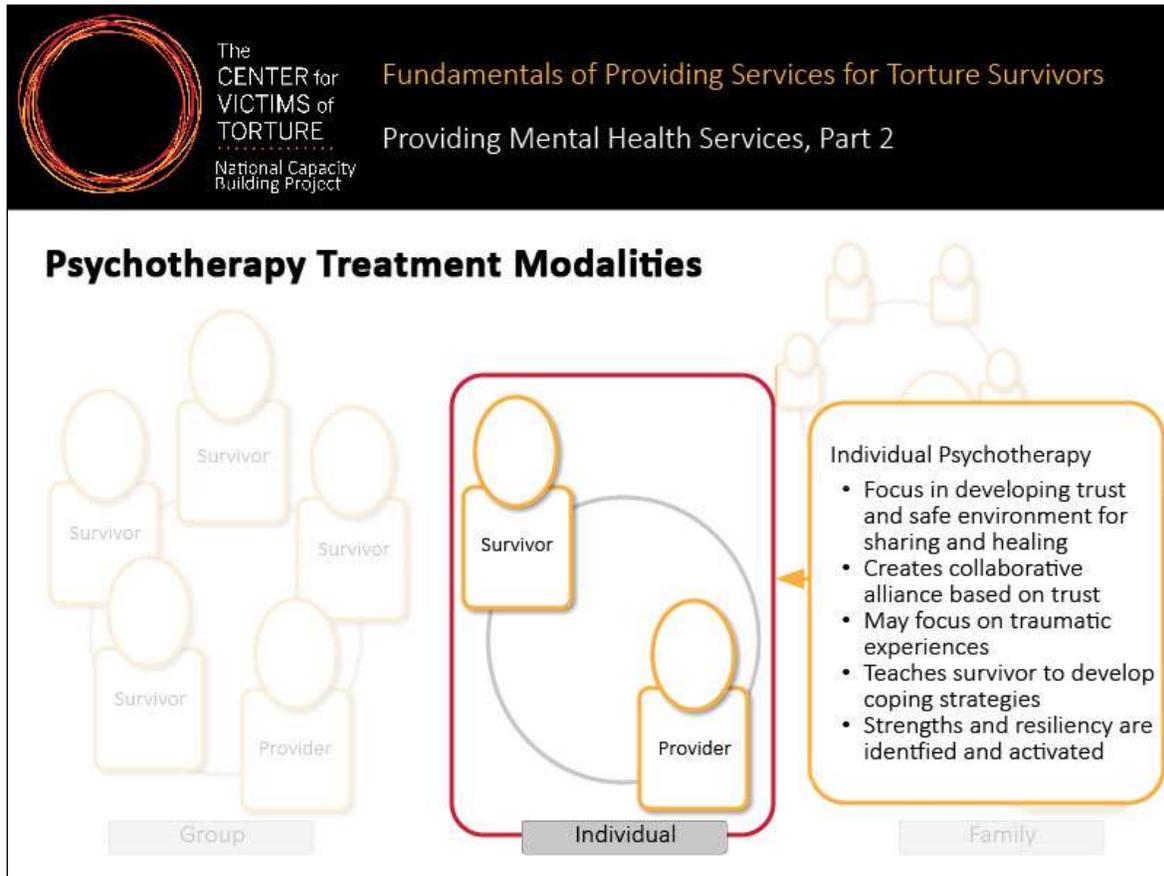
Therapy

Two other groups which are more conventional in the therapy modalities are support groups and therapy groups. These groups are usually facilitated by clinicians. Support groups focus on sharing and learning about what kinds of problems and coping strategies group members have found successful, what helps, what doesn't help. It is a way to promote a supportive environment for sharing and to develop new relationships. Therapy groups are often co-facilitated by two clinicians, focusing more on the sharing of traumatic content, of providing a safe environment that has a supportive component to it. There is a focus on sharing, listening, and supporting – learning how to be with others who share a common experience like torture, and then promoting and accepting, creating a healing environment where it is safe to share and so trust of others can develop.





Slide 25 - Individual Psychotherapy

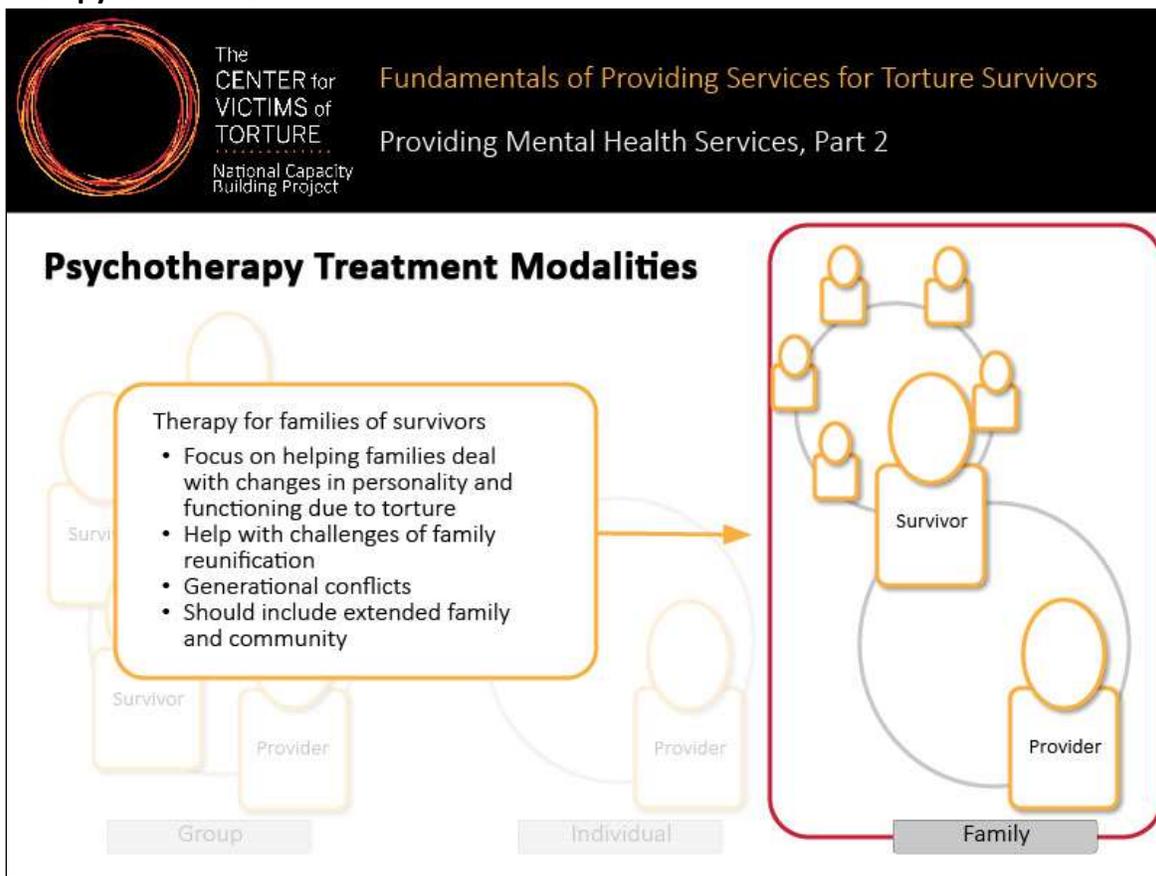


Some survivors may not feel comfortable being in a group and prefer individual psychotherapy. In this modality, individual psychotherapy provides an opportunity for a therapist to work with a survivor with a focus in developing trust and a safe environment where sharing and healing can take place. With trust and safety, the therapeutic relationship creates a collaborative alliance based on respect. Individual psychotherapy may focus on what traumatic experiences the survivor suffered – the torture events, the conditions of flight, the challenges in the host country, how torture has altered the survivor’s ability to function in the ways they functioned previously. The therapy also teaches the survivor to develop helpful coping strategies, begin to gain mastery over their symptoms, and begin to regain a sense of personal integrity and control in their lives – to feel productive again, employed and caring for their families, or functioning in whatever role they find in their new community. In this process, strengths and resiliency are identified and activated.





Slide 26 - Therapy for Families



Another type of psychotherapy is for a survivor's family. Psychotherapy with families of torture survivors may focus on helping families deal with the ongoing consequences which torture has caused in the survivor's personality and functioning. It can take many forms and it's important for providers to be flexible and creative. For example, it may be a child having school problems due to lack of sleep or impaired concentration caused by nightmares about the night her parent was kidnapped and dragged out of the house. Since asylum seekers often come to the US first, and families follow later after asylum is won, family reunification can be very challenging, with children resenting the long absence from a parent or new dynamics based on a mother who has been a breadwinner for years back home. We often see the classic generational conflicts of immigrant families between parents valuing the home country culture and youth striving to fit in with their new peers. Providers should be open to including extended family members as well as community members, schools or other organizations that play a family-like role in the life of the survivor.





Slide 27 - Research

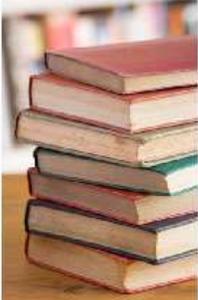


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Providing Mental Health Services, Part 2

Research on psychological interventions for torture survivors



There is a limited but growing body of clinical outcome research the efficacy of psychological interventions for torture survivors.

- “CBT (cognitive behavioral therapy) and NET (narrative exposure therapy) having been most frequently and rigorously researched and showing the strongest effect sizes.” - Higson-Smith (2020).
- “...only a narrow subset of therapeutic approaches have in fact been studied and the vast majority of studies have been conducted with the relatively small subset of refugees and torture survivors who have been resettled in the Global North.” -Higson-Smith (2020).

Higson-Smith, C. (2020). Conceptualising a Contextually Relevant Torture Rehabilitation Framework for Sub-Sharan Africa [Unpublished doctoral dissertation]. University of Witwatersrand.

There is a limited but growing body of clinical outcome research to demonstrate the efficacy of psychological interventions for torture survivors. According to Dr. Higson-Smith, trauma-focused interventions such as cognitive behavioral therapies and narrative exposure therapy, have been the most frequently and rigorously researched. They also show the strongest effect sizes. However, he points out that these studies have largely focused on a narrow set of clinical outcomes, such as a reduction in PTSD and depression symptoms. These studies have generally been conducted with a small minority of torture surviving refugees resettled in countries in the Global North. Dr Higson-Smith emphasizes the need for studies on a broader range of clinical interventions that measure a wider spectrum of clinical outcomes including social function, coping and quality of life. He emphasizes the urgent need to develop and test interventions adapted to less stable environments, where the vast majority of torture survivors live, notably the camps and cities of the Global South.





Slide 28 - Types of Therapy

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Psychological interventions for survivors

Psychological evaluation as a therapeutic intervention

Cognitive behavioral therapy

Trauma-informed cognitive behavioral therapy

Testimony therapy

Body/mind based interventions

Click each button to learn more

When you are done, click Continue

Continue

No matter if the modality is group or individual, there are several approaches to therapy that can be used. Click each button to learn more. When you are done, click Continue.





Slide 29 - --Forensic Assessment & Documentation



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Providing Mental Health Services, Part 2

Types of therapy



Psychological evaluation as a therapeutic intervention

Forensic Assessment and Documentation

- Area where mental health and legal services interact
- Conducted by a licensed mental health clinician
- Documents how trauma has altered survivor's functioning
- Includes: symptoms, how survivor's situation and views have been changed by the torture, their fear of returning to country where torture occurred
- Addresses personality, cognitive or emotional factors that may impact their ability to testify
- A neuropsychological evaluation can be essential with head injury affecting cognition
- Reports can include description of treatment and process

The beginning of any psychotherapeutic relationship with a survivor begins with some kind of an evaluation or assessment as with any other client. The way in which you do an evaluation can have a therapeutic effect and is actually an intervention in and of itself.

Thinking holistically, an area where mental health and legal services interact is the forensic assessment and documentation of the psychological effects of torture in support of claims in immigration court. Conducted by a licensed mental health clinician, the written report documents how the trauma has altered the survivor's functioning; what symptoms the survivor is living with, how has survivor's living conditions, world view, family situation, community relationships been altered by the torture events and the need to flee for safety, and the nature of the survivor's fear of return to the country where the torture occurred. The report also addresses the extent of consistency between the torture events and the symptoms and consequences they have provoked and any notable personality, cognitive or emotional factors that may impact the survivor's ability to testify in court. A neuropsychological evaluation is sometimes essential in cases of head injury affecting cognition. At some torture survivor programs, reports for evaluations also include a description of treatment and therapeutic progress.





Slide 30 - --Forensic, Pt2


The
CENTER for
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National Capacity
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Fundamentals of Providing Services for Torture Survivors
Providing Mental Health Services, Part 2

Types of therapy

Psychological evaluation as a therapeutic intervention

Forensic Assessment and Documentation

Specific skill requiring training

Principles and methods involved presented in two texts:

- [The Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment](#) ("Istanbul Protocol")
- [Examining Asylum Seekers: A Health Professionals Guide to Medical and Psychological Evaluations of Torture](#)

Any profession preparing reports for court should be familiar with these publications



Forensic assessment and documentation to support legal cases is a specific skill requiring training. The principles and methods involved are fully presented in two essential texts. The *Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* (known as the "Istanbul Protocol") is the first set of international guidelines for documentation of torture and its consequences, for investigating cases of alleged torture, and for reporting such findings to the judiciary and any other investigative body. A subsequent volume, [Examining Asylum Seekers: A Health Professional's Guide to Medical and Psychological Evaluations of Torture](#), includes detailed US immigration policy information and sample affidavits, as well as specific guidelines for evaluating torture survivors. Any professional preparing reports for court should be familiar with these publications, which are listed in the Resources section of this module.





Slide 31 - --Forensic, Pt3


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Fundamentals of Providing Services for Torture Survivors
Providing Mental Health Services, Part 2

Types of therapy



Psychological evaluation as a therapeutic intervention

Forensic Assessment and Documentation

- May be the only time survivor allowed to meet with mental health professional
- The evaluation process can provide a safe and therapeutic experience
- Sharing torture history in respectful environment allows a sense of dignity to survivor
- Listening to their story and demonstrating concern about how it has altered survivor's ability to function can be therapeutic

Click the button to return to the list
Close

In some cases, where a survivor does not live near a torture rehabilitation program, or where other barriers or preferences prevent participation in mental health services, the forensic assessment may be the only contact with a mental health professional. Experience has shown that the evaluation itself can provide a safe and therapeutic experience in which this information is reviewed and shared in a caring and concerned manner. For the torture survivor, having the opportunity to share the torture history in an environment that is respectful and allows a sense of personal dignity, and to have that story listened to and concern demonstrated about how it has altered their ability to function can be extremely therapeutic.



**Slide 32 - --Cognitive Behavioral Therapy**

The CENTER for VICTIMS of TORTURE
National Capacity Building Project

Fundamentals of Providing Services for Torture Survivors
Providing Mental Health Services, Part 2

Types of therapy

Cognitive behavioral therapy (CBT)

- Evidence-based practice
- Time-limited and problem focused
- Understand connection between thoughts, feelings and behaviors
- Focus on changing thoughts and behaviors
 - Psycho-education and cognitive restructuring
 - Teaching relaxation and other behavioral
- Helping themselves by learning and applying new skills

Click the button to return to the list

Cognitive behavioral therapy is an evidence-based practice which is typically time-limited and problem focused. It relies heavily on helping clients understand the connection between thoughts, feeling, and behaviors with a focus on changing thoughts (using psycho-education and cognitive restructuring) and behaviors (teaching relaxation and other behavioral strategies) and ultimately improving the person's emotional well-being. It relies on clients helping themselves by learning and applying the new skills in their daily life.





Slide 33 - --Trauma-informed CBT

The slide features a black header with the logo of The Center for Victims of Torture (a circular orange and red design) on the left. To the right of the logo, the text reads: "The CENTER for VICTIMS of TORTURE" and "National Capacity Building Project". Further right, the title "Fundamentals of Providing Services for Torture Survivors" and subtitle "Providing Mental Health Services, Part 2" are displayed in orange and white text.

The main content area is white and titled "Types of therapy" in bold black text. Below this title is a rounded rectangular box with a red border. Inside this box, the heading "Trauma-informed cognitive behavioral therapy" is centered. To the left of the text is an orange icon of a person with a lightning bolt striking their head. To the right of the icon is a bulleted list:

- Integrates components of psycho-education, relaxation, and other coping strategies with cognitive restructuring
- Skills then used to master the trauma narrative
- Strategies can be helpful for asylum seekers with their asylum claim
- Purpose is to tell one's story with dignity and mastery

At the bottom of the box, the text "Click the button to return to the list" is followed by an orange button labeled "Close".

Many therapists have found a modified cognitive behavioral therapy called Trauma-informed Cognitive Behavioral Therapy helpful in treating torture survivors. This approach integrates the components of psycho-education, relaxation and other coping strategies along with cognitive restructuring to modify unhelpful thinking into therapy sessions. These skills are then applied to master the trauma narrative. CBT strategies can be specifically helpful for torture survivors who are asylum seekers, helping them develop the ability to tell their torture experience in a coherent, sequential way to support their asylum claim, both in preparing a declaration with their attorney and in testifying in immigration court. A trauma-informed cognitive behavioral therapy approach takes place over a longer period of time with the purpose of being able to tell one's story with a sense of dignity and mastery.





Slide 34 - --Testimony Therapy


The
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National Capacity
Building Project
Fundamentals of Providing Services for Torture Survivors
Providing Mental Health Services, Part 2

Types of therapy



Testimony therapy

- Brief therapy intervention
- Focuses on creating detailed account of trauma history
- Narrative is documented in detailed, sequential format
- Document reviewed providing opportunity to hear their story, to make corrections, and add details
- The process is the therapy
- Survivor has personal account they can keep and share with others
- Useful for asylum seekers to create testimony for immigration case

Click the button to return to the list
Close

Some torture survivor programs have had the opportunity to offer a brief therapy intervention called testimony therapy. Testimony therapy focuses on helping a survivor create a detailed account of their traumatic history. During the narrative, this account is recorded in writing. Sometimes a third person serving as the recorder is present in addition to the therapist and the survivor, or the therapist may choose to be the recorder. This may depend on language ability. The narrative is documented in a detailed, sequential format and then is reviewed with the survivor, providing an opportunity to hear one's story, to make corrections, and to add details. The process is the therapy. At the end, there is a document which provides a personal account for the survivor, which they can keep for themselves, for their family, or centers may create an archive of narratives. This is a brief form of therapy with a focus on creating the document that details the traumatic history. This also can be useful for asylum seekers when they have to create a testimony for their immigration case.





Slide 35 - --Body/mind based

The CENTER for VICTIMS of TORTURE
National Capacity Building Project

Fundamentals of Providing Services for Torture Survivors
Providing Mental Health Services, Part 2

Types of therapy

Body/mind based interventions

Growing interest in body based modalities that break down the mind-body dichotomy and address how trauma lives and is experienced in the body:

- [Sensorimotor Therapy](#)
- [Somatic Experiencing](#)
- [Polyvagal Theory](#)

Pause

There has been growing interest in body based modalities that break down the mind-body dichotomy and address how trauma lives and is experienced in the body including: sensorimotor therapy, somatic experiencing, and polyvagal theory. Pause the slide and click on three therapy modalities to learn more.





Slide 36 -- Body/mind based, Pt2



The
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National Capacity
Building Project

Fundamentals of Providing Services for Torture Survivors

Providing Mental Health Services, Part 2

Types of therapy

Body/mind based interventions

Narrative Exposure Therapy 

- exposure treatment that aims to integrate autobiographical memory with emotional and sensory memory
- "... patient repeatedly talks about the worst traumatic event in detail while re-experiencing the emotions associated with the event"
- "...patient constructs a narration of his life, focusing on the detailed report of the traumatic experiences."
- "The majority of persons habituate and lose the emotional response to the traumatic memory, which consequently leads to a remission of PTSD symptoms"

Schauer, M. Neuner, F. & Elbert, T. (2005). Narrative exposure therapy. Hogrefe. p.24.

NET video with Frank Neuner

More on NET

NET webinar with Andrea Northwood

Close

Click the button to return to the list

Narrative exposure therapy is a type of exposure treatment that aims integrate autobiographical memory with emotional and sensory memory. So within NET "the patient repeatedly talks about the worst traumatic event in detail while re-experiencing the emotions associated with the event." Which within the technique itself creates a pairing of the hot memory of what the patient is feeling at the time with the cold memory, which is the narration of the event. "In the process, the patient constructs a narration of his life, focusing on the detailed report of the traumatic experiences." "The majority of persons habituate and lose the emotional response to the traumatic memory which consequently leads to a remission of PTSD symptoms." We have included a few additional resources on NET. Click the buttons to learn more.

Slide 37 - 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' and the subtitle is 'Providing Mental Health Services, Part 2'. The video title is 'FROM TERROR TO HEALING' with 'Loading...' below it. The video player controls show a play button, a progress bar at 27:33, and the Vimeo logo. To the right of the video player are three buttons: an orange button with the text 'To watch the video again, click the play button on the video to start. Watch for the first 15 minutes.', a blue button with 'To watch the video again in a browser, click here.', and a red button with 'Continue'. Below the video player is a grey box with a large orange question mark and the text: 'Consider the survivors interviewed in the video. Select one survivor and determine what treatment modality you think would be helpful for their healing. State your reasoning.' To the right of this text is an icon of a hand writing on a notepad.

Again using the video, select one survivor and consider what treatment modalities you would recommend as mental health interventions and why. Remember that a broad range of services can benefit mental health. Write your response in your journal.





Slide 38 - Conclusion

The CENTER for VICTIMS of TORTURE
National Capacity Building Project

Fundamentals of Providing Services for Torture Survivors
Providing Mental Health Services, Part 2

What are the layers of trauma?

What are the psychological consequences of torture?

What are the implications for treatment planning?

What to consider about the psychiatric referral?

What are effective treatment modalities for torture survivors?

Be attentive to best, promising, and emerging practices.

Additional resources available after the assesement.

Congratulations! You have successfully completed this lesson. The five areas we discussed: the layers of trauma, psychological consequences of torture, implications for treatment planning, considerations about the psychiatric referral and effective treatment modalities are integral to a successful healing experience for survivors. Lastly, we encourage you to continue to increase and evolve your knowledge regarding best, promising and emerging practices in our field. You'll find references to guide you in this effort in the Additional Resources section.





Slide 39 - Lesson Assessment

The CENTER for VICTIMS of TORTURE
National Capacity Building Project

Fundamentals of Providing Services for Torture Survivors
Providing Mental Health Services, Part 2

Congratulations on completing the Mental Health Services lesson!

Following is a short assessment

- 10 questions
- Score >80% to earn Certificate of Completion
- Take the quiz as many times as you need to pass
- Certificate will be emailed to you within 7 business days
- Take as much time as you need
- Good luck!

Begin Assessment

