

Group Treatment

The human tendency towards groups begins within the family unit, and extends to school, career, and other peer and community related activities throughout childhood, adolescence, and adulthood. The formation of an individual's personality is largely predicated upon the experiences with the different groups in which the individual interacts. In addition, opportunities to observe and modify one's behavior are very much affected by the groups in which they are involved.

Group treatment increases sense of community, belonging, and fosters individual healing in survivors. Group treatment should support the clients by giving them a sense of hope, universality, information sharing, altruism, and interpersonal learning. Group treatment should be open for creative and innovative thought while linking the patient, therapist, and the community. In addition, groups help to utilize scarce resources. Remember, it does not have to be therapy to be therapeutic.

RATIONALE BEHIND GROUP TREATMENT WITH SURVIVORS OF TORTURE:

Reduction of Isolation: "I'm not alone"

- Survivors should realize that they are not alone in terms of their torture experiences or in terms of the challenges facing them as they attempt to adapt to life in the United States.

Empowerment of Clients: "Not just needy, but needed"

- Survivors who are able to regain a sense of purpose in their lives by building relationships and feeling useful in helping other people have shown overall improvements in their psychological functioning.

Culturally Appropriate Coping Mechanisms:

- Survivors might be more likely to engage effectively in supportive therapeutic work in a context that seems more aligned with the ways they might have dealt with significant stressors in their cultures of origin. Creating a sense of hospitality and openness with clients who feel they are not capable of supporting themselves, allows them to feel that they are taken in and cared for by members of the community.
- Groups can be particularly effective with clients from collectivistic cultures that view the family as encompassing more than the nuclear family and where there is a strong sense of obligation to reciprocate when one has received help or other services.

TREATMENT GOALS:

- Information
- Attending to current life issues
- Coping / adaptation
- Reduction of isolation
- Normalization
- Multidirectional empowerment
- Affect regulation techniques

SHARED EXPERIENCES:

- Massive losses
- Trauma and abuse
- Recurrent stressors of resettlement

GROUP INCLUSION / EXCLUSION CRITERIA:

- Safety - a sense of security can be fostered by meeting the client before inclusion in the group
- Rapport can be built with the client and group facilitator and potential political schisms; such as ensuring that the client was not involved in any repressive activities and that members in the same group are not "mortal enemies"
- No suicidal or homicidal ideation
- Motivated for treatment
- Experiencing current psychological distress
- Not a perpetrator of human rights abuses
- Having positive expectations of being aided by group treatment
- Willing to attend sessions regularly
- Having adequate language skills
- No psychotic symptoms or thought processes

Group Treatment

SCREENING PROCESS:

- Initial screening for acceptance into the group:
 - Needs, including medical, psychiatric, and psychological treatment should be assessed and recommended
 - Group facilitator should meet with the client for a separate screening to determine appropriateness for group membership
- Minimum skills for inclusion:
 - Having a minimum level of interpersonal skill
 - Being motivated for treatment
 - Experiencing current psychological discomfort
 - Having a current interpersonal problem
 - Having positive expectations of gaining assistance from group treatment
 - Being committed to changing their interpersonal behavior
 - Being somewhat approval-dependent, such that group members will have some influence on their behavior
 - Willingness to help others
- For survivors of torture and refugee trauma who are struggling with issues of social withdrawal, but who desire social contracts, supportive group treatment may be indicated. In addition, for clients who are seeking concrete advice or suggestions in terms of dealing with specific issues concerning cultural adjustment and navigating the new culture and social systems, a supportive group environment may prove to be useful.
- Clinical questions may arise regarding heterogeneous or homogeneous groups
 - Clients may express fear of government spies, enemies or other dangerous elements from meeting people from their country.
 - Clinicians also need to be conscious of other issues regarding the safety, comfort, and trust for clients engaging in groups with members from various regions, ethnicities, class backgrounds, and religious groups.
 - A homogeneous group will often find variance and domains of difference among members, while a heterogeneous group will often find common areas of concern.
 - It is an important group process, particularly at the outset, that group members are permitted to create their own group identity. In order for there to be group cohesion, it is crucial that group members come to realize that “This is not just any group, this is our group.”

SUPPORTIVE THERAPY GROUPS place focus on normalization, coping, attending to current life issues, and group cohesion. Supportive group therapy focuses more on adaptation to one’s new circumstances and validation of the traumatic experiences, as opposed to delving into uncovering the details of the trauma itself. Supportive groups are amenable to an open format, and have been shown to reduce depressive and anxious symptoms. Some suggest that supportive interventions should precede confrontation in the group context, and that indirect supportive methods may be more useful for survivors from certain cultures than pushing them to talk about their traumatic past.

GROUP AND CULTURAL CONTEXT

- Importance of social and collateral ties
- Importance of the extended family network
- Hospitality and openness valued
- Decreases feelings of isolation in the “cold” society
- Lessens potential stigma associated with mental health services

The [National Partnership for Community Training](#) and the [Florida Center for Survivors of Torture](#) are programs of Gulf Coast Jewish Family & Community Services. This publication was funded by the Office of Refugee Resettlement. For more information on this document and for research purposes, please contact partnership@gcjfcs.org. (305) 805-5060 NPCT is a training and technical assistance program which enhances awareness about the impact of political torture and teaches skills to respond appropriately using trauma-informed care principles. It is a partnership of the Florida Center for Survivors of Torture (FCST), the Harvard Program in Refugee Trauma (HRPT) and the Bellevue/NYU Program for Survivors of Torture (PSOT).



Group Treatment

SPECIAL CLINICAL CONSIDERATIONS:

Contact outside of group setting

In working with survivor of torture and refugee populations, it is important to understand that treatment groups centered on certain ethnic groups or geographical regions will often draw members from an already formed subgroup or community. This means that individuals may already be familiar with or may come in contact with other members outside of therapy in the present or in the future. Setting group rules about confidentiality will be important given this fact. Obviously, the group leaders must have an understanding of how this will impact disclosure in the group and other dynamics. This may also impact who is initially included or not included in the group.

Confidentiality

As a result of possible outside contact, group members must be very clear about confidentiality and the need for added awareness and caution regarding session material.

Group Structure and Dynamics

As with many groups that are just getting started, it may be difficult to counteract the tendency of group members to speak directly to the therapists rather than to each other, particularly those with pre-existing clinical relationships with the group leader. Trauma content may heighten this inclination leading individuals to be even more hesitant to interrupt or speak directly to other members. Cultural norms regarding appropriate age, gender, and general interpersonal interactions may also make facilitation of a group process more difficult. Group facilitators need to be flexible and respectful of group members' comfort level, especially during the beginning phases of group treatment. At the same time, group leaders need to balance their flexibility with a willingness to educate members about the importance and potential benefits of sharing their own experiences with others in a therapeutic context.

Content of Group Sessions

Sessions should be open and follow the group members needs. The group often focuses more on adaptation than emotional exploration. Adaptive defenses are supported, not dismantled. As always, special care is taken that group members are not retraumatized by therapeutic work. It is important to end sessions, particularly those that have been emotionally charged, in a way that leaves the clients feeling empowered and supported. It is helpful for the clinician to be able to sum up what has transpired in group in a way that focuses on the wisdom that was shared, the courage that was displayed, and most importantly, that engenders continued hope for the future.

Saying a Positive "Au Revoir"

As refugees who have been so brutally uprooted from their homes and families, they are painfully aware that people are not always able to say good-bye to their loved ones. Even though good-byes are always painful, each positive good-bye that they are able to express is valuable. In a psychological sense, saying "au revoir" to family members from the group is an opportunity for survivors to find an adaptive way to process some of the unresolved feelings they may hold regarding the good-byes they never got to say in the past to people they have loved.

This information guide is based on an NPCT webinar on this topic presented by Hawthorne Smith Ph.D. and a book chapter entitled Supportive Group Treatment with Survivors of Torture and Refugee Trauma written by Hawthorne E. Smith, Ph.D. and Edna Impalli, Ph.D. in "...Like a Refugee Camp on First Avenue" *Insights and Experiences from the Bellevue/NYU Program for Survivors of Torture*. The webinar is archived on our website, www.gcifcs.org/refugee under [Webinars](#).

Dr. Hawthorne Smith is a licensed psychologist and Clinical Director of the Bellevue/NYU Program for Survivors of Torture. He is also an Assistant Professor at the NYU School of Medicine in the Department of Psychiatry. Dr. Smith received his doctorate in Counseling Psychology (with distinction) from Teachers College; Columbia University. Dr. Smith had previously earned a B.S.F.S. from the Georgetown University School of Foreign Service, an advanced certificate in African studies from Cheikh Anta Diop University in Dakar, Senegal, and a Masters in International Affairs from the Columbia University School of International and Public Affairs. Dr. Smith speaks extensively at professional conferences and seminars on providing clinical services for survivors of socio-political violence, and enhancing cross-cultural clinical skills among therapeutic service providers.

Dr. Smith was also a co-founding member of Nah We Yone, Inc. (a non-profit organization working primarily with refugees from Sierra Leone, as well as other displaced Africans), and has helped to coordinate the International Youth Leadership Institute (IYLI), a leadership program for New York City teens. Dr. Smith has led these teenagers on summer fellowship programs to diverse countries such as Senegal, Gambia, South Africa, Egypt, and Israel. Dr. Smith is also a professional musician (saxophonist and vocalist) with international experience.