



Refugee Services

National Partnership
for Community Training

Gulf Coast Jewish Family & Community Services

The Orientation Group

PSOT's Approach to Welcoming and Further Resourcing Clients

Building Awareness, Skills & Knowledge:
A Community Response to the Torture Survivor Experience

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Learning Objectives

1. To identify benefits of group work in healing from torture
2. To learn a manualized group treatment model for survivors of torture
3. To begin designing a group session unique to your clients' needs and program's resources
4. To share group intervention strategies with peers

Large Group Exercise:

Experiences of Group Work

- Think of a group you have participated in (e.g. psychotherapy, religious, parenting, support, class)
- Did the group serve a function for you that could not have been met if you were on your own or with only one other person?
- What do you remember about first walking into the group?
- What was your participation like in the beginning and did it change?
- What role/function(s) did you serve in the group?
- Did you ever have conflict with someone in the group?
- Did you become particularly close with anyone in the group?
- Did you sometimes not want to attend the group?
- What was your withdrawal from the group like?
- What is your most fond memory of the group?

Group Work with Torture Survivors: Benefits

- Reducing Isolation
- Normalization of experiences - “I’m not the only one”
- Breaking the Silence
- Community in healing
- Culturally syntonic community support
- Recipient and giver
- Resource-wise

Group Work with Torture Survivors: Challenges

- Fear of being with others who are unknown
- Fear of what they might have to say
- Fear of what others will talk about
- High avoidance to manage other trauma symptoms
- Lack of familiarity with group therapy

PSOT: The Program

- History
- Setting
- Personnel
- Strengths
- Limitations

PSOT: The Clients

- Demographics
- Functioning
- Strengths and Resources
- Utilization of the Program
- In the context of NYC
- Barriers to Care

Orientation Group: Structure

- 4-session, weekly manualized psycho-education support
- 1.25-2 hour long sessions
- Semi-structured framework
- Co-leadership (often cross discipline) with supervision by licensed clinician with minimum of four years experience working with tortured and/or traumatized populations
- Orients clients to the program services, to program personnel, and to their own bio-psycho-social health
- Led in a single language (with use of live or telephonic interpretation if needed)
- Didactic and experiential components each session
- Guest speakers

Orientation Group: Membership

- Adult clients
- Recently admitted to the program
- History of torture, significant human rights abuses, or exposure to wartime trauma
- Report loss of community, isolation, disruptive trauma symptoms, difficulty navigating NYC and its systems, and confusion about the asylum process and their rights as immigrants

Orientation Group: Goals

- Increase knowledge about trauma and normal reactions to trauma,
- Strengthen coping strategies,
- Provide mutual support among participants ,
- Assess treatment readiness for further therapy, and
- Increase knowledge of program services and community resources and how to access them

Orientation Group: Approach

- Warm and welcoming
- Safety and respect
- Confidentiality
- Empowerment
- Foster connection
- Value cultural perspectives and experiences
- Reflect on healthy risk taking, engagement, community building, increase in knowledge and skills, challenges, other group and individual processes

Orientation Group: Curriculum, Session 1

- Member and leader introductions
- Rules and expectations
- Introduction to the program and hospital
- 2 coping strategies: earth-grounding and wind-deep breathing
- Homework: skills practice

Orientation Group: Curriculum, Session 2

- Review homework
- Discuss trauma, posttraumatic stress disorder (PTSD), and depression
- Presentation: de-mystifying psychopharmacology
- Introduce thoughts-emotions-behavior-physical sensations paradigm
- 2 coping strategies: thoughts & emotions tracking, pleasant event scheduling
- Homework: skills practice

Orientation Group: Curriculum, Session 3

- Review homework
- Presentation: immigration and asylum process overview
- Process reactions to the immigration discussion
- 2 coping strategies: water-calm and control, progressive muscle relaxation
- Homework: skills practice

Orientation Group: Curriculum, Session 4

- Review homework
- Review information covered in previous sessions
- Process reactions to group coming to an end
- Presentations on future services at and outside of PSOT: ongoing group therapist, social services provider
- Coping strategies: 4 elements bracelet and fire-vision board
- After group has ended, leaders make service recommendations for each client and facilitate engagement

Small Group Exercise: YOUR Group

- Join staff from your own organization and begin to design a 5th session OR begin to design your own multi-session group treatment model
 - To run for your own clients (e.g. treatment centers)
 - To offer to another program (e.g. if you have an expertise but don't provide services to groups of clients)
 - To be modeled off of PSOT's group or to address entirely different needs of your population
- If you are the only representative of your program, join a group that represents the same type of services you provide (e.g. another health center, school, social service agency)
- Big Group: sharing
- Next Steps: Write down group model or session proposal and the date when you will meet with colleagues to finish designing it

References

- Basoglu, M, Jaranson, J, Mollica, R, & Kastrup, M. (2001) Torture and Mental Health: A Research Overview. In E. Gerrity, T. Keane, & F. Tuma, (Eds.), *The Mental Health Consequences of Torture*. New York: Kluwer Academic/Plenum Publishers.
- Flack, W., Litz, B., & Keane, T. (1998) Cognitive-Behavioral Treatment of War- Zone-Related Posttraumatic Stress Disorder: A Flexible, Hierarchical Approach. In V. Follette, J., Ruzek, & F. Abueg (Eds.), *Cognitive- Behavioral Therapies for Trauma*. New York: The Guilford Press.
- Fraenkel, P. (2007). Groupes multifamiliaux pour familles sans domicile fixe (Multiple family discussion groups for families that are homeless). In S. Cook et A. Almosnino (Eds.), *Thérapies Multifamiliales, des groupes comme agents thérapeutiques. (Multiple family therapy: Groups as therapeutic agents)*.
- Fraenkel, P., Hameline, T., & Shannon, M. (2009). Narrative and collaborative practices in work with families that are homeless. *Journal of Marital and Family Therapy*, 35(3), 325-342.
- Jaranson, J., Kinzie, J., Friedman, M., Ortiz, D., Friedman, M. J., Southwick, S., Kastrup, M. & Mollica, R. (2001). Assessment, diagnosis, and intervention. In E. Gerrity, T. M. Keane, & F. Tuma (Eds.), *The mental health consequences of torture* (pp. 249-290). New York: Kluwer Academic/Plenum Publishers.
- Kinzie, J. (1985). Overview of clinical issues in the treatment of Southeast Asian refugees. In T. Owan (Ed.), *Southeast Asian mental health: Treatment, prevention, services, training, and research* (pp. 113-135). Rockville, MD: US Department of Health and Human Services.
- Kinzie, J., Leung, P. K., Bui, A., Keopraseuth, K. O., Rath, B., Riley, C., Fleck, J., & Ades, M. (1988). Group therapy with Southeast Asian refugees. *Community Mental Health Journal*, 24, 157-166.
- Laub, B. (9.11.2010). The Recent-Traumatic Episode Protocol (R-TEP): A Comprehensive approach for early EMDR intervention (EEI). HAP Presentation, Hicksville, NY.
- Leahy, R.L., & Holland, S.J. (2000). *Treatment plans and interventions for depression and anxiety disorder*. New York: The Guilford Press.
- Levine, P. (2005). *Healing Trauma*. Boulder, CO: Sounds True, Inc.
- Marotta, S., (2003) Unflinching Empathy: Counselors and Tortured Refugees, *Journal of Counseling and Development*. 111-114.
- Mendelsohn, M., Herman, J.L., Schatzow, E., Coco, M, Kallivayalil, D., & Lavitan, J. (2011). *The Trauma Recovery Group: A Guide for Practitioners*. New York, NY: Guilford Press.
- Shapiro, E. (9.11.2010). The Recent-Traumatic Episode Protocol (R-TEP): A Comprehensive approach for early EMDR intervention (EEI). HAP Presentation, Hicksville, NY.
- Smith, H., Sullivan, M., Murakami, N., Porterfield, K., & O'Hara, M. (2013). *Bellevue/NYU Program for Survivors of Torture Orientation Group: 4-Week Group Therapy Manual for Clinicians*. New York, NY: The Bellevue/NYU Program for Survivors of Torture.
- Smith, H. (2003). Despair, resilience, and the meaning of family: Group therapy with French-speaking African survivors of torture. In B.C. Wallace & R.T. Carter (Eds.), *Understanding and dealing with violence: A multicultural approach*. (pp. 291-316). Thousand Oaks, CA: Sage Publications.
- Smith, H., Keller, A., & Lhewa, D. (Eds.). (2007). "...Like a Refugee Camp on First Avenue": Insights and Experiences from the Bellevue/NYU Program for Survivors of Torture. New York, NY: The Bellevue/NYU Program for Survivors of Torture.