The role of torture and trauma recovery services in refugee mental health and resettlement

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Once upon a time in Oz…

Refugees from Latin America and South East Asia who had been tortured (80's).

Very complex presentations that mainstream health struggled to address.

Community and health system need based lobbying for specialized services based on an awareness of the plight of torture victims.

The first services:

Small, experimental affairs based on massive commitment, very, very little knowledge and next to no experience.

Encountered massive need driven demand for services from diverse refugee groups.

Forced to “pull ourselves by our own bootstraps”, learn fast, adapt and innovate.

Lucky to be able to learn from the successes and failures of our international counterparts.
Forum of Australian Services for Survivors of Torture and Trauma (FASSTTT) Member Agencies

- ASeTTS 1993
- Malaleuca 1996
- STTARS 1991
- QPASTT 1995
- STARTTS 1988
- VFST 1988
- COMPANION HOUSE (ACT) 1991
- PHOENIX 1992
IRCT members
The more than 150 members of the IRCT - International Rehabilitation Council for Torture Victims - around the world, based in over 70 countries. The IRCT members are non-profit organisations that provide rehabilitation, hope and assistance to torture survivors and act as a symbol of triumph over the terror of torture.
Maps of asymmetry of EEG power spectra before treatment
Changes in Event Related Potentials (ERPs) in the GO/NOGO task pre to post neurofeedback treatment

- (a) Grand average ERPs at Cz for NOGO stimuli
Changes in ERPs in the GO/NOGO task pre to post neurofeedback treatment

- (a) Grand average ERPs at Cz for NOGO stimuli
International Events

- Traumatic experiences in the context of organized violence
- Transitions: Exile, Migration & re-settlement process
- Normal life cycle
- Resettlement Environment

International Events: Aroche & Coello, 1994
Implications for Resettlement

- A very steep learning curve
- Strategies learnt under extreme stress may need to be unlearned
- All areas affected:
  - Language acquisition
  - Employment
  - Education
  - Socialization
  - Family functioning
“Reorganising your life in exile is not starting from square one, as is so often claimed, it is starting from minus four, minus twenty or minus one hundred”.

From the book: "Primavera con una esquina rota " (damaged spring) by the Uruguayan author Mario Benedetti
Implications for Mental Health

- Traumatic Stress reactions
- Anxiety and depression
- Increased vulnerability to other problems:
  - Couple and family issues
  - Chronic mood and anxiety conditions
  - Substance abuse

Unless adequately dealt with, some of these presentations may become chronic, and require crisis intervention or hospitalization.
So what can we do about it?

What have we learnt?

And how does this impact our role?
Aroche & Coello, 1994

Protective factors (Internal)
- Balanced, well regulated brain
- Positive outlook
- High self esteem
- Sense of safety
- Sense of Identity
- Secure attachment

Protective factors (External)
- Supportive Family
- Supportive School
- Friends
- Fun Activities
- Status
- Resources
- Reference group
- Safe Environment

International Events

Normal life cycle

Traumatic experiences in the context of organized violence

Transitions, Exile, Migration & re-settlement process

Resettlement Environment
A bio-psycho-social systemic approach

Interventions are more effective (and more cost effective) if targeted strategically to address effects of trauma & enhance strengths at the right level.
A bio-psycho-social approach

Interventions to help reverse the effects of trauma on the brain and CNS such as Biofeedback, Neurofeedback, mindfulness, medications.

Can disrupt brain self-regulation, and mediate long term changes in brain chemistry, functioning & structure.
A bio-psycho-social approach

Interventions to help assist people make sense of the world again, rebuild identity, and regain self esteem and the capacity to trust.

Can result in a variety of trauma related, PTSD like symptoms, and affect psychological constructs about self and others.
Some approaches utilised by FASSTT agencies

- CBT
- EMDR
- ACT
- NET
- Mindfulness
- Brief dynamic psychotherapy
- Projective interventions
- Sand-play, art therapy & music therapy
- Neurofeedback and biofeedback
A bio-psycho-social approach

Psychosocial

Can affect capacity to trust other people and society, resulting in social isolation, reduced opportunities, & restricted social support

Interventions to assist people develop social support systems, increase work/school readiness, reduce isolation & promote +ve social relations

Psychological

Biological
A multiplicity of approaches at a community and systemic level often, but not always complementing clinical approaches at various levels and with different partners:

- Refugee communities and their leaders
- Schools
- Resettlement agencies and other service providers
- Government agencies
- Mainstream health
- And many others
A bio-psycho-social systemic approach

**SUPRASYSTEM**
- Mainstream Society & Institutions
  - Interventions designed to enhance the environment
  - Training service providers
  - Advocacy
  - Awareness raising
  - Liaison with media/other agencies
  - Consultancy
  - Community education

**REFUGEE COMMUNITY**
- Community development & capacity building
- Advocacy support
- Consultations
- Information/community education

**SOCIAL/SUPPORT NETWORK**
- Support groups
- Community development projects
- Settlement information workshops
- Youth program
- Excursions
- Theme based groups

**FAMILY**
- Family assessment
- Family therapy
- Family support
- Youth program
- Workshops for parents
- FICT Program

**INDIVIDUAL**
- Assessment and Counselling
- Physiotherapy
- Psychiatric assessment/treatment
- Group therapy/treatment
- Neurofeedback therapy
The results...
Maps of asymmetry of EEG power spectra before treatment

Maps of asymmetry of EEG power spectra after treatment

Note: normalisation of the right pre-frontal cortex functioning after 20 treatment sessions (counselling) at STARTTS
Changes in ERPs in the GO/NOGO task pre to post neurofeedback treatment

- (a) Grand average ERPs at Cz for NOGO stimuli

- (b) Post-Pre difference wave with the confidence level of statistical significance at p<0.05.
After 6 months of Capoeira training, background EEG (eyes closed) appears to be better organised with alpha rhythm centred at the back of the head and less slow rhythm frontally.
J's initial EEG (eyes open)
EEG assessment
Before Treatment (Left) & After Capoeira Group (Right)

improved attention, affect regulation and social connectedness

CNS overarousal still present
Some things we’ve learnt...

- Understanding the context of the traumatic events and what followed is crucial ⇒ Trust ⇒ Effectiveness
- Trauma has complex impacts at many levels at once
- The recovery pathway needs to be tailored to the client
- The context where healing takes place is just as important as that of the traumatic events, as it can help or hinder recovery
- Therefore, interventions that seek to improve the qualities of the healing environment are just as important as those focused on the client
The first pillar

- Understanding of the refugee experience and the geopolitical context in which trauma took place from a human rights solidarity perspective
The second pillar

- Understanding the nature of torture and refugee trauma, and the interventions that can help achieve results with traumatized clients
The third pillar

Cross cultural competence in adapting and utilizing evidence based and traditional treatment approaches
Understanding and learning to work with the impact of torture and refugee trauma

- The nature of refugee trauma
- Evolving understanding of the impact of trauma at different levels
- Evidence based approaches
- Adapting approaches to be able to utilise them with our client group
- Found that while a nice idea, mainstreaming did not work well.
The fourth pillar

- Learning how to support staff working with horrific stories on an almost daily basis so they can remain effective and healthy
Context Of Torture
Impact of trauma and how to treat it
Working across cultures
Staff care & support

Integrated, expert services that assist clients recover from trauma and be able to resettle successfully

Strength of the movement, nationally & internationally
Strengths of the broader system, linkages and partnerships
Some of the challenges…

- Passing on increasingly complex expertise to new staff while continuing to learn
- Continue to develop expertise and proficiency in particular areas and interventions without losing the systemic / holistic perspective *
- Sharing expertise with others in our field, but also more widely, both locally and internationally.
- Ensure we can continue to build on the substantial base of collaboration and complementary as a sector **
- Ensuring the increased sophistication of our understanding of the impact of trauma is reflected in client referral & support
Some of the promises…

- Better, more culturally relevant assessment and psychometrics that enable us to identify early on the best approach for each clients.
- Development of a better evidence base for our work
- Better coordinated systemic approach within and between agencies that leverages resources and expertise for the benefit of our clients
Conclusions

Torture and trauma recovery services, through the integration of these 4 expertise pillars play a key role in addressing the effects of the horrific experiences many refugees have survived, and helping them regain control of their health, their future, and their capacity to resettle and integrate meaningfully into Australian society.

As such they also play a key role in both mental health prevention and treatment, and in the prevention of health and social problems associated with poor integration.
Conclusion

There is much to do still, and this includes getting better, as a system, at identifying people who have been affected in less obvious ways by refugee trauma, and improving our capacity to assist them.

Australia has made a substantial investment in ensuring refugees have a great chance of fulfilling their potential, and it represents one of the most intelligent and far reaching investments we could have made as a society.
Some parting thoughts

We are getting better at assisting torture and trauma survivors, including those who we didn’t use to be able to do much for in the past, and this is the result of decades of investment and increased specialization and an ongoing commitment to innovation, evaluation, learning and development that needs to be maintained. This accumulated expertise represents a huge social capital that needs to be preserved.
Some parting thoughts

Refugees and torture are worldwide issues, in a world that seems to be turning in an ominous direction at the moment. It is essential, now more than ever, that we leverage our resources within the sector and across national boundaries to work better and more effectively...

Without forgetting that we exist to resolve a problem that shouldn’t exist… and thus the fight against torture should always be part of our brief
Thank you

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