Introduction

Abigail Alexander, M.A., M.P.H.*

"I am not traumatized at the level I [once was]… what is more, something that comfort[ed] me a lot in this country and gave me hope and helped me to live was the people who cooperated to improve my situation."

– Female Torture Survivor and Client of the Florida Center for Survivors of Torture

The scope of study in the torture rehabilitation field is increasingly representative of the services available to torture survivors around the world. While substantive scientific gaps remain, a foundation specific to torture treatment is emerging. Related fields, including the health disparities and trauma related fields, have and continue to be examined formally and informally for potential models of care and interventions. Yet, for providers who are serving survivors in their day-to-day work, a pressing question remains: *What interventions work with torture survivors?*

The purpose of this compendium is to highlight evidence-based practices for working with torture survivors. A *practice*, in this context, refers to the specific interventions, services or approaches taken with a survivor. It does not necessarily include a programme model or a system of care, but rather services provided within a given system of care. A *torture survivor* is an individual who has been physically and/or psychologically tortured by a state or government sponsored entity. *Torture*, defined by the United States, is "an act committed by a person acting under the colour of law specifically intended to inflict severe physical or mental pain or suffering (other than pain or suffering incidental to lawful sanctions) upon another person with his custody of physical control."[1]

This compendium of practices is intended for providers working with refugee, asylum seeking, asylee and other immigrant populations either in a funded torture rehabilitation programme or within a mainstream organization. Providers will find this guide to be a useful tool to assess specific approaches in the provision of services as well as a reference for literature related to the torture rehabilitation field.

The Approach

National Partnership for Community Training (NPCT), a programme of Gulf Coast Jewish Family Services, Inc. (GCJFS), is a technical assistance provider funded by the Office of Refugee Resettlement (ORR) under the Torture Victims Relief Act (TVRA). GCJFS and ORR have a cooperative agree-

*) Florida Center for Survivors of Torture
Gulf Coast Jewish Family Services, Inc.
USA
alexander@gcjfs.org

ment to provide training and support in communities where there are no federally funded torture treatment programmes. To help inform our technical assistance, NPCT setout to identify evidence-based practices impacting the torture treatment field.

The project has been a collaborative effort among the NPCT partners – the Harvard Program in Refugee Trauma (HPRT) and the Heartland Alliance Marjorie Kovler Center for the Treatment of Survivors of Torture. Together, with ORR, a process was outlined to identify evidence-based practices. Over the course of many months, the partners regularly conferred and made appropriate adjustments to the project, as needed.

In the fall of 2008, NPCT began a systematic literature search. First, databases such as MedLine, JSTOR, PubMED, PsychInfo, Wiley and Cochrane Reviews were searched using a combination of keywords based on practices identified by existing torture treatment centers and common torture-related terms as keywords. Second, cornerstone publications in the torture treatment field were consulted and references were identified. And, finally, resources developed over the course of several decades were reviewed highlighting many of the classic literature informing this field.

In the spring of 2009, the identified literature was once again reviewed and screened for two criteria: 1) Literature had to measure or systematically evaluate one or more practices or interventions and 2) Literature needed to be published in a peer-reviewed publication. Articles meeting both criteria were included in this phase of the project, and literature that did not meet the criteria was set aside and will be included in future stages of this ongoing project. Once the literature was identified for this project's specific purpose, it was determined to be *best, promising*, or *emerging* practices based on the following definitions:

- A *best practice* is defined as a practice, service or intervention, tested using randomized controlled trials (RCTs). The relevant evidence, tested under carefully controlled conditions, establishes the efficacy and effectiveness of the practice, service or intervention.
- A *promising practice* is defined as a practice, service or intervention, shown to be effective based on pre and post measures where clients have been surveyed prior to and following the practice, service or intervention. The outcome of the pre and post evaluations establishes the relative efficacy and effectiveness of the practice, service or intervention.
- An *emerging practice* is defined as a practice, service or intervention, with potential to be considered promising or best but for which objective evaluations have not been done. The emerging practice has shown to be beneficial to a specific client or population in a somewhat systematic way. The practice is generally accepted as appropriate for use with torture treatment survivors.

Following this screening process, the NPCT partners met in Cambridge, MA to assess the literature search and determine next steps. Based on the findings, the group identified the following categories or services domains: Medical, Psychological, Expressive Therapies, Social Services, Legal and Spiritual. The Psychiatric domain was identified as an additional area later in the process. In conjunction with ORR, NPCT and its partners identified experts in the field to synthesize the literature and address effective practices in the torture rehabilitation field within a given domain.

In the summer of 2009, authors were provided literature specific to their domain. They were also invited to include additional

literature they felt was useful to the discussion of evidence-based practices within the project's parameters. The literature and first draft papers were provided to peer reviewers who were asked to review the paper and share additional material they deemed appropriate for this project. Each author had the opportunity to incorporate the reviewers' feedback. NPCT with HPRT and Kovler, in the fall of 2009, reviewed each paper and worked with authors on edits and revisions as needed. Final edits were overseen by NPCT.

The Literature

This extensive literature review is a culmination of expertise from torture treatment centers and practitioners from around the United States. Seven current and former torture rehabilitation programmes and four mainstream academic and service organizations contributed to this project. It is a well represented sample of US geographical regions: Northeast, Southeast, Midwest, Southwest, and Pacific regions. Each author and peer reviewer brought not only critical analysis to the literature but also their extensive professional expertise, which clearly informs each paper. Approximately 200 articles have been included in this resource with the vast majority of the literature being clinically-based.

Each paper is a synthesis of existing literature for a given domain with a concentration on practices, interventions and approaches. At the conclusion of each paper, authors have provided targeted *Learning Points* and *Highly Recommended Readings* for readers. Furthermore, an extensive bibliography follows each article which is divided into types of interventions and treatments. The authors have made a determination for best, promising or emerging practices based on the evidence presented in each of the articles.

For the Medical domain, Dr. Richard Mollica provides an overview of medical practices ranging from best to emerging. In medicine, intervention begins at the point of diagnosis. Yet, research has shown that physicians generally do not inquire about experiences of extreme violence when taking patients' histories. By acknowledging the possibility of trauma, screening can be more thorough and accurate, thus increasing the effectiveness of the medical treatment. Mollica emphasizes patient-centered approaches during a clinical interview including direct inquiry about torture experiences. In the medical setting, Mollica also recommends a mental status exam and offers several screening instruments which can help to ease patients as the subject matter can be very difficult to discuss. Health literacy and compliance guidelines, medical interventions and specific health-related conditions such as depression, PTSD, insomnia, traumatic head injury, pain and physical rehabilitation are also presented.

In the second article, Dr. J. David Kinzie discusses the psychiatric field in relation to refugee populations and survivors of prolonged traumatic stress. Syndromes common among torture survivors are described as well as the neurobiology of PTSD and depression. Culture plays a strong role in the way individuals not only access healthcare but also how they engage in health practices such as medication compliance. Kinzie describes the chronic nature of the torture experience, the probability of remission and the specific issues related to psychopharmacology drawing from the literature and his professional experience. Medication recommendations are made.

Dr. Mary Fabri, in a thoughtful analysis of the psychological literature, raises important methodological challenges pertaining to research among torture survivors while

highlighting a small but important evidence-based treatment modalities specific to torture survivors. Areas of discussion include psychotherapy and psychiatric medication, cognitive behavioral therapies (CBT), family interventions, psychosocial community interventions, testimony therapy and psycho-legal approach and other modalities such as thought field therapy, group work and hypnotic therapy. Much of the literature included in this domain assesses traumatized populations (e.g. sexual abuse victims, refugees, political prisoners), though certain lessons can be derived and applied to the field of torture treatment. Key findings include adapting approaches to be culturally meaningful and appropriate particularly with CBT-guided treatment, an evidence-based approach for survivors of torture.

Alternative or "non-verbal" therapies are increasingly practiced among survivor populations and there is a growing body of literature that is supporting its efficacy. Amber Elizabeth Lynn Gray presents a thorough overview of the expressive therapies ranging from art-based therapy to dance and movement therapies to drama, music and sandtray therapies. Throughout her discussion, the importance of ritual and ceremony is evident. Such modalities honor and incorporate cultural tradition. Gray acknowledges expressive therapies are implemented in programmes around the world despite the limited evidence. And while the use of such practices are growing, she suggests that those practitioners with specialized training be given consideration to implement these approaches.

The social services domain is arguably the broadest of the domains covered in this compendium. Unlike the previous papers, the evidence-based literature is very limited. Ann Marie Winter presents a range of services including social support, English language, employment and housing. Given the multidimensional approaches in social services, Winter highlights facets central to service delivery: establishing trust and cultural competence. While social services not only attend to the most basic of needs (food, shelter and clothing), this area has the potential to shape identity, facilitate a sense of belonging and to foster independence and self-sufficiency. Winter calls for increased documentation of services in these and other areas such as education and vocational rehabilitation to establish evidence-based approaches to social services.

The literature in the legal domain, synthesized by immigration law attorneys Regina Germain and Leslie E. Vélez, captures broader service delivery rather than a targeted legal approach. Partially borrowed from human rights and domestic violence fields, the emerging practices describe holistic and collaborative delivery models where access to legal services is a critical though not a singular component. As the authors discuss, impact of legal services is present in the form of advocacy, psychological evaluation for asylum seekers, mediation and through multidisciplinary services. While evaluation of legal services for torture survivors is extremely limited in the literature, lessons learned from the international fieldwork suggests survivors of torture not only can benefit from integrated approaches to legal needs, but access to the legal system can empower and increase self-esteem for individual regardless of the legal outcome.

Dr. Marcus McKinney, in the final paper, provides an assessment of the spiritual literature. There is increasing evidence in the healthcare field that spirituality can have a positive effect on health indicators. Practically, for helping professionals, spirituality can be supported in a variety of ways. McKinney emphasizes the importance of

storytelling, and how a story acts as a window into a person's life, his or her sense of order and his or her meaning system. As providers of care, our role is to listen. He discusses the manifestation of spirituality through community support, social support and advocacy. McKinney offers very concrete and practical approaches to enhance service delivery through listening, building community and establishing collaborative approaches.

Given the nature of the practices, the social service, legal and spiritual domains are in nascent stages of scientific study among torture survivor populations compared to the clinical domains (medical, psychiatric, psychology and to a lesser degree expressive therapies). Yet, the synthesized literature across the seven domains represents a holistic perspective, covering the multitude of factors and complexities faced by survivors and the helping professionals who work with survivors. The survivor experience is a dynamic one and is unique for every individual. Approaches increasingly focus on the treatment of the whole person often requiring an ecological approach incorporating contextual understanding of culture, community and support systems as well as the physical, mental, social, and spiritual needs.

Limitations

Several limitations in this project are important to recognize. First, the compendium of evidence-based practices does not address specific vulnerable groups including children, adolescents and the elderly. Second, despite the parameters for this undertaking, inclusion criterion may be considered a subjective process, and may leave practitioners wondering why certain references were not included. The collaborative approach was our attempt to minimize the subjectivity, yet we recognize classic literature may be absent.

And finally, this is a time-sensitive product. Since the extensive literature search formerly concluded in the spring of 2009, new research has been published and the scientific knowledge in the field continues to evolve. NPCT plans to not only maintain this effort of gathering and disseminating evidence-based practices in the torture rehabilitation field, but the programme intends to expand upon this foundation to look at more expansive models of care, programmes and recovery models.

Conclusion

Measuring and evaluating the torture rehabilitation field is fraught with challenges. US-based torture treatment programmes see incredible cultural diversity among survivors served in their programmes. Confounding factors such as previous trauma, acculturation or resettlement issues cannot easily be controlled for. Despite the significant challenges, science and anecdotal evidence reveal effective practices and are featured here.

As providers working with survivors of torture, we have a responsibility to be aware of scientific evidence impacting the field. Not only is research imperative in direct services, but it also informs advocacy efforts, grant proposals and community, regional, national and international responses to the refugee, asylum seeker, and asylee experience. NPCT and its partners encourage readers to be aware of new and emerging data, and to seek consultation about service delivery. Regularly accessing peer reviewed journals by investing in access to academic databases or developing partnerships with local university libraries are useful activities.

The torture rehabilitation field has been described by survivors in one word: Hope. With increased knowledge about effective practices, the survivors' healing and post-traumatic growth will be fostered and sup-

ported by professionals with an appreciation of the whole individual, not just his or her parts.

Acknowledgements

This Compendium is the result of a 2 year project undertaken by the Florida Center for Survivors of Torture, a program of Gulf Coast Jewish Family Services with funding provided by the United States Department of Health & Human Services, Office of Refugee Resettlement.

We would like to recognize the contributions of the Peer Reviewers, whose feedback was instrumental in shaping this project. They are J. D. Kinzie, M.D. (Torture Treatment Center of Oregon), James Lavelle, L.C.S.W. (Harvard Program in Refugee Trauma), James Livingston, Ph.D. (Center for Survivors of Torture, Asian Americans for Community Involvement), Thad Rydberg, M.A.A.T, L.C.P.C. (Heartland Alliance Health Outreach, International FACES), and Frederick J. Streets, M.Div., M.S.W., D.S.W., D.D., L.I.C.S.W. (Yeshiva University).

A very talented group of people shared their knowledge and resources. Contributors include Ginger Villareal Armas, M.A. (Nova Southeastern University), Rosa Chang, Ph.D. (Florida Center for Survivors of Torture, Gulf Coast Jewish Family Services, Inc.), Melissa Culhane Maravic, Ph.D. (Harvard Program in Refugee Trauma), Irena Morin, M.A., M.S. (Nova Southeastern University) and Jennifer Ryan, M.A. (Argosy University, American School of Professional Psychology).

This project came to fruition because of the detailed work from a very dedicated staff of the Florida Center for Survivors of Torture, Gulf Coast Jewish Family Services, Inc. The Editorial Assistants are Mark Cassini, Mari Gillogly, and Lauren Marx.

We would like to recognize the important contributions of Holly Herrera of the Office of Refugee Resettlement (ORR) and John Tuskan of Substance Abuse Mental Health Services Administration (SAMHSA).

And finally, NPCT would like to specially thank Richard Mollica, James Lavelle and Mary Fabri whose wisdom and guidance has shaped this project including its future evolution. Our collaboration has been an honour and a privilege.

Reference

1. United States TITLE 18, PART I, CHAPTER 113C, § 2340.