The National Consortium of Torture Treatment Programs
7th Annual Research Symposium

Torture Treatment: Clinical, Community & Policy Interventions & Outcomes

March 4th, 2015
George Washington University
Washington, DC

Co-sponsored by the Department of Psychiatry and Behavioral Sciences at George Washington University
Food and beverages (including water) are not allowed inside the auditorium.

Coffee, tea, and water (for consumption outside the auditorium) are available upstairs.

Lunch: Suggestions for places close by to have lunch are available at the registration desk.

Thank you.
Torture Treatment: Clinical, Community & Policy Interventions & Outcomes

8:00  Registration

8:30  Introduction

Jose Quiroga, M.D., NCTTP Symposium Founder & Organizer; Lin Piwowarczyk, M.D., M.P.H., NCTTP President

8:40  Keynote Speaker

The Complex Psychiatric and Medical Diagnosis of Traumatized, Tortured Refugees and Asylum Seekers: Implications for Treatment

J David Kinzie, M.D., F.A.C.Psych.

J. David Kinzie, M.D., F.A.C.Psych. is professor of psychiatry at the Oregon Health & Science University (OHSU). He serves as psychiatrist for the Torture Treatment Center of Oregon (TTCO), within the Intercultural Psychiatric Program (IPP) at OHSU and currently treats survivors of torture from Bosnia, Cambodia, Vietnam, Ethiopia, Somalia and other African countries. Dr. Kinzie’s current research interests include post-traumatic stress disorder, depression, physical, social and psychiatric impacts of torture and trauma, biological markers of mental illness, treatment of torture survivors and refugees and treatment outcomes. After receiving his medical degree in 1963 from the University of Washington and completing a year of internship in Oakland, CA, he served as a doctor working with Vietnamese in Quang Ngai, Vietnam and treated aborigines in Malaya. Dr. Kinzie completed his psychiatry residency at the University of Washington and a fellowship in Trans-cultural Psychiatry at the University of Hawaii. After serving as a visiting lecturer in the Department of Psychological Medicine in Malaysia, he spent five years as faculty member in the Department of Psychiatry in Hawaii. Coming to OHSU in 1976, he served as residency training director and director of clinical services. In 1977, he founded the Intercultural Psychiatric Program to provide psychiatric services to Southeast Asian refugees coming to Oregon following the Vietnam War. Dr. Kinzie was director of the IPP until 1994, and has served as director of the TTCO and the Intercultural Child Psychiatric Program. He has published over 135 articles and book chapters on cross cultural psychiatry, treatment of torture survivors and psychopharmacology. He is a fellow of the American College of Psychiatrists and a Distinguished Life Fellow of the American Psychiatric Association.

NCTTP’s 2014 Research Report, Diagnosis & Treatment
Survivors of Torture in Treatment Programs in the U.S. – Data FYs 2008-2014: Types of Torture, Demographic Characteristics, Pilot Data on Medical Conditions

NCCTP Research & Data Committee: Crystal Riley, M.A., Chair and S. Megan Berthold, Ph.D., L.C.S.W., Co-Chair

Crystal Riley, M.A. is coordinator of Research and Development, Intercultural Psychiatric Program (IPP) at the Oregon Health & Science University. She received her M.A. degree from George Mason University in 1982. With a background in clinical psychology, research and program development, Ms. Riley has developed and served as manager of three IPP programs – the Indochinese Socialization Center (1989–2000), Torture Treatment Center of Oregon (2000–2010) and the IPP’s Child Psychiatric Program (2002–2011). She has clinical experience with 10 of the 18 cultures IPP treats and has served as IPP’s coordinator of Clinical Research since 1989. In Oregon, Ms. Riley currently serves on the Community Advisory Committee for the Oregon Office of Integrity and Inclusion. Nationally, she serves as vice-president of the National Consortium of Torture Treatment Programs and has been chair of its Research and Data Committee since 2008.

S. Megan Berthold, Ph.D., L.C.S.W. is assistant professor of social work at the University of Connecticut. She has worked as a clinician and researcher with diverse survivors of torture since 1987 in the U.S. and refugee camps in Asia. She was a therapist for 13 years and director of Research and Evaluation at the Program for Torture Victims. She consults with Khmer Health Advocates, co-chairs NCTTP’s Research and Data Committee and conducts NIMH funded research regarding the health of Cambodian refugee adults and U.S.-born Cambodian adolescents. Megan was selected as the National Social Worker of the Year in 2009 by the National Association of Social Workers.

Mental Health Sequelae of Traumatic Head Injury

S. Megan Berthold, Ph.D., L.C.S.W., University of Connecticut, School of Social Work, in conjunction with the Harvard Program for Refugee Trauma

Dr. Berthold’s biography can be found above.

Addressing the Needs of Survivors of Torture with Complex Psychosocial Presentations Within a Multidisciplinary Service Model: An In-Depth Case Exploration
Kassie Collingridge, M.S.W., Lead Case Manager; Alison Burke, M.S.W., Case Manager, Program for Survivors of Torture and Trauma, Falls Church, VA.

Kassie Collingridge, M.S.W. received her master’s degree in Social Work from George Mason University in 2012. She currently works as a mental health therapist on a PACT (Program for Assertive Community Treatment) team with the Department Human Services. Kassie was formerly the lead case manager for the Program for Survivors of Torture and Severe Trauma where she provided therapeutic case management to survivors of torture. Kassie also interned at Torture Abolition Survivors Support Coalition (TASSC) where she provided case management and mental health counseling. Prior to her internship with TASSC, Kassie provided intensive in-home case management services to adults with severe mental illness.

Alison Burke, M.S.W. is a case manager for the Program for Survivors of Torture and Severe Trauma. She holds a master’s degree in Social Welfare from the University of Kansas. While pursuing her master’s degree, Alison studied in Morocco and India. She has previous experience providing culturally competent case management services. Alison also provided case management services to victims of human trafficking and unaccompanied minors. Her interventions are informed by her experience working with intellectually and developmentally disabled adults and their families.

**Break (15 minutes)**

**Approaches To Treatment**

**Rethinking PTSD in Refugees and Torture Survivors: The Applicability of Chronic Traumatic Stress to Guide Assessment, Intervention and Policy**

10:40

Karen Fondacaro, Ph.D., Director, New England Survivors of Torture and Trauma (NESTT); Emily C Mazzulla, Ph.D., Associate Director, NESTT

**Dr. Karen M. Fondacaro, Ph.D.** is a professor in the Department of Psychological Science at UVM, director of the Behavior Therapy and Psychotherapy Center and co-director of the Clinical Psychology Internship Program. Her professional and research interests involve the provision of culturally responsive, evidence-based mental health services to underserved populations, including refugees, new Americans and survivors of torture. Dr. Fondacaro established Connecting Cultures in 2007 and cofounded the New England Survivors of Torture and Trauma (NESTT) in 2009, both programs dedicated to refugees and torture survivors.

**Dr, Emily Mazzulla, Ph.D.** is a Clinical Psychologist and the Associate Director of the New England Survivors of Torture and Trauma (NESTT). The NESTT program was designed to coordinate and meet the psychological, legal, social and physical needs of survivors of torture and
their families and communities. Dr. Mazzulla’s clinical and research interests include refugee mental health and child, adolescent and family mental health provision. Dr. Mazzulla coordinates the daily operations of NESTT as well as oversees strategic planning and community outreach.

**Group Therapy for Survivors of Torture: A Literature Review**

Mary Bunn, M.A., L.C.S.W., Adjunct Faculty, University of Chicago School of Medicine; Charles Goesel, M.A., Content Coordinator, National Partnership for Community Training (NPCT); Melodie Kinet, M.P.H., M.B.A., Director, NPCT; Faith Ray, Project Manager, National Capacity Building Project

Mary Bunn, M.A., L.C.S.W. has extensive experience developing and delivering rehabilitative services for survivors of torture, war, human rights violations and political violence. Previously associate director of Heartland Alliance Marjorie Kovler Center and International Programs, Mary now works as a consultant to national and international organizations with a focus on mental health programming for migrating and post-conflict communities. Her work has taken her to Iraq, Cambodia, Jordan, the DRC and Thailand. She is an adjunct instructor in the master’s program at the University of Chicago, School of Social Service Administration where she is also a PhD candidate.

Charles Goesel, M.A. is the content coordinator at the National Partnership for Community Training, a technical assistance program for torture rehabilitation funded by the Office of Refugee Resettlement (ORR). Mr. Goesel is currently working on his dissertation focusing on refugee integration for a Ph.D. in Conflict Analysis and Resolution at Nova Southeastern University. In addition, he was the Middle East committee leader for the Student Coalition for the Defense of Human Rights, a student-run organization addressing international human rights issues. He previously taught English as a second language (ESL) domestically and internationally and has recently published five articles in the Encyclopedia of Domestic Violence and Abuse.

Mélodie Kinet, M.P.H., M.B.A. is director of the National Partnership for Community Training, a partnership between programs at Harvard, NYU and the Florida Center for Survivors of Torture, providing technical assistance to resettlement communities not served by torture treatment centers. Previously working on trauma-informed portfolios with the United Nations International Criminal Tribunal in Tanzania and with the World Health Organization in Geneva, Switzerland, she has also trained trauma survivors and worked in disaster medicine throughout Bolivia and in Haiti. Additionally, Ms. Kinet has worked as a healthcare consultant across the nation and with a tech startup in New Delhi, India.

Faith Ray is manager of the National Capacity Building Project at the Center for Victims of Torture (CVT). Ms. Ray oversees training and technical assistance activities for nearly 40 torture rehabilitation programs in the U.S. Prior to CVT, she worked in direct services for eight years in torture
treatment, refugee resettlement and in teaching ESL to refugees. She has worked as a technical writer, a textbook editor and ESL instructor in Japan, and an editor and writer for a daily newspaper. She graduated from the University of North Carolina at Chapel Hill with a BA in News-Editorial Journalism and Mass Communication.

Introduction of International Guests

NCTTP Centers’ Research: Assessment Tool, Collaboration & Outcomes

Survivors of Torture Case Management Assessment Tool (SOT-CMAT)

Joan Hodges-Wu, M.A., Program Advisor, Survivors of Torture, International Institute of Connecticut

Joan Hodges-Wu, M.A. serves as the program advisor to the International Institute of Connecticut’s Survivors of Torture program. With ten years experience providing direct and non-direct services to low-income, limited English and vulnerable immigrant populations, Joan is responsible for two case management training series as part of CVT’s National Capacity Building Project. Joan holds a Masters in Refugee Care from the University of Essex in England and is currently a M.S.W. candidate at The Catholic University of America in Washington, D.C. She is also the former lead case manager for the Program for Survivors of Torture and Severe Trauma in Northern Virginia.

Integrated Care of Torture Survivors: A Collaborative Approach to Identifying & Serving Survivors

Ann Tran, PhD, SI, Staff Psychologist, University of California at San Francisco, San Francisco General Hospital Trauma Recovery Program

Ann Tran, Ph.D. is a staff psychologist for the University of California, San Francisco and San Francisco General Hospital Survivors International and Trauma Recovery Center. Her clinical concentration is providing psychotherapy, case management and asylum evaluations to survivors of torture. She has been involved in research focused on post-traumatic stress disorder and other mental health sequelae in various populations of trauma survivors, with an emphasis on refugees, asylees, and asylum seekers.
Measuring Outcomes Among Torture Survivors: Applying Lessons Learned About Cognitive Aspects of Measurement

Martha Shumway, Ph.D., Survivors International, Associate Professor, University of California at San Francisco, San Francisco General Hospital Trauma Recovery Program

Dr. Martha Shumway, Ph.D. is associate professor in the Department of Psychiatry at the University of California, San Francisco. She holds a doctorate in Quantitative Psychology from the University of California, Berkeley. Her work focuses on health and mental health interventions for underserved populations, with a particular focus on measurement and methodology. She has served as the principal investigator on two NIMH grants examining cognitive aspects of patient-reported outcomes. She has worked with the UCSF Trauma Recovery Center since its inception in 2001 and serves as the evaluator for the center’s ORR-funded program for survivors of torture.

Lunch Break (1 hour)

NCTTP Center’s Research: Approaches to Legal Challenges & Patterns

Seeking Asylum: Challenges Faced by the LGBT Community

Linda Piwowarczyk, M.D., M.P.H., Director, Boston Center for Health & Human Rights

Dr. Linda A. Piwowarczyk, M.D., M.P.H. is a psychiatrist, board certified in Psychiatry and Internal Medicine and practices at Boston Medical Center. She is co-founder and director of the Boston Center for Refugee Health and Human Rights (BCRHHR). She is an assistant professor of psychiatry, Boston University School of Medicine, Boston, MA. She is a Distinguished Fellow of the American Psychiatric Association and recipient of the Sarah Haley Memorial Award for Clinical Excellence by the International Society for Traumatic Stress Studies. She has served on the Executive Committee of the National Consortium of Torture Treatment Programs since 2002 and is currently its president.

Contribution of Psycho-forensic Reports Using the Istanbul Protocol

Ruth Vargas-Forman, Ph.D., Torture Treatment Center of Oregon

Ruth Vargas-Forman, Ph.D. is a Chilean Psychologist, with a doctoral degree in Clinical Psychology from the University of Salamanca in Spain. She has worked at the Oregon Health and Science University in the Torture Treatment Center for the past fifteen years offering mental health services to asylum seekers from Central and South America. Dr. Vargas-Forman
teaches Psychology of Trauma, Resilience and Interculturality at University of Oregon as an adjunct instructor. In Chile she is a regular contributor to the Masters Program in Forensic Psychology at the Universidad de la Frontera promoting the use of the Istanbul Protocol. Dr. Vargas-Forman collaborates with national and international human rights organizations in the promotion of culturally sensitive psycho-forensic evaluations.

Patterns of Emergency Room Visits for Torture Survivors

Bradon Hexom, M.D., Associate Medical Director, Libertas Center for Human Rights, Queens; NY; Ruyan Rahnam, M.S., a third-year medical student, Icahn School of Medicine, Mount Sinai, NY

Bradon Hexom, M.D. is an assistant professor in the Department of Emergency Medicine at the Icahn School of Medicine at Mount Sinai. He received his M.D. from the Medical College of Wisconsin and completed an Emergency Medicine residency at Mount Sinai in New York. Currently, he is the associate director for the Libertas Center for Human Rights in Queens, New York. He has delivered emergency medical care in Liberia, Guatemala, Honduras and Haiti. His research interests include medical education, high fidelity simulation and emergency department identification of survivors of torture.

Ruyan Rahnama, M.S. is a third-year medical student at the Icahn School of Medicine at Mount Sinai. She is interested in pursuing pediatric or internal medicine and their intersection with social justice and human rights. Ruyan spent the summer between her first and second year of medical school working at the Libertas Center for Human Rights researching access to care in the torture survivor population. Her continued interest in human rights stems from the incredibly resilient clients at Libertas and her previous work on access to care among drug abusers in Iran at University of California, San Francisco (UCSF) Global Health Sciences.

Keynote Speaker

Contributions of the United Nations Committee against Torture in the Rehabilitation of Torture Survivors

Claudio Grossman, J.D.

Claudio Grossman, J.D. is professor of law and dean of American University Washington College of Law and the Raymond Geraldson Scholar for International and Humanitarian Law. He is the chair of the United Nations Committee against Torture, where he has served as a committee member since 2003. On May 20, 2013 he was elected chair of the United Nations Human Rights Treaty Bodies for a one-year term. Previously, Grossman served as a member of the Inter-American Commission on Human Rights (1993-2001), its president (1996-97, and 2001), its special rapporteur on the rights of indigenous populations (2000-2001), and its first special rapporteur on women’s rights (1996-2000). Grossman has authored books and articles on international law, human rights and the law of international organizations. He has also received numerous awards for his contributions to these fields.
including the 2010 Henry W. Edgerton Civil Liberties Award from the American Civil Liberties Union of the National Capital Area in recognition of exceptional lifetime achievements related to the advancement and defense of human rights and civil liberties, the 2012 Deborah L. Rhode Award from the Association of American Law Schools' Section on Pro Bono and Public Service Opportunities and the Lifetime Leadership Award from the Hispanic National Bar Foundation in 2012.

Break (15 minutes)

Research: Predictors, Skill Building and Qualitative Work

Predictors of MH and Functioning: Role of Time, Cumulative Torture and Cultural Resources

Suzan Song, M.D., M.P.H., Ph.D., Medical Director; James Livingston, Ph.D., Senior Staff Psychologist; Asian Americans for Community Involvement, Center for Survivors of Torture, San Jose, CA

Suzan Song, M.D., M.P.H., Ph.D. is a pediatric and adult psychiatrist and medical director of Behavioral Health at AACI. She has over a decade of experience in humanitarian conflict as an advisor various United Nations and humanitarian organizations on child protection, with work mainly in Africa (Sierra Leone, Liberia, Burundi, Ethiopia, KZN, DR Congo), Haiti and the Middle East (Syria, Jordan). She is an adjunct faculty at Stanford and the University of Michigan and has served with Physicians for Human Rights for seven years. Dr. Song is clinically trained in family therapy and trauma-focused parent-infant therapy, with residency from Harvard Medical School and pediatric psychiatry at Stanford. Her public health and community training from the Harvard School of Public Health focused on policy and served as a George Soros Fellow and White House APIA Fellow. Dr. Song’s Ph.D. from the University of Amsterdam was on the effects of war on family, focusing on former child soldiers in Burundi, and she completed a post-doctoral fellowship from the Palo Alto/Stanford Veterans Affairs. She has over 20 publications and has been invited to present at over 40 conferences/settings as keynote speaker and guest lecturer. Dr. Song most enjoys working with refugees in the San Jose community, around programming and empowerment.

James Livingston, Ph.D. is a senior staff psychologist for San Jose’s Center for the Survivors of Torture, a program of Asian Americans for Community Involvement, overseeing clinical services, providing assessment and treatment and conducting research. He’s worked as a clinician in hospital, agency and private practice settings for over 35 years.

Monitoring, Evaluation and Research Capacity Building: Skill Building to Enhance Mental Health Programming and
Service Delivery

Jenifer J. Esala, Ph.D., Research Associate, Center for Victims of Torture, Minneapolis, MN.

Jennifer J. Esala, Ph.D. At CVT, Dr. Esala provides M&E capacity building to international torture rehabilitation centers and conducts research on integrated behavior health care in primary care settings. She has researched and written on the topics of mental health, violence and victimization, maternal health practices and food security. Additionally, she has conducted evaluation work for programs aimed at developing state-level mental health recovery systems, improving immigrant and refugee literacy and developing capacity among a collaborative of emergency service organizations.

Integrated Behavior Health Care for Karen Refugees: A Qualitative Inquiry

Jenifer J. Esala, Ph.D., Research Associate, Center for Victims of Torture, Minneapolis, MN.; Tonya Cook, M.S.W., School of Social Work, University of Minnesota

Dr. Esala’s biography can be found above.

Tonya Cook, M.S.W. is a doctoral student in the School of Social Work at the University of Minnesota. As a research assistant, she collaborates on the development of culturally-adapted mental health screening tools for newly-arrived refugees and is piloting a mental health treatment program in a community-based setting. Prior to this, she worked for six years at a refugee resettlement agency, serving five years as the resettlement director. She has been involved in the founding of two ethnic community-based nonprofits in Minnesota. Tonya’s research interests broadly include U.S. refugee resettlement policy, creating trauma-informed intervention models, measurements of well-being for resettled refugees, informal self-help networks and community-based participatory research.

Pro-Social Engagement Concurrent to Posttraumatic Distress: Implications for Treatment

Jenifer Wolf Williams, Ed.D., L.P.C., Volunteer

Jenifer Wolf Williams, Ed.D, L.P.C. has clinical experience with survivors from various parts of Africa, the Middle East, South and Central America and Southeast Asia. Previously, Dr. Williams taught psychology at Rogers State University in Claremore, Oklahoma, where she also engaged in a limited private practice. She served two years as a legislative staffer in the U.S. Senate and two years as a private clinician in Tegucigalpa, Honduras.

Review and Closing

Jose Quiroga, M.D. and Lin Piwowarczyk, M.D., M.P.H.
Jose Quiroga, M.D. is the former medical director and cofounder of the Program for Torture Victims in Los Angeles. An authority on torture and trauma issues, he has worked in the rehabilitation of torture victims for more than 35 years. Arriving in America after the Pinochet military coup in Chile forced him to flee his native country, Dr. Quiroga has been assistant professor at UCLA in the School of Medicine and Public Health, has served as associate director of Preventive Cardiology at UCLA and is former vice president of the International Rehabilitation Council for Victims of Torture based in Copenhagen. Dr. Quiroga currently serves on the Local and National Board of the Physicians for Social Responsibility-Los Angeles. Dr. Quiroga has published on public health, human rights and torture.

Dr. Piwowarczyk’s biography can be found on page 8.
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Table prepared by Jose Quiroga, M.D.  
February 23, 2015
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<td>NCTTP’s 2014 Research Report — Diagnosis and Treatment</td>
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<td>Approaches to Treatment</td>
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<td>NCTTP Centers’ Research — Approaches to Legal Challenges</td>
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Abstracts for NCTTP Presentations

Survivors of Torture in Treatment Programs in the U.S. – Data FYs 2008-2014: Types of Torture, Demographic Characteristics, Pilot Data on Medical Conditions

Crystal Riley, M.A. and S. Megan Berthold, Ph.D., L.C.S.W., Chair & Co-chair of the NCTTP’s Research & Data Committee

Background: An estimated 600,000 to 1,200,000 survivors, tortured by foreign governments, now live in the U.S. Country-wide data on torture survivors who seek treatment is very limited throughout the world.

Methods: Building a voluntary, collaborative process from collecting basic demographic to complex diagnostic and functional outcome data, with institutional review board oversight, the NCTTP amassed data on over 10,000 individual torture survivors newly admitted in 24 centers across 17 states, fiscal years 2008 through 2014.

Results: NCTTP data documents widespread torture. Survivors came from at least 126 countries, 86% of which are signatories to the United Nations Convention against Torture. Ethiopia, Iraq, Somalia and Bosnia consistently contributed the most torture survivors. Both males and females reported all types of torture. Psychiatric diagnoses showed high rates of posttraumatic stress disorder and depression.

Implications: The unprecedented scope of the NCTTP data provides evidence for national and international agencies to document torture’s magnitude, identify major countries of torture practice and build effective policies of prevention worldwide.

Future Directions: Research informed treatment for torture survivors will bring longer, more productive lives for survivors and will burgeon increased understanding of torture’s PTSD and its intricate interactions with major illnesses of hypertension, diabetes, traumatic brain injuries and dementia.

The Mental Health Sequelae of Traumatic Head Injury in South Vietnamese Ex-Political Detainees Who Survived Torture

Richard F. Mollica1, Miriam C. Chernoff2, S. Megan Berthold3, James Lavelle1, In Kyoong Lyoo4, Perry Renshaw5

1 Harvard Program in Refugee Trauma, Department of Psychiatry, Massachusetts General Hospital
2 Center for Biostatistics in AIDS Research, Harvard School of Public Health, Boston, Massachusetts
3 University of Connecticut, School of Social Work, West Hartford, Connecticut
4 Ewha W. University, Graduate School of Pharmaceutical Sciences and Ewha Brain Institute, Seoul, South Korea
5 Interdepartmental Program in Neuroscience, University of Utah, Salt Lake City, Utah
Little is known about the relationship between traumatic head injury (THI) and psychiatric morbidity in torture survivors. We examined the relationship between THI and depression, PTSD, post-concussive syndrome (PCS), disability and poor health status in South Vietnamese ex-political detainees who survived incarceration in Vietnamese re-education camps. Surveys were conducted with a community sample of ex-political detainees (n=337) and a non-THI, non-ex-detainee Vietnamese refugee comparison group (n=82) resettled in the Greater Boston area. Nearly all of the ex-political detainees (99.1%) and one quarter (24.4%) of the comparison group reported experiencing torture. 78% of the ex-political detainees had experienced THI. 90.6% of the ex-political detainees and 3.6% of the comparison group had experienced seven or more trauma events. Depression and PTSD were greater in ex-detainees than the comparison group (40.9% vs. 23.2% and 13.4% vs. 0%). Dose-effect relationships for THI and trauma/torture in the ex-political detainee group were significant. Logistic regression in the pooled sample of ex-detainees and the comparison group confirmed the independent impact of THI from trauma/torture on psychiatric morbidity (OR for PTSD=22.4; 95% CI: 3.0-165.8). These results demonstrate important effects of THI on depression and PTSD in Vietnamese ex-detainees who have survived torture.

Addressing the Needs of Survivors of Torture with Complex Psychosocial Presentations Within a Multidisciplinary Service Model: An In-depth Case Exploration

Kassie Collingridge, M.S.W., Lead Case Manager; Alison Burke, M.S.W., Case Manager; Saara Amri, L.P.C., Program Coordinator; James Griffith, M.D., Leon M. Yochelson Professor and Chairman; Department of Psychiatry and Behavioral Sciences, George Washington University

Working with survivors of torture (SOTs) can present unique challenges that require a multidisciplinary approach to meeting the needs of the population. Many SOTs struggle with lack of stable housing, limited access to basic needs, social isolation, acculturative stress and mental health difficulties. There are certain cases where the level of collaboration required on behalf of service providers exceeds what may be expected in serving SOTs. These individuals often present with chronic severe mental illness, cognitive limitations, physical impairments, serious physical illnesses and profound socioeconomic challenges all of which are complicated by their torture and trauma experiences and frequently impede progress achieved during service delivery. High level and intensive collaboration demand the active participation of in-house providers including therapists, social workers, psychiatrists and attorneys, as well as community providers such as schools, health departments and facilities, social services, child protective services or the criminal justice system. In the past year, the Program for Survivors of Torture and Severe Trauma (PSTT) has observed an increase in SOTs with chronic and complex clinical presentations and socioeconomic realities. In this presentation, PSTT will present and discuss two cases that illustrate the hardships these individuals experience and highlight best practices in addressing their unique needs.
Re-thinking Post-Traumatic Stress Disorder in Refugees and Torture Survivors: the Applicability of Chronic Traumatic Stress (CTS) to Guide Assessment, Intervention and Policy

Karen M. Fondacaro, Ph.D., Director, New England Survivors of Torture and Trauma; Emily C. Mazzulla, Ph.D., Associate Director, New England Survivors of Torture and Trauma (NESTT)

A wide range (14-92%) of survivors of torture seeking services receives a diagnostic label of Post-traumatic Stress Disorder (Basoglu et al., 2001; Moisander & Edston, 2003; Shrestha et al., 1998; Wenzel et al., 2000). However, cultural differences and complexities of some clinical presentations do not map onto PTSD diagnostic criteria (Hinton, 2002), and therefore are not appropriate for this diagnosis or for empirically validated PTSD treatment options. Data from 136 refugees and survivors of torture receiving services at our outpatient clinic were examined. Results indicated that 61% of participants (n=83) met clinical thresholds for PTSD as measured by the Harvard Trauma Questionnaire. Ninety-six percent of those who did not meet clinical thresholds (n=51) reported having experienced traumatic events that they perceived as functionally impairing. In this presentation, we review existing diagnostic categories for labeling traumatic stress disorders and propose an alternative framework that includes children, adolescents and adults not currently captured by existing diagnostic options. We conclude that our conceptualization is non-pathologizing, respects a wide range of responses, validates human suffering and may be used to guide effective assessment, treatment and policy decisions.

Group Therapy for Survivors of Torture: A Literature Review

Mary Bunn, M.A., L.S.C.W., Ph.D. Candidate, Adjunct Faculty, University of Chicago School of Social Service Administration; Charles Goesel, M.A., Ph.D. Candidate, Content Coordinator, National Partnership for Community Training; Mélodie Kinet, M.P.H., M.B.A., Director, National Partnership for Community Training; Faith Ray, Project Manager, National Capacity Building Project

Methods: The authors conducted a systematic review of scholarly journals and manuscripts. The search was limited to articles published in English that focused on group treatment with torture survivors.

Findings: The authors selected 42 articles and chapters for review describing a variety of group interventions for survivors of torture, including:

- Supportive Group Therapy
- Empowerment Workshops
- Group Treatment for Sleep Disorders
- Den Bosch model
- Wraparound approach
- Stage-oriented model
The interventions reviewed were varied in approach and format: present-day and past-focused groups; structured, time-limited groups; and flexible, ongoing support groups. The studies took place in diverse locations, including Denmark, Germany, Guinea, Namibia, the Netherlands, Palestine, Serbia, the U.S., the UK and Zimbabwe, and, in conflict, post-conflict and/or humanitarian settings. The interventions were facilitated by licensed mental health professionals and paraprofessionals and bilingual/bicultural staff, or a combination of the latter two.

Interpretations: The authors discuss the studies’ varying positions on group composition and content, facilitation, measurement strategies and challenges. Overall, group therapy is found to be an effective treatment modality for survivors of torture.

Conclusions: This paper points to a growing interest in the topic of group treatment for torture survivors, providing a comprehensive picture of group-based interventions and highlighting areas for knowledge-building.

Survivors of Torture – Case Management Assessment Tool (SOT-CMAT)

Joan Hodges-Wu, B.S., M.A. in Refugee Care, M.S.W. Candidate; Michaela L. Zajicek-Farber, M.S.W., L.C.S.W., Ph.D., Associate Professor, The Catholic University of America; Bonnie Kern, Ph.D., Director of Programs, International Institute of Connecticut

Torture treatment requires a coordinated system of care (Sankar & Brooks, 1998) that addresses the physical and psychological sequelae of trauma as well as environmental factors associated with the stress of immigration and acculturation (Kira, 2002). Such care requires multi-systemic awareness that integrates ecological systems thinking with knowledge of human behavior, community resources and client empowerment (Kira, 2010). Clinical case management is an important component of torture treatment because it acknowledges the triangular relationship between the client, the service provider and the environment (Manoleas, 1996). Unfortunately, difficulties are encountered when addressing the multifaceted needs of survivors because tools for clinical case management assessment are few, and if they exist (Barneche & Matos, 2014), they lack integrated focus (Jaranson & Quiroga, 2011). The Survivors of Torture – Case Management Assessment Tool (SOT-CMAT) is a practice tool developed to assess survivor psychosocial wellness. Recently, the International Institute of Connecticut’s SOT program participated in pilot testing of this new tool, recruiting 28 individuals. Results of repeated measures analysis revealed that participants significantly improved in their psychosocial wellness over nine-month period. The purpose of this project is to present and discuss the initial data, theoretical structure and potential benefits of this tool for practice.

Integrated Care of Torture Survivors: A Collaborative Approach to Identifying and Serving Torture Survivors Through Partnerships and Training
While the Newcomer’s Health Program at the San Francisco General Hospital Refugee Medical Clinic provides approximately 300 new health assessments of refugees and asylees annually, significant barriers to identifying and coordinating services for torture survivors exist within the public health system. Both physicians and interpreters have conveyed reluctance in addressing trauma histories and subsequent sequelae of trauma with refugees and asylees, citing lack of time and culturally appropriate screening tools, discomfort with emotional distress of patients and concerns related to barriers in accessing mental health treatment. The Trauma Recovery Center – Survivors International was implemented to provide comprehensive services to torture survivors using an approach that integrates assertive outreach, psychiatric medication management, clinical case management, trauma-informed psychotherapy, substance abuse services and coordination with other providers. To facilitate coordination of these services, Trauma Recovery Center – Survivors International has collaborated with interpreters, physicians and behavioral health providers to increase identification of torture survivors. Trainings on assessment of torture survivors have yielded an increase in self-efficacy of providers to detect torture survivors, manage overwhelming feelings of patients and abate their own vicarious traumatization through self-care. In addition to training results, key anecdotes about collaboration within multidisciplinary programs will be discussed.

Measuring Outcomes Among Torture Survivors: Applying Lessons Learned About Cognitive Aspects of Measurement

Standardized measurement of clinical and psychosocial outcomes among torture survivors is essential for evaluation and identification of effective treatment approaches. However, measuring outcomes in survivors who differ in terms of culture, language and literacy poses multiple challenges. Theory and evidence on cognitive aspects of measurement provide insights into how
people understand and answer standardized questions that can be applied to outcome measurement. For over a decade, the UCSF Trauma Recovery Center has examined cognitive aspects of measuring outcomes among diverse trauma survivors, finding that brief, concrete measures with simple response options perform best. These measurement principles appear even more important for measuring outcomes among survivors of torture, particularly when working with interpreters. This presentation will outline key cognitive considerations in standardized measurement that can inform selection of measures, summarize research evidence on measures of trauma-related outcomes and discuss specific issues relevant to torture survivors.

**Seeking Asylum: Challenges Faced by the LGBT Community**

Lin Piwowarczyk, M.D., M.P.H.; Pedro Fernandez, M.D., Anita Sharma, J.D.

Empirical evidence shows that LGBT asylum seekers have unique challenges and stressors that are not being currently addressed, including legal/immigration issues, psychological and sociological struggles, cultural insensitivity and discrimination. The aim of this study is to describe patients who presented with persecution due to being a sexual minority to the Boston Center for Refugee Health and Human Rights (BCRHHR). A retrospective chart review was completed of patients self-identified as lesbian, gay, bisexual or transgender seen through the BCRHHR. Nearly all experienced persecution due to their sexual orientation. The circumstances of disclosure/exposure were often traumatic in nature. In several, efforts by others were made to change their sexual orientation – often through forced marriage. Those in same-sex relationships had relationships that were often marred by tragedy. All presented with symptoms of depression and anxiety. Providers need to be attuned to the potential traumatic histories of those fleeing persecution due to sexual orientation, and the medical, social, psychological and legal implications.

**Contribution of Psycho-forensic Reports Using the Istanbul Protocol at the Inter-American Court of Human Rights: Mapuche Chiefs and Leaders versus Chile**

Ruth Vargas-Forman, Ph.D., Clinical Psychologist, Mental Health Counselor, Torture Treatment Center, Intercultural Psychiatric Program at Oregon Health & Science University

**Background:** The Inter-American Court of Human Rights found the Chilean State in violation of the rights of eight indigenous leaders who were convicted under an anti-terrorism law. The verdict released on July of 2014 is the first condemnation of the Chilean government regarding discrimination against members of the Mapuche People, and this is the first world level precedent regarding the disproportionate application of antiterrorist laws specifically targeting indigenous rights claims.

**Methodology:** The psychological affidavits, based on the Istanbul Protocol, provided the Court with elements to define the detrimental impact at personal,
family and community levels of the application of the "Anti-Terrorist Law."
The psychological reports submitted in this case had a great influence in the
determination of the verdict and on the restitution decision as evidence in the
ruling of the Inter-American Court.

**Conclusion:** This experience offers: a) a unique opportunity to understand the
essential role of the psycho-forensic evidence at the Inter-American Court of
Human Rights, b) demarcates the relevance of culturally sensitive psycho-
forensic reports when seeking redress of human rights abuses at national and
international justice systems, c) explores the consequences of the application
of the "Anti-Terrorist Law" and observes the protective practices of the
Mapuche People in coping with the multidimensional impact of human rights
abuses experienced, and d) encourages the use of the Istanbul Protocol to
document collective and individual human rights abuses impacting indigenous
communities.

**Patterns of Emergency Department Use by Torture Survivors at the Libertas Center for Human Rights**

**Bradon Hexom, M.D., Associate Medical Director, Libertas Center for Human Rights, Queens, NY; Ruyan Rahnama, M.S., third-year medical student, Icahn School of Medicine, Mount Sinai, NY; Anjali Hulbanni, M.D., Leah Weinzimer, L.M.S.W., Dinali Fernando, M.D., M.P.H.**

**Methods:** This study sought to understand patterns of Emergency Department
(ED) use by torture survivors at the Libertas Center. It was hypothesized that
clients will more appropriately utilize the ED after accessing care through
Libertas. The study was a retrospective chart review of primary torture
survivors over age 18 who sought care at Libertas and its affiliated ED
between 2007-2013. Demographic information, torture history and acuity and
disposition of ED visits before and after Libertas intake were extracted. ED
visits were coded by chief complaint according to the Reason for Visit
Classification code, and by diagnosis according to ICD9-CM codes, which
were further classified as non-emergent, emergent/primary care treatable,
emergent but preventable, emergent and not preventable or injury.

**Findings:** Study subjects were predominantly male (67%), aged 25-55 (60%)
and most commonly from Colombia (21%). Most frequent types of torture
were threats/psychological (88%), beating (74%) and rape/sexual violence
(33%). Subjects had 90 ED visits, of which 47 occurred before subjects’
Libertas intake and 43 after. 45% of ED visits before intake were acute or
critical versus 65% after intake. Hospital admissions increased from 9%
before intake to 16% after. After classification, 19% of ED visits before intake
were likely truly emergent versus 28% of visits after. Additionally, the
number of visits dispositioned as against medical advice or left without being
seen decreased from 19% before intake to 0.05% after.

**Principal Conclusions:** The Libertas Center may increase clients’ knowledge
about appropriate use of medical resources and increase access to non-
emergent medical care.
Predictors of Mental Health and Functioning: the Role of Time, Cumulative Torture and Cultural Resources

Suzan Song, M.D., M.P.H., Ph.D., Medical Director, Asian Americans for Community Involvement (AACI)/Center for Survivors of Torture (CST); James Livingston, Ph.D., Senior Psychologist (AACI/CST)

Methods: Secondary analysis of participant data of N=280 survivors of torture. Pre- and post-migration data was analyzed using four unique multiple linear regressions for depression (HCL-25), anxiety (HCL-25), posttraumatic stress (PCL) and functioning (GAF and CAFI-XC). Regressions included: Step 1 (gender, age, housing), step 2 (time to services, cumulative types of torture) and step 3 (resources - external risk, mental health, family, and social).

Findings: (A) For anxiety and PTSD, step 2 had an R2 change 0.14 with time to present for services (B=0.27 anxiety, 0.33 PTSD) and cumulative torture (B=0.16 anxiety and PTSD). (B) For depression, step 2 had an R2 change of 0.07, with time to present for services (B=0.24). (C) Function analyses showed only time to present for services was the unique predictor to GAF (B=0.15).

Interpretations: Female, older age and inadequate housing are risk factors for mental distress, but adding cumulative types of torture independently predicted depression and anxiety. Controlling for those variables and adding time to present for services showed the latter was a principal predictor of depression, anxiety and PTSD. Poor family relations predicted anxiety and stable social connectedness predicted better functioning.

Principal conclusions: Providers of care should be mindful about cumulative torture and the time to seek services as more predictive of mental distress and functioning than types of torture or basic needs. The CAFI-XC is a useful tool in identifying cultural functioning resources to predict mental distress.

Monitoring, Evaluation and Research Capacity Building: Skill Building to Enhance Mental Health Programming and Service Delivery

Jennifer J. Esala, Ph.D., Research Associate, The Center for Victims of Torture; Craig Higson-Smith, M.A., Research Associate, The Center for Victims of Torture (CVT); Taing Sopheap, Research Coordinator, Transcultural Psychosocial Organisation (TPO) Cambodia

The future of the global movement against torture depends upon the capacity of centers around the world to collect, manage and use client information in ways that enhance programming and service delivery. Unfortunately, the majority of centers have limited technical capacity in this regard. Over the past fifteen years, CVT has tested various approaches to capacity building in countries in Africa, Eastern Europe, the Middle East and Asia. In this presentation we will present the core components of our evolved approach to monitoring, evaluation and research capacity building. These components include: principles of
ownership and responsibility in capacity building; the core elements of "sufficient" capacity; ideal types of support and contact; length of engagement (dosage); and assessing the impact of capacity building. Additionally, in the form of a case study, we will examine the development of our capacity building work with TPO Cambodia and the way this work created the opportunity for a collaborative randomized control trial. This presentation will reflect on the core principles of capacity building and examine how those principles are enacted in cross-cultural partnerships and in real world contexts.

**Integrated Behavior Health Care for Karen Refugees: A Qualitative Inquiry**

Jennifer J. Esala, Ph.D., Research Associate, The Center for Victims of Torture (CVT); Tonya Cook, Doctoral Candidate, University of Minnesota

There is a tremendous unmet need for behavioral health services among refugee populations in the U.S. Integrated care is one promising approach to improving refugee populations’ access to high quality mental health services, and it is receiving increasing resources from funding sectors as part of health care reform. While there is much excitement about integrated care, there remains a clear need for research on how integrated care works in practice and how it works for specific populations. CVT's Healing Hearts Project provides integrated mental health services and targeted case management to Karen refugees in two primary care clinics. As a part of a larger randomized control trial to study the effectiveness of this intervention, CVT is conducting in-depth interviews with each of the study participants (anticipated N = 300) about their experiences of integrated care. From this rich narrative data, we will describe the nuanced ways that integrated care both meets and falls short of meeting the health care needs of this population in this setting. Additionally, we will provide reflections from our Healing Hearts team on the practical implementation of integrated care. These findings will inform best practices for providing integrated care to better meet the specific needs of refugee populations.

**Prosocial Engagement Concurrent to Posttraumatic Distress: Implications for Assessment and Treatment**

Jenifer Wolf Williams, Ed.D., L.P.C., Volunteer

Trauma survivors engage in higher levels of prosocial activity than similar peers (Frazier et al., 2012), and some emerge as leaders in causes related to their trauma experience (Fazio, 2009; McGovern, 2006). Posttraumatic prosocial leaders include survivors of torture and trafficking and their work promotes both healing and prevention (Cadet, 2011; Irivuzumugabe, 2009). Yet little is known about prosocial engagement as a trauma response, and little guidance is available to survivors who hope to make prosocial contributions (Frazier et al., 2012; Fazio, 2009; McGovern, 2006). In this exploratory study of posttraumatic prosocial engagement, Williams (2013) analyzed autobiographical narratives of survivor leaders who varied by global region, primary language, gender, ethnicity and trauma type. Across all narratives,
survivors acknowledged distress symptoms (depression, nightmares, hyper-irritability, etc.) concurrent with periods of effective prosocial engagement. These observations have implications for assessment protocols to include measures of prosocial activity, and for future inquiries into the therapeutic value of prosocial engagement. Acknowledgement of distress among survivor leaders underscores the importance of reflectiveness, authenticity and disclosure, and it provides the hopeful message that survivors need not wait for full symptom remission to initiate desired prosocial actions.
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The NCTTP exists to advance the knowledge, technical capacity and resources devoted to the care of survivors of torture and to act collectively for the purpose of preventing torture worldwide.