Psychosocial and Psychotherapeutic Approaches to Victims of Torture

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Post torture syndromes

- PTSD*
- Anxiety disorders
- Depression
- Psychosis
- Post traumatic personality disorder
- Insomnia
- Substance Abuse

- Chronic pain
- Somatic disorders
- Brain Damage/ Organic mental disorders

- Loss of Function
  - Deconditioning
  - Physical disability
  - Emotional disability
SUBCORTICAL TRAUMATIZATION

- Traumatic event
- Subcortical Memory
  - Amygdala
  - Thalamus
  - Auditory & Visual Stimuli
  - Olfactory & Tactile Stimuli

- Isolated Network:
  - hypothalamus, hippocampus
- High emotional valency:
  - Flashbacks
  - Nightmares
  - Panic attacks
  - Hyperarousability

- Hyperarousability
Solid colours represent increased functioning and lighter shaded areas represent decreased functioning.
Example of a “fear network” (from Schauer, Neuner, & Elbert, Narrative Exposure Therapy)
CHRONIC PAIN:
impact and co-morbidity
Somatization
Pain sensitivity
Cognitive distortion
  Catastrophizing
  Symptom magnification
Enforced passivity

Psychiatric and Neurocognitive Sequellae
Health impact of chronic stress

- Heart disease
- Diabetes
- Peptic ulcer disease
- Compromised immune system
- Growth problems
- Impaired memory
FUNCTION AFTER TORTURE
Impact on ICF defined functions

Impaired body functions:
- Impaired locomotion, e.g. walking
- Impaired memory and attention
- Impaired socialization
  - Avoidance
  - Emotional instability

Restricted activity and participation
- Family life
- Work
- Civil society
- Religion/spiritual life
THE IMPACT OF TORTURE
Effects of Torture... on a Society

- Terror
- Paranoia
- Repression
- Political control/domination
- Polarization
.....on a Victim

- Anger
- Fear
- Anxiety
- Depression
- Guilt
- Paranoia
- Demoralization
- Sense of stigma & exclusion
Change in Personality?

- Loss of basic trust
- Paranoia
- Loss of belief > skepticism
- Self defenses
  - Anesthesia
  - Denial
  - Dissociation
Refugees and Triple Traumatization

- **1. Trauma in home country that causes flight**
  - Killings, torture and other violence
  - Persecution and discrimination

- **2. Loss, departure and flight**
  - Separation from usual surroundings
  - Dangerous, costly and unpredictable journey

- **3. Demands and barriers in receiving country**
  - Short term: distrust and insecurity
  - Long term: language- and cultural barriers, discrimination, marginalization
THE TREATMENT OF TORTURE SURVIVORS
Decline in health
Hypertension
Diabetes
Chronic pain
Brain injury

Psychological sequellae
(PTSD, depression, substance abuse, family violence, etc.)
Shame
Guilt
Demoralization
Apathy
Paranoia
Loss of trust

Social withdrawal
Collapse of family structure
Loss of economic capability
Loss of social capital

SALUD
SPRITUAL
SOCIETAL
TRAUMATIZED
INDIVIDUAL
What should be the goals of treatment?

-Cure?
-Symptom relief?
-Social reintegration and empowerment?
-Justice and accountability?
Optimal Conditions for Trauma Therapy

- Health+
- Safety+
- Basic needs+
- Motivation+
- Medication/drugs +/-
- Guilt+/-
TREATING TORTURE SURVIVORS ("combination therapy")

- Primary health care
- Specialized health care
- Physical rehabilitation
- Psychiatric rehabilitation
- Psychosocial rehabilitation and community based interventions
- Special populations (children, elderly)
- Gender sensitivity
Rehabilitation: An Interdisciplinary Model of Care

- Psychosocial support
- Medical treatment
- Cognitive behavioral therapy
- Physical therapy
- The patient is a member of the treatment team
Psycho-social support

- Basic needs
- Education about symptoms
- Self regulatory training
- Socialization
- Social services
Cognitive-Behavioral Therapy

- Exposure to traumatic memories > desensitization
- Cognitive reappraisal
  - overcomes the defenses of numbing, dissociation, fragmentation, and forgetting
- Transformation by new learning
- Overcoming pain
Socio-Political Aspects

• Altruism
• Reconnection with political commitment
• Social reconciliation
Progression of therapies to treat severe emotional traumatization

- Psycho-social support: food, clothing, shelter, medical care
- Expressive therapies
  - Art
  - Dance
  - Music
  - Play
  - Other representational approaches
- Narrative therapies
  - TFCT/TFCP
  - EMDR
  - PET
  - NET
  - TT
Goals of Narrative Therapy

• Transformation of trauma story from an account of “shame and humiliation” to one about “dignity and virtue”

• Relief of emotional distress
  – Catharsis
  – Insight
  – Exposure desensitization
  – Cognitive restructuring

• Improvement of function
ASSISTING THE HEALING PROCESS

CORTICAL MEMORY (consciousness)

COMMUNITY

TRUTH AND RECONCILIATION: Justice Reparation

COMMUNITY SUPPORT

SENSITIZATION
Rituals
Spirituality
Empowerment
Destigmatization

CONFRONTATION:
Experience the affect

TELLING THE TRAUMA STORY

THERAPIST

Psycho-education
Strategies for panic dissociation

Empathic support

SAFE PLACE

SUBCORTICAL MEMORY

empathy

trust

TRUTH AND RECONCILIATION: Justice Reparation

COMMUNITY SUPPORT

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Cochrane Collaborative “Best Practices” for PTSD

- Psychopharmacotherapy (SSRIs)
- Trauma Focused Cognitive Behavioral Therapy (TFCBT)
  - Eye Movement Desensitization Reprogramming (EMDR)
  - Prolonged Exposure Therapy (PET)
Other therapies with positive observational trials

- Narrative Exposure Therapy
  - (recent small RCT)
- Testimonial Therapy
- **Imaginal exposure**: reliving the trauma during the therapy session

- **In vivo exposure**:
  - fear and avoidance hierarchy
  - homework of exposure experiences

What about clients with multiple traumatic events?
Autobiographical memory

• **Lifetime periods<> chapters**
  – Relationships
  – Occupations
  – Places lived

• **General events<> pages**
  – Repeated
  – Single
  – Landmark events
  – Mini-histories

• **Event specific knowledge**
  – Hot memories: situationally accessible (reactive to stimuli)
  – Cold memories: verbally accessible (intellectually retrievable)
• Construction of narrative biography
• Empathic support of re-experiencing and re-processing the fear memory (exposure)>
  chronological re-structure of experience
  – Separate traumatic memory from conditioned emotional response thru detailed narration
• Testimony created and edited
• Testimony signed
• Survivor keeps the narrative
• Best suited to victims of multiple events of TOV
• 4-6 sessions
• Different than PET and TT:
  – All + and – emotional moments from birth on
  – Reliving all those moments (sensations, perceptions)
  – Elements of the emotional network assigned specific place and time in the life story
EMDR (eye movement desensitization and reprocessing)
Hypothesis of why EMDR works

- Isolated Network
- Adaptive Informational processing
- Revisualize trauma
- Replace adversive qualities with alternate cognitions
- New associations
- Dual attention stimulus
Testimonial Therapy
The 2 Functions of Testimony

• **Objective recording**-
  – Evidence, attestation, proof, advocacy

• **Subjective expression**-
  – Disapproval, condemnation, protest
  – Catharsis
  – Healing
  – Psychotherapeutic
Chile, 1983
Cienfuegos and Monelli: “The testimony of political repression as a therapeutic instrument”

- Political/historic>therapeutic
- Confirm and document a reality that people had experienced
- Create a document so as to avoid re-traumatization by repetitive telling
- Provide symptomatic relief by catharsis
  - Integration of the trauma
  - Restore self esteem

- For victims of torture and organized violence
- A **psycho-legal** approach
- Trainee groups were human rights activists and community workers without prior mental health training
- a **brief therapy** intervention
- re-integration of survivors into the community
- development context specific **manuals** (in English, Hindi, Sinhalese, and Cambodian)
- defined and measured outcomes (M&E)

* Rehabilitation and Research Centre for Torture Victims, Copenhagen
Asian Model: 4 sessions

1. Session one: **Opening** the story
2. Session two: **Closing** the story
3. Session three: **Delivery** ceremony
4. Session four: **Follow up**
Other essential elements

1. Meditation and Mindfulness integrated
2. Community-based delivery rituals introduced

• both Western (anger management, classical conditioning) and Eastern (relaxation methods, meditation) elements.
• cost effective model of psychotherapy which can be done at the victim’s “doorstep”.
Results: WHO 5 Total Score

- Tendency toward higher total scores after testimonial therapy than before
- Range is 0 (worst) to 20 (best)
- Mean pre-TT was 8.6
- Mean post-TT was 13.32
Results- Participation Scale

- 17 questions
- Scoring for each item:
  - 0- normal
  - 1- no problem
  - 2- small problem
  - 3- medium difficulty
  - 5- a lot of difficulty
- Range of scores is 0(best)- 85(worst)
- Pre-TT mean score was 31.25
- Post-TT mean score was 13.25
Survivor’s Wishes for Use of Testimony

- 80% want it published or used for human rights work
Conclusions

• The results clearly demonstrate improvement in wellbeing and participation activities
• The results cannot confirm any change in anger or any improvement in physical pain
• Testimonial therapy is a brief therapy that can be used by human rights organizations with and without expertise in mental health
• More research and refinement of the technique is required