Serving Children Who Are Torture Survivors

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Our goals today

• Understand what predicts how kids function after war.
• Be able to use these predictors as a guideline for assessment of children in treatment.
• Discuss techniques that work in a clinic-based environment such as storytelling.
• Discuss movement-based, experiential techniques that work in many environments.
We will begin with a few facts about refugee children.
Refugee children

- 35 million refugees and IDPs worldwide—1/2 are children (US Committee for Refugees, 2002)
- 2 million killed, 6 million injured, 1 million orphaned, 10 million “traumatized” in armed conflicts from 1986-1996 (UNICEF)
- Child soldiers currently exceeds 300,000 (Coalition to stop the use of Child Soldiers, 2002)
- Modern warfare—children are the largest group affected, societal structures (education, health, hygiene, nutrition) completely destroyed or disrupted.
What are the predictors of functioning for war-traumatized children?

I.e., What variables help you to understand how the child in front of you is coping?
These predictors are important to keep in mind when treating a traumatized child

- Parental reactions to the trauma
- Degree of exposure to traumatic events
- Degree of disruption of family unit and routine in the aftermath of trauma
- Availability of positive social supports (i.e. school, community organizations, extended family)
- Overall resilience and competence of child
So, build these predictors into your assessment of the child. How?
Parent functioning: Don’t be afraid to find out how the parents are doing—ask and observe!

Note: Parents’ avoidance of traumatic material may hinder this goal.
Exposure: Find out as much detail as possible about what the child experienced without retraumatizing (this may take time.)

Note: You may need several reporters
Disruption: Spend time learning about their pre-war lifestyle.

Note: You should be able to picture the child’s life and routine before the trauma.
Social Supports: Who else matters to this child and are they available to him/her?
Resilience/Competence: What was this youngster like before this? Get a thorough developmental history.

Note: Vulnerable kids do worse after a trauma.
Gibson’s model of impact of political violence on children (1989)

- EXPOSURE to the immediate stressful events of political violence
- INTRA-PERSONAL factors such as temperament, gender, development
- INTER-PERSONAL and contextual variables such as parental functioning, other family issues, social support
- CONTEXT of the broader, environmental frame of reference—social, political, economic deprivation
Moving towards treatment
Symbolic Work: A case example

- Kosovar family: 6 kids (ages 6-19), 2 parents
- 8 year-old targeted by burning on scalp in front of whole family
- Family fled to refugee camp after home was destroyed and then US resettlement
- Mother was severely depressed
- 8 year old sx: acting out, fighting, withdrawing
Case (contd.)

• Early open-ended session with children led to intense spilling of traumatic details: bodies hanging in trees, woman murdered, people fleeing, brother burned. (Session with mother had same quality.)

• 8 year-old boy very withdrawn in session
Case (contd.)

• Family Work
  – Goals:
    • Strengthen depressed mother’s fx with meds
    • Enhance mother’s empathy towards children
    • Strengthen siblings’ connection
    • Strengthen traumatized boy’s functioning--decrease acting out.
Case (contd.)

• Family Work
  – Methods used:
    • Drawing memories of favorite part of life in Kosovo
    • Telling stories of what we miss in Kosovo
    • Educating therapist about the war in Kosovo
Case (contd.)

• Mobilizing the spilling into something more integrated
  – Technique: Story-telling for a little girl from Kosovo
  – “I know this little girl from Kosovo and she’s having trouble at school. Sometimes it’s hard to pay attention because she gets bad memories about Kosovo. One time she even hit someone on the playground. Can you guys help me give her some advice?”
Case (contd.)

• Process: Siblings work together to come up with advice for her. 8 year-old engaged for the first time.

• Product: Book with advice for the little girl (my interp. in parentheses.):
  – stay cool (cope)
  – talk to your brothers and sisters (relationship building)
  – tell your teacher, “Kosovo boom-boom” when she asks why you’re sad (build empathy)
  – be like Van Damme (mastery/counterphobic)
Case (contd.)

• Primary gain from story-telling
  – Boy’s acting out decreases

• Secondary gain from story-telling
  – Sibling connection is strengthened
  – Mother’s empathy is increased
Family Therapy

- Return to normalcy
- Rebuilding sense of security, safety
- Reinstitution of executive functions of parents
- Assist parents in hearing child’s experience—may be intolerable
- Creation of a family narrative—shared meaning-making experience
Therapy with young children

- Use play, drawing, and story-telling
- Can move from discharge to defense to symbolic expression
- Goal is to put the “repetitive, anxiety-ridden play into words” (Green & Kocijan-Hercigonja, 1998)
- Can provide opportunities to master, “fix” what happened
- Integrate parents in for reassurance of safety
- Emphasis on return to normalcy
Integrating trauma symbolically: the progression

- Spilling
- Drawing
- Displaced storytelling
- Real problem solving
What happens when this information is not available (i.e. working in post conflict contexts; in low resource, insecure settings; when parents or potential informants are unavailable due to war, torture, death, etc.)?
The Biology of Childhood Development: Why Movement Matters

What is Somatic Psychology?
What is Dance Movement Therapy?
Development and Evolution: The Communication Continuum

Movement
Symbolic
Spoken Language
Technological
The Developmental Progression

- YIELD
- PUSH
- REACH
- GRASP/PULL
Basic Neurological Actions

- Spinal Push (head fish)
- Spinal Reach (pelvic floor fish)
- Homologous Push (both hands) (amphibian)
- Homologous Push (both feet) (amphibian)
- Homologous Reach (both hands) (amphibian)
- Homologous Reach (both feet) (amphibian)
- Homolateral Push (same side hand and foot) (reptile)
- Contralateral Reach (opposite side hand and foot; crawl) (mammal)
Bruce Perry

- Childhood Trauma, The neurobiology of adaptation, and “Use-dependent” Development of the Brain: How “States” become “Traits”:
  - “Use dependent internalization of the fear response - a “state” memory - can be built into a mature brain (e.g., combat-related PTSD). In the developing brain, these states organize neural systems, resulting in traits.”

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Bruce Perry

- “Somatosensory” Sound Bath
- Facial Expression
- Synchrony of verbal and non-verbal communication
- Pleasure
- Curiosity
- Play
- Rhythm
Alan Schore

- Early abuse negatively impacts the developmental trajectory of the right brain, dominant for attachment, affect regulation, and stress modulation, thereby setting a template for the coping deficits of both mind and body that characterize PTSD symptomology.
Stephen Porges

Porges (2004), based on his research of the Poly Vagal Theory and Social Engagement Systems, has developed interventions that are behavioral in nature and biologically based that improve social behavior, a common symptom of trauma secondary to interpersonal abuse or violence. These interventions provide acoustic stimulation that systematically modulate the neural regulation of the middle-ear muscles, muscles that need to be regulated during listening and that are linked to the nerves and muscles of the face and head involved in social behavior. Interventions that exercise neural regulation of this social engagement system, theoretically, can elicit positive social behavior. The use of rhythm and movement, which provide both acoustic and motoric stimulation, may provide a direct link to the neurological underpinnings of human action, behavior, verbal communication skills and cognitive processing.

Gray, 2005
Rudolf Steiner

“The task of the educator is not to fill up the child, but to draw forth from the child his/her wisdom and experience…children come into this world full.”
Rudolf Steiner: Seven Year Cycles

Reptilian brain: sensori-motoric; lays down our neurology so that we inhabit our body....

Limbic System: Social-Emotional- not about self-identity but about “Can I move my star? Can I go out and come in?”

Frontal Lobe: “Ideal of Evolution”
Development of neo-cortex = thinking.
Can you become awake?
Creative Arts and Movement - based Interventions

• Working with Games and Problem Solving: Successful negotiation/renegotiation
• Concepts: Space-Orientation-Regulation-Timing
• The Continuum of Language: Movement-Symbolism-Verbal-Technological
• Attachment/BNA’s (George in Haiti)
• The Heroes Journey (Kosovo following the bombing)
The Heroes Journey

• Heroes as Healthy Attachment
• Heroes and Objects Relations
• Heroes as a Way to Process, Reframe & Transform the Trauma Narrative
• Acknowledging Real Life Heroes
The Heroes Journey

- Setting: An elementary school in rural Kosovo; the school is partially destroyed by the bombing and the war. Over half of the children have lost one parent, and approximately 25% have lost both parents. Many of the parents are buried in the school yard.
- Population: Male and female children age 6-12; we work in all the classrooms. This work occurred in a classroom of 8-10 year olds.
- The children, with teachers help, have prepared a presentation. This presentation is a “Soviet style” monologue about Kosovo.
- The children are asked if they want to talk about what they experienced, and they say no - they are tired of talking about it.
- Heroes were mentioned in several of the monologues, so - I ask how many kids have heroes. They all raise their hands.
- Working with paper bags, crayons, and yarn (I only had what I could carry in one bag across the border; we entered from Macedonia) we created puppets, and each child had an opportunity to individually, in pairs, or in a group, present the heroes journey.
- Emergent Themes
Questions for The Heroes Journey

THINK OF A TIME YOU MET A HERO:
• What did your hero do to help you?
• How did you know s/he was/is a hero?
• How do heroes get to be heroes?
• What’s important to heroes? What matters to them (what do they value)?
• What does a hero need to keep being a hero?
• What kind of people can be heroes?
• How long can a hero remain a hero?
• Why do we need heroes?
• Who are your heroes?
• What’s important to your hero - what does s/he believe in? Stand for? Represent?
• If your hero were here today, what would s/he teach us? What would s/he tell us?
• Can we be heroes?
• ...(Can also work with the times when we have been a hero for someone else).