Bellevue/NYU Program for Survivors of Torture Orientation Group

4-Week Group Therapy Manual for Clinicians

Hawthorne Smith, Ph.D.
Melba Sullivan, Ph.D.
Nancy Murakami, LCSW
Katherine Porterfield, Ph.D.
Maile O'Hara, Ph.D.

Bellevue/NYU Program for Survivors of Torture
Bellevue Hospital
462 First Avenue, CD 735
New York, NY 10016

Table of Contents

I. Introduction

Survivors of torture and war trauma have been shown to be at risk for a number of psychological difficulties, including post-traumatic stress reactions and depression (Basoglu, Jaranson, Mollica, & Kastrup, 2001). While many of the individuals may not develop full-blown psychiatric conditions, it is likely that they will experience some psychological distress. In addition to their trauma experience, these individuals are often refugees, recent arrivals to an unfamiliar country and culture and have, in many cases, been separated from their loved ones. Language issues, need for employment, and basic housing are usually of paramount concern (Jaranson, Kinzie, Friedman, Ortiz, et al., 2001). A short-term supportive group model was developed to address these psychosocial and adaptational needs for a population of torture survivors presenting to a clinic in a major public hospital. This manual describes the 4-session supportive, psycho-educational group therapy for survivors of torture and severe war trauma.

The goals of this group include:

1. increasing participants' knowledge about trauma and normal reactions to trauma,
2. strengthening participants' coping strategies,
3. providing mutual support among participants, and
4. enhancing treatment readiness for those clients identified as potentially benefiting from further therapy.
5. increasing knowledge about PSOT services and how to access them

II. Before the Beginning

Patient Population

The target patient population for the Orientation Group is all persons newly admitted to the Bellevue/NYU Program for Survivors of Torture. The intervention is designed for adult clients (over 18 years of age) who have a history of torture or exposure to wartime trauma. These experiences include but are not limited to beatings about the head, beating on the soles of the feet, immersion of the head in water, electrocution of the genitals, burning, exposure to extreme cold, extreme deprivation (e.g., lack of food and water for days), interrogations, and rape and sexual humiliation. In the past, clients in the program have hailed from 80 nations in every region of the world, and have fled persecution for any number of reasons related to torture and persecution. This has included persecution based on political involvement, religion, ethnic group membership, and sexual orientation.

Therapist Characteristics and Tasks

There will be two leaders for each Orientation Group. These will be mostly masters and doctoral level graduate students who serve as program externs and interns. In the past, these practitioners have been drawn primarily from area universities (e.g., NYU, CUNY, Columbia, Adelphi, etc.), although some have come from other areas (e.g., Boston University). Each leader will receive special training and supervision for the Orientation Group. As with any psychotherapeutic work with this population, group leaders need to be compassionate, caring and open to addressing all patient concerns, especially the more painful and anxiety provoking topics mentioned in Patient Population above.

There are several tasks to be discussed by co-leaders. Before beginning the group, it is important to determine who will be responsible for the following:

1. finding and preparing an interpreter; (e.g. providing interpreter with a copy of this manual; See FAQs below)
2. contacting patients and scheduling a room,
3. scheduling guest speakers

Once the group begins, there should be ongoing conversations about:

1. group facilitation and process
2. Materials
3. Documentation (e.g. attendance record, MYSIS, database)

Both leaders are responsible for pre and post conversations with each other and the interpreter, as well as attending to co-leadership relational dynamics.

Supervision

Supervisors are licensed clinicians with a minimum of four years experience working with tortured and/or traumatized populations. When groups are co-led by trainees, they will receive weekly supervision by a licensed clinician. At times, a licensed clinician may co-lead a group. To minimize triangulation, the licensed practitioner leading the group becomes the trainee's supervisor for Orientation Group, even if they are not of the same discipline. The trainee's strengths and growth opportunities will be shared with their primary supervisor at the end of group. When a group is co-led by trainees, one staff supervisor will be identified for weekly supervision.

Working with OR Group Interpreters

There are several unique aspects to interpreting for groups, and interpreters may or may not be familiar with these nuances. Here are some **Frequently Asked Questions (FAQs)** co-leaders may address with interpreters:

FAQ1: What should I do when more than one person speaks at a time?

Group leaders will model and emphasize group members using brief statements. Group leaders also encourage members to speak one at a time, and let them know they may be reminded of this request throughout the group as needed. A statement will also be made about the group leader or interpreter interrupting if necessary to slow down the process, gain clarity, and/or maintain the safety of the group.

FAQ2: What should I do when members spontaneously respond to each other's comments?

It is ideal for group members to respond to each other. Summarize the conversation themes, and share relevant process observations (e.g. Mr. Y shared his concern, and the group is trying to encourage him that things will get better. At the same time, the group seems worried about Mr. Y's experience happening to them).

FAQ3: What is my role when a guest speaker speaks the same language as group participants?

Please sit near the co-leaders and conduct simultaneous interpretation while the guest speaks to the group.

FAQ4: Do you have suggestions for managing a 2 hour session?

Interpreted sessions are scheduled for 2 hours, significantly longer than a typical interpreted encounter. Feel free to take notes or request that participants and/or facilitators slow down the session. Sessions vary in the amount of time the interpreter will be interpreting and the amount of time patients are engaged in self-directed activities. Your willingness to adapt to this special circumstance is greatly appreciated.

Documenting Patient Contact

Prior to the first session, contact the Clinical Director for a list of potential participants. Review the intake summaries for each person referred. Appendix 1 provides a script and form for inviting patients to the group and documenting their attendance. Please document initial attempts to engage the patient in the database. Note wrong numbers and other pertinent information (e.g. work conflict).

Complete the name, MR#, Country and Medicaid columns of the record. If the MR# is not available, contact the Intake Coordinator at ext. 8713. Update the

"assignments" section and psych plan section of the database to reflect clients' group therapy plan.

After each session, complete a note in MYSIS and document attendance in the database. Session notes should include a general statement about the purpose of the session and specific comments about each attendee's participation. If a patient has not had a first medical or psychological appointment, inhibiting your ability to enter a MYSIS note, contact the Intake Coordinator at ext. 8713.

Following the final session, co-leaders recommend follow-up services for each patient and provide a rationale for these recommendations. Recommendations are documented in the database and given to the Clinical Director.

III. Goal and Structure of This Manual

Manual Goal

The purpose of the creation of this manual is to provide detailed guidelines to leaders for the conduct of the Orientation Groups in order to:

1. Provide quality service delivery which is consistent with the goals of the intervention.
2. Allow for replication of this intervention in the context of future research and/or professional practice.

As problems arise or are resolved, new guidelines may be developed, and the manual will be updated accordingly.

Manual Structure

An overview of the goals and theoretical bases for treatment structure and content is presented first (section IV). The next piece (section V) provides details on each of the sessions, including content and presentation strategies.

IV. Goals and rationale

The goals of the Orientation Group are as follows, with rationales for each presented after each in turn.

1. **To provide psychoeducation about trauma, including common reactions to trauma, and psychological difficulties that may indicate more serious problems in the aftermath of torture.**

The rationale for providing psychoeducation as a psychological intervention for survivors of torture has been well-documented (Flack, Litz and Keane, 1998) Creating a therapeutic environment in which the common reactions to trauma are discussed and explained allows patients to understand their sometimes

bewildering symptoms and experiences. For individuals who may have never struggled with psychiatric symptoms before their abuse, these can be highly disruptive and frightening. Psychoeducation creates a framework for survivors to recognize that their reactions are not "crazy" and lays the groundwork for finding ways to decrease distress.

2. **To introduce cognitive and behavioral strategies for coping with stress and emotional distress that will serve to decrease individuals' symptoms.**

For individuals who have experienced the intense loss of control that is characteristic of torture, it is essential that therapeutic interventions be designed around a resumption of feelings of agency and empowerment. Thus, therapy that is coping-focused and goal directed is recommended for survivors of torture (Basoglu et al., 2001; Marotta, 2003). This means that therapy includes active engagement with the client around his/her goals. Techniques that can enhance the client's functioning and facilitate these goals are utilized.

3. **To provide a supportive group context that will foster a sense of belonging, normalize individuals' experiences, and decrease feelings of isolation.**

The use of group therapy for survivors of torture has been recommended by a number of clinicians and theorists (Basoglu et al., 2001; Flack, Litz, & Keane, 1998; Smith, 2003). For individuals whose sense of community has been ruptured, participating in a safe, empathic group experience can be an extremely powerful and healing process. In addition, for some trauma survivors, the realization that others have endured horrific experiences and are also struggling to regain their footing can provide some relief of feelings of isolation.

4. **To screen for and prepare individuals who may need further psychological, psychiatric, or social support services, after the completion of the group therapy.**

5. **To describe PSOT services and how to access them**
   To provide an overview of the interdisciplinary services at PSOT and Bellevue hospital so that clients know how to access them and can effectively engage in them.

The importance of providing follow-up and aftercare to survivors of torture after short-term interventions has been documented in research and practice literature (Flack, Litz & Keane, 1998; Kinzie, 1985). Some individuals, however, may have positive responses to this short-term treatment and may no longer need psychological intervention; while others may continue to struggle and need some other supportive services. The current protocol recognizes this likelihood and provides further treatment should group members need it. Group leaders are

instructed to pay attention to symptom patterns throughout group sessions in order to determine who would is likely to need further services and who is not.

V. Session content

Below, the semi-structured framework and specific content to be covered each week of the group are presented. However, it is expected that there will be variability in how each individual group responds to and utilizes the material presented. In this way, each group will be unique. Age, cultural background, family history, personality, coping style, and social supports, among other things, will impact each patient's clinical presentation, concerns, and style of interacting in the group. Some information can be read verbatim and is presented in italics; however, clinicians are expected to be flexible in their utilization of the manual and sensitive to individuals' as well as the larger group's needs.

Session 1: Introduction of Group

Goals:

1. Introduce group leaders and group members to one another.
2. Introduce the rules and expectations of the group.
3. Elicit from the group members their goals and expectations for the group.
4. Introduction to the Program and to the Hospital
5. Coping strategy 1 and 2: Earth-Grounding and Wind-Deep breathing (See Appendix 6)

Guest Speaker: None

Materials:
4 Elements Bracelets
Handout: Breathing Retraining (see Appendix 3)
Metrocards
Medicaid reimbursement slips
Bellevue Hospital map
Workshop fliers
Folders and pens (Offer to keep them here)

Overview:

The first session of the group is an important introduction to what group members can expect over the next several weeks and to how the group will function. Members often arrive to the group with little previous experience with groups or therapy. They may be apprehensive about the expectations of the group or simply unclear about what is going to take place. It is important for group leaders

to use the first session to clarify to group members what will take place during the group sessions (e.g. clients may be interrupted for time and safety) and also to provide an opportunity for group members to ask questions.

Introductions: Group Leaders and Participants

After the arrival of all the members of the group, leaders begin by introducing themselves (and the interpreter). Leaders explain to group members what their position at the clinic is, as well as some other information about themselves that they feel comfortable sharing (how long they have been working at the clinic, where they were born, something they like about the area, etc.). Consistent with standard therapeutic practice, the decision about what personal information to share during the first session as a group leader should be recognized as very important, and **should be discussed beforehand between the co-leaders and their supervisor.**

For example, a decision to disclose part of one's personal identity may not feel comfortable for some clinicians. On the other hand, the recommendation that group leaders share some kind of "ice-breaking" information with the group comes from the authors' experience that such sharing indicates to group members, some of whom may be uneasy about the group format, that the co-leaders will be active members of the group and not passive observers and/or authorities. For individuals with a torture history, this experience of mutuality—however simple—may be tremendously reassuring.

After a brief introduction, co-leaders indicate that they will talk later about the group's format, but that first they would like individuals to introduce themselves. Here, too, is an important clinical moment, in that leaders may find that some members immediately want to share something about their trauma history while others do not. Leaders need to be able to find a balance between welcoming people to share personal information while not opening the group members up to a premature level of disclosure. It is critical that group leaders recognize the potential for group members to feel overwhelmed or secondarily traumatized by other members' stories. In addition, group leaders must be aware of group members' potential to "spill" traumatic material—that is, narrate traumatic memories in ways that indicate that the individual has not integrated their trauma experience. This can take a number of forms—members speaking in a dull, flat, rote presentation about deeply disturbing events, members becoming excessively emotional or out of control, or members being unable to stop giving details about their traumatic experience. If group leaders believe that a member is "spilling" in a non-therapeutic way, it is essential that they intervene in a supportive and normative way. For example, it is appropriate to say,

I hear that you are sharing many difficult memories with the group. It is clear how painful that must be for you. Over the course of this group, others may also want

to share their experiences, but we also want you all to know that you don't have to share anything that you are not comfortable with.

This kind of intervention serves as an empathic connection to the individual who has been speaking, but it also signals to group members that it is not an expectation of the group to self-disclose traumatic information.

Group Rules and Expectations

Leaders should then review the goals and rules of the group. Specifically, leaders should note:

This 4-week group is designed for individuals who have been through traumatic experiences and that it is to provide information and support to help them with their adjustment to life in the United States. We will discuss practical issues as well as emotional concerns after having been through a trauma. Some general rules of the group include coming to all sessions, arriving on time, and keeping the confidentiality of other group members. Do you have any questions? What are your expectations for the group?

Ice-Breaker: Commonalities, PSOT, Bellevue Hospital

Leaders should foster a discussion of something common to all group members, such as how they are finding life in New York, and provide pertinent information about the program and the hospital. Here, leaders are facilitating one of the first discussions pertaining to things that group members have in common—adjustment to life in a new country, and potential resources available to them—without moving into the topic of their traumatic experiences.

Coping

Rationale: *External and internal stress triggers have an accumulative effect during the day. We cope better with stress when we stay within our arousal "Window of tolerance." An antidote to stress triggers, frequent random monitoring of stress levels with simple stress reduction actions keeps stress levels within our "window of tolerance."*

Plan: *Each week we will be teaching coping exercises to help you monitor and reduce your stress level. Each exercise corresponds to one of the four elements of the universe: Earth, Wind, Water, and Fire. They are designed to follow the body up from the feet to the stomach & chest to the throat & mouth to the head.*

Goal: *The goal is to reduce your stress level by 1 or 2 each time and do this at random times at various initial stress levels. By preventing your stress responses from accumulating, you may be better able to stay within your "window of tolerance."*

Strategy 1: EARTH/FEET GROUNDING, SAFETY in the PRESENT REALITY...
Take a minute or 2 to "land"…to be here now.
Place both feet on the ground, feel the chair supporting you.
Look around the room and notice 3 new things. What do you see? What do you hear? What do you smell?

Strategy 2: WIND Breathing retraining [BREATHING HANDOUT, [Appendix 3]
One of the most common difficulties that is encountered after trauma is discomfort that arises from hyper-arousal. Specifically, the physiological symptoms of arousal often lead to poor breathing techniques which then heighten feelings of anxiety, such as tightness in the chest, dizziness, and fear of losing control. Here is a way to train yourself to breathe so that these symptoms are reduced. When practiced regularly it becomes easier to do and a natural way of breathing. This way of breathing is how we were breathing when we were first born.

Training Points:

- **Diaphragmatic Breathing:** Group members should place their hands on their stomachs and take several breaths. Their hand should rise and fall with these breaths, and it should be pointed out that they are breathing through their chests. Members should be instructed to try to take several slow breaths until they feel their hand rise and fall at the stomach area.

- **Inhale/Exhale:** Next group members should be taught to inhale through the nose and exhale through the mouth. Let members practice this several times, before moving onto the concept of slowing down their breathing. A helpful prompt may be: *Notice the coolness of your breath coming in through your nose and the warmth of your breath going out through your mouth.*

- **Pace:** Once group members have practiced diaphragmatic breathing, they should be taught an easy rhythm to create in their breathing pace: Inhale while counting to 4, Hold for a count of 7, Exhale for a count of 8, Pause for 4 before beginning again

- **Visual/Verbal Cue:** Finally, members should introduce a word or image to themselves that will serve as a visual/verbal cue as they exhale. With practice, they can habituate themselves to experience this word as a calming stimulus. Thus, they may want to choose a word such as "calm" or "relax" or "peace" to serve as their reminder.

Homework: After reviewing the breathing and practicing it in the session, leaders should reemphasize the importance of practicing this technique in order to get better at it and, therefore, be better able to calm oneself down. Leaders should assign a "Homework" assignment, asking members to practice the breathing

technique 2 times a day for the next week. Also, leaders should encourage members to write down how they are feeling before they begin the breathing technique and then after. It is likely that members will report an improvement in some symptoms.

Session 2: Definition of trauma & common reactions to trauma: PTSD & Depression

Goals

1. Welcome
2. Revisit the deep breathing assignment from the previous week
3. Introduction to psychopharmacology/ demystification (see if the program psychiatrist is available to join group)

4. Discuss the notion of trauma and introduce a model of thought-behavior-emotion transaction, particularly in regards to trauma.
5. Describe Posttraumatic Stress Disorder (PTSD) and attendant symptoms. Describe depression and its attendant symptoms.
6. Introduce the Cognitive Triangle (Emotions-Thoughts- Actions)

7. Coping Strategies 3 and 4: Identifying Thoughts (see Appendix 6) and SUDs, Pleasant Event Scheduling

Guest Speaker: Program Psychiatrist to provide psycho-education about PTSD, MDD, and pharmacology

Materials
Folders/Envelopes to carry handouts
Handout: Emotions/Thoughts/Behaviors (see Appendix 2)
Handout: Assessing Your Thoughts/Feelings (see Appendix 4)
Handout: Subjective Units of Distress (SUDS) O to 10
Pencils to list Pleasant Event options
Metrocards and Sign-out sheet
Medicaid reimbursement slips

Introduction

In these sessions, group leaders will introduce members to the notion of trauma as something that has been shown to have specific characteristics as well as a specific impact on people's functioning. While some of the material for these sessions is didactic, group leaders must be aware of members' reactions and, in fact, must elicit reactions from members so that a dialogue takes place.

Initially, leaders should ask members for reactions and thoughts from last week's session. There also may be new members who should briefly introduce

themselves and learn other group members' names and country of origin. Rules can be briefly reviewed for the sake of the new member and as a reminder to original members.

Trauma and PTSD

Trauma: The definition of trauma is presented first to the group.

Trauma is an event that is outside the range of normal human experience and that involves serious threat of bodily harm or death. Another important component of trauma is that the event overwhelms the individual's capacity to cope—i.e., usual psychological coping mechanisms don't work. Finally, another central component of trauma is severe fear or terror. This experience of terror can lead to specific bodily reactions, such as heart-racing, sweating, and other central nervous system signs of arousal.

Leaders should not be overly-medical or use too much jargon in this description, but should emphasize that traumatic experiences have been well-studied and appear to impact individuals in many common ways. Leaders must link participants' admission to the clinic due to having been through traumatic experiences without making group members feel that they are exposed in some way. For instance, leaders may say,

We are talking about trauma because each of you has been through some very difficult and frightening experiences and we want to share with you information about ways those events might still be causing you difficulties, as well as some strategies for addressing those problems.

PTSD: After discussing trauma, leaders should introduce the concept of PTSD. It is important that leaders discuss PTSD as a particular set of reactions to trauma and emphasize that not everyone who has been through a trauma has all the reactions. The discussion of PTSD is to focus on psycho-education, not on diagnosis or pathology. Leaders should explain the three components (or "clusters") of PTSD:

1. *Re-experiencing*—Leaders explain that *a major component of post-traumatic symptoms is the intrusive and often intense return of memories of the events. The symptoms that make up this cluster include intrusive memories, nightmares, flashbacks.* Leaders discuss these symptoms and try to elicit from group members examples of whether they experience these symptoms or not. This is not forced, but is carefully prompted:

We've been talking about these different ways that trauma comes back to us in upsetting memories. I wonder if any of you all have had difficulty with these kinds of experiences.

2. Hyperarousal—The symptoms in this cluster are described as *being related to*

the physical experience of fear. Experiences of extreme fear result in physiological reactions in which the central nervous system activates arousal functions. Thus, in PTSD, arousal reactions reoccur, even when the individual is not in a frightening situation. Examples of these symptoms are sleep difficulties, irritability, exaggerated startle response and poor concentration. Again, group leaders lead a discussion with members about how they may have experienced these symptoms. (e.g. *Raise your hand if you feel this way.)*

3. Avoidance/Numbing—Symptoms in this cluster are explained in terms *of*

the individual tries to avoid any reminders of the trauma of what happened in the past—including thoughts, feelings, or specific triggers that were associated with the traumatic events—often in order to avoid the discomfort associated with the memories; however, *this avoidance usually serves to heighten anxiety and fear reactions, rather than diminish them.*

Numbing is described as *a feeling of disinterest, detachment, or inability to experience a range of feelings. Individuals also become detached, withdrawn, and isolated.*

<u>Introduction of transaction between cognitive-behavioral-emotional arenas</u>

Here leaders introduce a model of thinking about one's functioning that is designed to help members see how certain ways of thinking, feeling and behaving are related to one another. Specifically, leaders should say,

We have been talking about different difficulties or symptoms that some people feel after a trauma. It's important to recognize that these things can interact and build off of each other. Here's a way to think about it: [DISTRIBUTE HANDOUT: Emotions/Thoughts/Behaviors]

Look at your handout. Notice that there is a triangle with Emotions, Thoughts, and Behaviors in the corners, and Physical Health in the middle. They are all connected because that is the way it is in real life, our emotions, thoughts, and action, and physical health are all related. The way we think about things can influence how we then feel emotionally and physically. This can then influence how we behave. The relationships go both ways, however, in that the way we feel can shape how we are thinking.

For example, if I think, "My situation will never improve", I am likely to feel sad or discouraged about this and may also decide not to take action, since there is no hope. This demonstrates how these things are related.

During this group, we would like you to begin to notice how your thoughts, feelings, behaviors, and physical health play off of one another. By monitoring this, you may be able to stop certain patterns from happening. *Also, we will*

provide coping strategies to try to deal with each of these areas.

Depression

Leaders present information about depression and depressive symptoms. Again, the emphasis is not on diagnosis of group members, but on discussing how traumatic events often result in individuals struggling with mood difficulties.

The following symptoms of depression should be discussed: negative mood, decrease in energy, inability to enjoy things, feelings of worthlessness and hopelessness, sleep disturbance, appetite problems, irritability, and, in some cases, suicidality.

At this point, leaders engage group members in a discussion of how the interaction of feelings, thoughts, and behaviors can cause difficulties in depression. Examples are elicited from group members. For example, the behavior of isolating oneself when depressed has been shown to increase feelings of depression as well as negative thoughts. Thus, it is essential to recognize how one's depression may be influencing patterns of feeling, thinking, and acting. Leaders may want to return to the diagram of cognitive- emotional-behavioral transaction to talk about this point.

Develop several examples of how the triangle works in real life (e.g. isolating oneself when feeling sad). What thoughts come up for you? What feelings (physical sensations or emotions) are connected to thinking____? What else do you do when you're feeling depressed? Stressed?

Coping

First leaders ask group members what they have found to be effective in coping with depression. Strategies that group members describe should be elaborated. Then several coping strategies are presented.

Strategy 3: Recognizing negative thoughts and assessing them

The notion of recognizing one's depressive and negative thinking is introduced as a strategy that has been shown to help people combat depressive thinking. Leaders must introduce this concept carefully so as not to minimize the extreme experiences that group members have endured. It is important that leaders not be perceived as saying that group members must simply "put the past behind them." Hence it is essential to introduce cognitive strategies carefully:

We have discussed how the traumatic experiences that you have been through

may lead you to have certain problems, such as feeling scared or feeling depressed.

The thoughts that you have when you are feeling these emotions can sometimes make things worse. For instance, as we have talked about before, if you are feeling depressed and you begin to think that everything you do has been a failure, you will continue to feel bad. Thus, an active strategy for addressing this kind of negative thinking is to monitor one's thoughts and then counter the ones that are negative. Let's think about how to do this:

[PROVIDE HANDOUTS: ASSESSING EMOTIONS/THOUGHTS/BEHAVIORS; SUDs]

When you are feeling down or depressed, try to pay attention to your thinking so that you can possibly make it less negative. On your handout, you see there is a way to track your thoughts and feelings. The task is to notice how you are feeling (rate this from 1-10, with 1 being the least intense and 10 being the most intense), and then take note of the thoughts that are accompanying your mood. It is likely that you will find that your thoughts are consistent with your emotions—that is, when you are feeling bad at a 8 or 9, your thoughts are likely to be negative. The goal is to not only be able to monitor your feelings, but to also take stock of how your thinking may be inaccurate or distorted.

[Here, the leaders continue the discussion of how to assess one's thinking and how to come up with more positive thoughts. An example is given on the handout.]

Using previous examples, help survivors generate more accurate or helpful thoughts.

Let's revisit the example we had about isolating one's self because you feel depressed and are thinking "My situation is hopeless." Is this thought accurate? Is it helpful? What thought in the same situation may be more helpful? Also, instead of isolating yourself, what could you do that might feel better?

Strategy 5: Pleasant Event Scheduling

The next coping strategy that is to be introduced involves group members taking an active approach to their symptoms by planning some kind of pleasant activity for themselves, however simple or small. This should be introduced:

We have been talking about how depression can make us feel so low and can influence how we act, choices we make and things we do or don't do. One of the things that has been shown about depression is that people tend to isolate themselves when depressed and not feel that they have the energy to do anything. However, these very behaviors are quite likely to worsen or, at least,

not improve your mood. Thus, a strategy that we would like to think about with you right now is simple—Pleasant Event Scheduling. What we want to do first is think together about all kinds of things that you like to do. You can use your journals for a few minutes to think about this and come up with a list. Then we'll create a list together.

Leaders should allow members some time to come up with their lists and then lead a discussion of some of these ideas. It is important to recognize that group members may have very little money and be unfamiliar with the area. Thus, leaders should help members think of inexpensive, easily achieved activities. Leaders should lead a discussion of whether this feels like a realistic plan for members. Then, leaders should assign each group member homework of trying to do this one time over the coming week.

Session 3: Overview of legal issues/asylum process

Goals

1. Check in on homework assignment of event scheduling
2. Review information about immigration and asylum issues that are pertinent to group members (PSOT legal liaison will facilitate this discussion).

3. To discuss the feelings that arise around these issues and discuss coping strategies.

4. Coping Strategy 5 and 6: Water, Progressive Muscle Relaxation (see Appendix 5)

Guest Speaker: Program Legal Service Coordinator to discuss asylum process and other relevant legal processes

Materials:

Gum
Handout: Progressive Muscle Relaxation (see Appendix 5)
Relaxation Practice Worksheet
Metrocards and sign-out sheet
Medicaid reimbursement slips

Overview

In the third week of the group, information will be presented to group members about immigration and asylum issues. While group members may be at different stages of these processes, they are all likely to have some concerns about their legal, immigration, employment, and insurance status. In addition to receiving information from the group leaders during this session, it is expected that members will be able to offer first-hand experience of dealing with these issues. Thus, group members who are farther along in the asylum process or even who have asylum may be able to offer encouragement to members who are in the

early stages of applying.

Specifically, the following information will be presented:

- Asylum application process
- Finding a lawyer
- Advocating for oneself in the US immigration system
- Applying for working papers
- Applying for Medicaid

While the presentation of information is likely to take up a large part of the session, it is important that group leaders assess how group members are reacting to the discussion of this information. Some members may feel overwhelmed when discussing the bureaucratic demands of the asylum process, while others may feel anger at having to "prove their case" to an American official after all that they have been through. It is important for leaders to explore with group members their reactions and to share their observations with group members about how the discussion is going. For example, a leader might say, "Mary, I notice that you seemed a bit quiet when we began discussing the asylum process. I wonder how it is making you feel." Leaders should normalize members' reactions and the stress that it places on individuals to be involved in a legal process after all that they have been through.

Coping

Strategy 5: Water/Mouth/Throat- Create saliva; Calm Control

When you are anxious or stressed your mouth often "dries" because part of the stress emergency response (sympathetic nervous system) is to shut off the digestive system. When you start making saliva you switch on the digestive system again (parasympathetic nervous system) and the relaxation response.

Offer water, gum, or candy.

Strategy 6: Progressive Muscle Relaxation- Four-Muscle-Group Relaxation

In addition to affecting our thinking and emotions, traumatic and stressful experiences affect our body. Some of the physical symptoms of worry, PTSD and MDD may be relieved by practicing progressive muscle relaxation. PMR is a quick, reliable way to cope with fear and worry. It can be done anywhere.

Often when we experience traumatic events and depression, we feel it in our bodies. Moreover, the worry associated with the asylum process can show up as tightness in our neck, shoulders, or legs. For example, you may be having trouble with falling asleep, sweating, or your heart beating fast. Leaders can check-in with group members and ask them to do a body scan where they notice any place in their bodies that feel tight when they think about the legal process. Leaders may also share where they carry their stress in their bodies (e.g .*When I feel stressed or worried, I feel tense in my shoulders.)*

Progressive muscle relaxation can help you gain greater control of your own bodily responses. As with the other strategies, the more you practice, the easier it will be to use it when you need it, and the more it helps.

I will be asking you first to tighten and then to relax different groups of muscles. The purpose is to help you notice the difference between tightness and relaxation. Describe the full exercise, and demonstrate the 4 muscle groups as follows:

1. Whole Arms: Slightly extended, elbows bent, fists tightened and pulled back.
2. Upper Chest and Back: Inhaling into the upper lungs and holding for a count of 10.
3. Shoulders and neck: Slightly hunching the shoulders and pushing the head back.
4. Face: Squinting eyes, scrunching features toward the tip of the nose.

Have the clients assume a comfortable seated position, with both legs on the floor, while you narrate the exercise. The client may keep his or her eyes open during the training in order to follow you, but should try closing them when practicing.

Tell the group to focus on their breathing. After 2 or 3 breaths, begin the instructions for tensing each muscle group. After each directive to tighten a muscle group, count to 5 and then say, *"Release."* Leaders can demonstrate by doing the exercise along with the group. There should be a pause of 15 to 20 seconds between each muscle group, during which time you might give suggestions for relaxation, such as the following:

Notice the difference between the tightness and the relaxation.
Feel the muscles grow more relaxed.
Let the muscles grow soft and warm.
Continue breathing easily.

Muscle group directives:

Whole Arms: Slightly extend your arms. Bend your elbows, tighten your fists and pull them back.

Upper Chest and back: Inhale into your upper lungs and hold for a count of 10.

Shoulders and neck: Slightly hunching your shoulders, push your head back.

Face: Squeeze your eyes shut and scrunch your facial features (eyes, lips, etc.) toward the tip of your nose.

Homework: After reviewing and practicing pmr in the session, leaders should reemphasize the importance of practicing this technique in order to get better at it and, therefore, be better able to relax oneself. Leaders should assign a "Homework" assignment, asking members to practice the relaxation technique 2 times a day for the next week. Also, leaders should encourage members to write down how they are feeling before they begin the breathing technique and then after. It is likely that members will report an improvement in some symptoms.

Sessions 4: Termination and review of coping strategies

Goals:
1. Check in on homework assignment of progressive muscle relaxation
2. Review information covered in previous sessions
3. Process members' reactions to the group coming to an end
4. Focus on future possibilities including other PSOT resources
5. Strategies 8 and 9: 4 Elements Bracelet and Vision Board (See Appendix 6)

Guest Speaker: Program ongoing group therapist to encourage group participation by describing nature of group and individual therapy (may be done by OR group facilitator)

Materials:
Gum
Handout: 4 Elements Bracelet
Scissors, Glue, Magazines, paper or manila folders, markers, colored pencils
Metrocards and sign-out sheet
Medicaid reimbursement slips

Overview

The last two sessions of the group are for reviewing the covered material and processing members' reactions to the group coming to an end. These sessions are less structured than previous sessions, as leaders invite group members to reflect on what the experience of the group has been like and what they have learned from it. For some group members, this process of talking about their feelings as the group ends may be more difficult than for others. For individuals who have experienced multiple losses, another ending—even one that has been expected—can be very difficult. Leaders must be aware of the range of reactions that may emerge, including anger, acting out by not attending, and withdrawing. Leaders need to normalize the range of reactions that group members might be feeling without allowing members to disrupt the group process by acting out.

In the final session leaders also review resources that group members have in place and sources of social support. Group leaders end the group on a positive

note and underscore the strength and resilience that group members have already shown in their lives. In addition, leaders should discuss other sources of support that individuals have available and "brainstorm" about this in group. Resources within the program that should be reviewed include other kinds of therapy, such as individual or longer-term group therapy; as well as psychiatric care. Group leaders should explore members' ideas about these options and provide psychoeducation about them. While it is not expected that all members will need or want further therapy, it is likely that some members may need further referral after this short-term intervention.

Today is our last session together. What is that like for you? What have you enjoyed about the group? What is hard about ending today?

Coping

We have gone over a lot of information in the last 3 weeks including Earth-Grounding, Wind-Deep Breathing, Water, Progressive Muscle Relaxation, Connection between Feelings/Behaviors/Thoughts, and Pleasant Event Scheduling.

Strategy 8: 4 Elements Bracelet

Wear a 4 elements bracelet (colored silicon band) on your wrist. Perform the 4 brief self-calming/self-control exercises (Earth, Wind, Water, Fire).

Leaders emphasize the importance of continuing to use the coping strategies that have been helpful to them. Group members may express doubt that they can maintain the gains they made during the course of the group. This should be explored, but it should also be noted if group members are thinking pessimistically, given that this was a topic of the group's work.

Strategy 9: Fire- Vision Board

There are 2 Fire exercises, one brief and one longer.
For the brief exercise, identify 3 things you are thankful for.

Individuals are given a piece of paper, along with magazines from which to cut photos and letters with different font styles, markers, glitter, and other arts and crafts materials. They are asked to create a collage/poster in which they portray their future lives:

For the longer Fire exercise, in front of you are magazines, scissors, glue, and markers. Use them to create a board that shows your hopes and dreams for the future. What will you be doing in that future? How will you be feeling about yourself and your family? What will you have materially? What activities will you do individually and as a family for enjoyment?

After giving members 20-30 minutes to create their boards, if time permits, allow them to share the board with the rest of the group, and continue to add to it as they move forward.

References

Basoglu, M, Jaranson, J, Mollica, R, & Kastrup, M. (2001) Torture and Mental Health: A Research Overview. In E. Gerrity, T. Keane, & F. Tuma, (Eds.), *The Mental Health Consequences of Torture.* New York: Kluwer Academic/Plenum Publishers.

Flack, W., Litz, B., & Keane, T. (1998) Cognitive-Behavioral Treatment of War-Zone-Related Posttraumatic Stress Disorder: A Flexible, Hierarchical Approach. In V. Follette, J., Ruzek, & F. Abueg (Eds.), *Cognitive-Behavioral Therapies for Trauma.* New York: The Guilford Press.

Fraenkel, P., Hameline, T., & Shannon, M. (2009). Narrative and collaborative practices in work with families that are homeless. *Journal of Marital and Family Therapy,* 35(3), 325-342.

Jaranson, J., Kinzie, J., Friedman, M., Ortiz, D., Friedman, M. J., Southwick, S., Kastrup, M. & Mollica, R. (2001). Assessment, diagnosis, and intervention. In E. Gerrity, T. M. Keane, & F. Tuma (Eds.), *The mental health consequences of torture* (pp. 249-290). New York: Kluwer Academic/Plenum Publishers.

Kinzie, J. (1985). Overview of clinical issues in the treatment of Southeast Asian refugees. In T. Owan (Ed.), *Southeast Asian mental health: Treatment, prevention, services, training, and research* (pp. 113-135). Rockville, MD: US Department of Helath and Human Services.

Kinzie, J., Leung, P. K., Bui, A., Keopraseuth, K. O., Rath, B., Riley, C., Fleck, J., & Ades, M. (1988). Group therapy with Sourthesat Asian refugees. *Community Mental Health Journal, 2*4, 157-166.

Laub, B. (9.11.2010). *The Recent-Traumatic Episode Protocol (R-TEP): A Comprehensive approach for early EMDR intervention (EEI).* HAP Presentation, Hicksville, NY.

Leahy, R.L., & Holland, S.J. (2000). *Treatment plans and interventions for depression and anxiety disorder.* New York: The Guildford Press.

Levine, P. (2005). *Healing Trauma.* Boulder, CO: Sounds True, Inc.

Marotta, S., (2003) Unflinching Empathy: Counselors and Tortured Refugees, *Journal of Counseling and Development*. 111-114.

Shapiro, E. (9.11.2010). *The Recent-Traumatic Episode Protocol (R-TEP): A Comprehensive approach for early EMDR intervention (EEI).* HAP Presentation, Hicksville, NY.

Smith, H. (2003). Despair, resilience, and the meaning of family: Group therapy with French-speaking African survivors of torture. In B.C. Wallace & R.T. Carter (Eds.), *Understanding and dealing with violence: A multicultural approach.* (pp. 291-316). Thousand Oaks, CA: Sage Publications.

Appendices

Appendix 1: Phone Script for Orientation Group invite and Attendance Record

Hi, my name is _____ and I'm calling from the Bellevue Hospital and the Program for Survivors of Torture. I'm calling to invite you to attend a group at our program for individuals who have been through war experiences. It's free of charge and it's a group that all of our new patients come to. It is a short term, 8-session group that provides a lot of important information about things like legal issues, educational issues and other issues related to living in the US. It is also focuses on the impact of trauma. It meets on _____ at _____ and the first meeting is next _____. It's lead by staff in the program and it's free of charge. All 4 sessions are free of charge and you will receive a metrocard.

Name	MR#	Country	Plans to Attend	Medicaid	Metrocard	Session Date	Session Date	Session Date	Session Date	Follow-up Recommendation

Appendix 1: French Phone Script for Orientation Group Invite

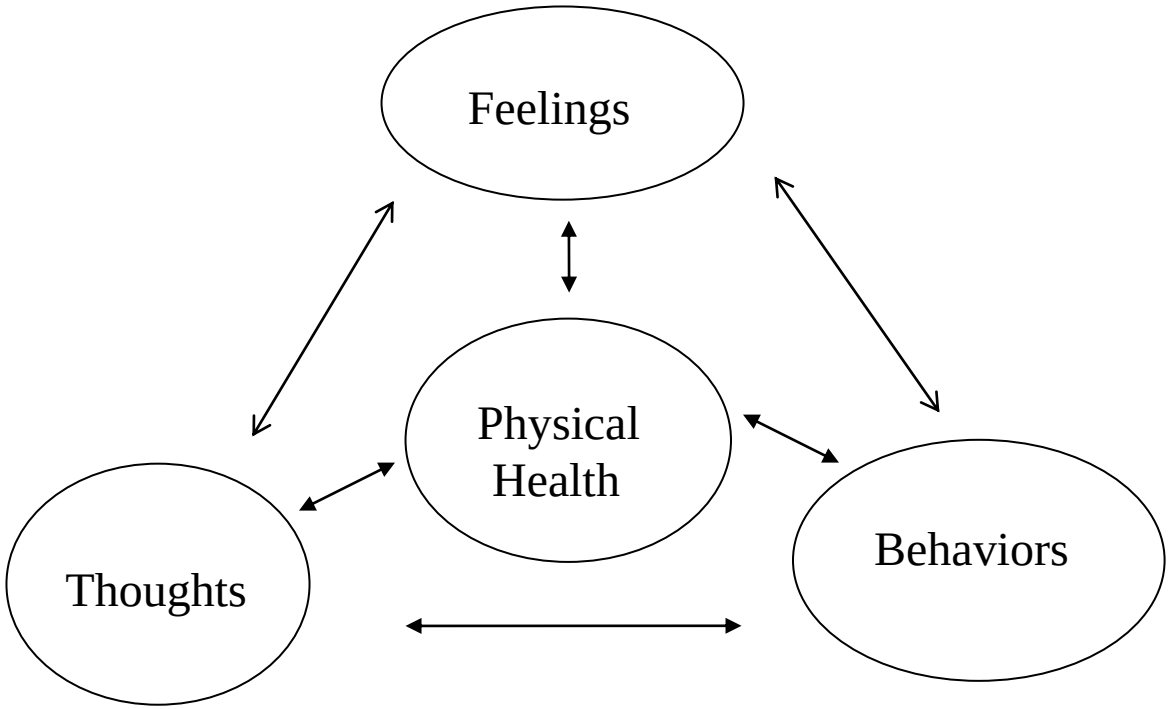
Bonjour, je m'appelle _____, et je vous téléphone de l'hôpital Bellevue, du Programme pour les Survivants de la Torture. Je téléphone pour vous inviter à participer dans un groupe pour les personnes qui ont servécu des experiences traumatiques. Si vous avez le temps maintenant, je voudrais vous décrire un peu ce groupe.

Le groupe est gratuit. Il est un groupe auquel tous les nouveaux clients participent. Le groupe se tiendra pour huit séances, une fois par semaine. Au cours de ces huit séances, nous parlerons des informations importantes sur la vie aux Etats-Unis, y compris les informations légales/juridiques, d'éducation, sociales, et ainsi de suite. Nous discuterons également l'impact de la traume sur les personnes.

Le groupe va se réunir le lundi de 15H00 jusqu'à 16H30. La première réunion aura lieu le 10 avril. Est-ce que vous penser que le groupe peut vous intéresser? Est-ce que vous penser que vous pourrez y participer?

Name	Country	Attending	Medicaid	Metrocard	Session Date	Session Date	Session Date	Session Date

APPENDIX 2: Thoughts, Feelings, Behaviors and Physical Health Handout



Appendix 3: (Wind) Breathing Retraining Handout

Follow these steps to practice a calmer, slower breathing pattern when feeling anxious. The more you do this, the better you will be at it.

STEP ONE:

- Breathing through your stomach: Sit up straight in a comfortable chair. Place your hand on your stomach and take several breaths. If your hand does not rise and fall with these breaths, you are probably still breathing through your chest. Take several slow breaths until you feel your hand rise and fall at the stomach area.

STEP TWO:

- Inhale/Exhale: Next you should try to inhale through your nose and exhale through your mouth. Practice this several times, and take your time until you notice that it is coming naturally. Keep your hand on your stomach in order to keep the breathing coming from there.

STEP THREE

- Pace: Once you feel more comfortable with the breathing, try to notice your pace. Try to follow this pattern:
    - Inhale while counting to 4
    - Hold for a count of 4
    - Exhale for a count of 4
    - Pause for 4 before beginning again

STEP FOUR

- Verbal Cue: Finally, introduce a word or image to yourself that will serve as a visual/verbal cue as you exhale. With practice, this word will come to serve as a relaxing cue for you. Thus, choose a simple word, such as "calm" or "relax" and say it as you exhale.

PRACTICE THESE STEPS FREQUENTLY, ESPECIALLY WHEN YOU ARE ANXIOUS AND YOU WILL FIND THAT YOUR BREATHING IMPROVES.

Appendix 4: Assessing Your Thoughts/Feelings Handout

Day/Time	What am I feeling? (Name the feeling)	How much am I feeling this? 0-10 (10 is the highest intensity)	What are my thoughts?	Rate how helpful these thoughts are to me right now—are they making me feel worse or better	Alternative thoughts—Is there another way I could think about this right now? What can I think instead that will help me feel better?
Example: Sunday 4 pm	Sad and lonely	8	I'll never feel better. My life won't work out here	Worse Worse	I am going through a rough time, but I'm also getting help. Maybe the help that I'm getting will make things feel better.

CONTROLLED BREATHING LOG

Practice the breathing we learned in session today for 10 minutes twice a day. Write down each day and time that you practice. Bring this in with you to your next session.

Day: _____

Time 1: Before _____ After_____

Time 2: Before_____ After _____

Day: _____

Time 1: Before _____ After_____

Time 2: Before_____ After _____

Day: _____

Time 1: Before _____ After_____

Time 2: Before_____ After _____

Day: _____

Time 1: Before _____ After_____

Time 2: Before_____ After _____

Day: _____

Time 1: Before _____ After_____

Time 2: Before_____ After _____

Day: _____

Time 1: Before _____ After_____

Time 2: Before_____ After _____

Day: _____

Time 1: Before _____ After_____

Time 2: Before_____ After _____

RELAXATION TRAINING PRACTICE

Practice the relaxation method we learned in session today at least twice a day. Write down each day and time that you practice. Also, write down how tense or nervous you were before relaxing and then how relaxed you are after relaxing. Use a scale from 1 to 10, with 10 being the most nervous and tense you have ever felt and 1 being the most relaxed and calm you have ever felt. Bring this in with you to your next session.

Day: ______________________

Time 1: _______________ Before: _____ After: _____

Time 2: _______________ Before: _____ After: _____

Day: ______________________

Time 1: _______________ Before: _____ After: _____

Time 2: _______________ Before: _____ After: _____

Day: ______________________

Time 1: _______________ Before: _____ After: _____

Time 2: _______________ Before: _____ After: _____

Day: ______________________

Time 1: _______________ Before: _____ After: _____

Time 2: _______________ Before: _____ After: _____

Day: ______________________

Time 1: _______________ Before: _____ After: _____

Time 2: _______________ Before: _____ After: _____

Day: ______________________

Time 1: _______________ Before: _____ After: _____

Time 2: _______________ Before: _____ After: _____

Day: ______________________

Time 1: _______________ Before: _____ After: _____

Time 2: _______________ Before: _____ After: _____

Appendix 5: **Progressive Muscle Relaxation (PMR)**

Barlow and Cerny (1988), Ost (1987), and Clark (1989)

PMR is a method for counteracting your physiological responses to anxiety. For example, it can help you when your heart beats fast, your hands sweat, or you have difficulty falling to sleep at night. Relaxation is a skill that you can learn to gain greater control of your own bodily responses. Like all skills, relaxation requires practice to become really good at it. The goal is to provide you with a quick, dependable way to cope with anxiety that you can take wherever you go.

Four-Muscle-Group Relaxation

You will be asked to first tense and then to relax different groups of muscles. The purpose is to help you notice the difference between tension and relaxation. First, let's look at the full exercise, and then practice the 12 muscle groups as follows:

1. **Whole Arms:** Slightly extended, elbows bent, fists tightened and pulled back.
2. **Upper Chest and Back:** Inhaling into the upper lungs and holding for a count of 10.
3. **Shoulders and neck:** Slightly hunching the shoulders and pushing the head back.
4. **Face:** Squinting eyes, scrunching features toward the tip of the nose.

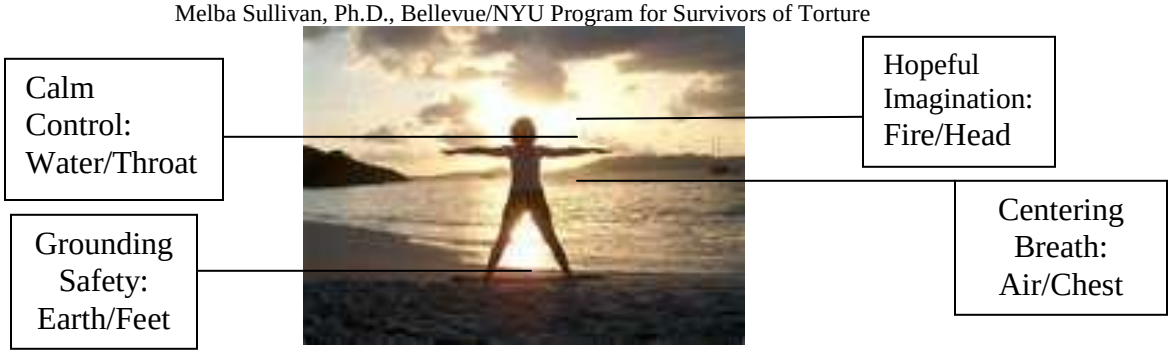
Twelve-Muscle-Group Relaxation

You will be asked to first tense and then to relax different groups of muscles. The purpose is to help you notice the difference between tension and relaxation. First, let's look at the full exercise, and then practice the 12 muscle groups as follows:

1. **Lower arms:** Tightening the fists and pulling them up.
2. **Upper arms:** Tensing the arms by the side of the body.
3. **Lower legs:** Extending the legs and pointing the feet up.
4. **Thighs:** Pushing the legs together.
5. **Stomach:** Pushing it back toward the spine.
6. **Upper chest and back:** Inhaling into the upper lungs and holding for a count of 10.
7. **Shoulders:** Picking them up toward the ears.
8. **Back of the neck:** Pushing the head back.
9. **Lips:** Pursing the lips without clenching the teeth.
10. **Eyes:** Squinting with eyes closed.
11. **Eyebrows:** Pushing them together.
12. **Upper forehead and scalp:** Raising the eyebrows.

Appendix 6: 4 Elements for Stress Reduction: Earth, Air, Water, Fire[1]

Melba Sullivan, Ph.D., Bellevue/NYU Program for Survivors of Torture



Rationale: External and internal stress triggers have an accumulative effect during the day. We cope better with stress when we stay within our arousal "Window of tolerance."
Plan: Wear a 4 elements bracelet (colored silicon band) on your wrist and every time you notice it take a quick reading to monitor your current stress level (SUD). Perform the 4 brief self-calming/self-control exercises.
Goal: To reduce your stress level by 1 or 2 each time and do this at random times at various initial stress levels. By preventing your stress responses from accumulating, you may be better able to stay within your "window of tolerance."

Earth: GROUNDING, SAFETY in the PRESENT REALITY...

Take a minute or 2 to "land"…to be here now.
Place both feet on the ground, feel the chair supporting you.
Look around the room and notice 3 new things. What do you see? What do you hear? What do you smell?

Air: BREATHING for CENTERING

*As you continue feeling the SECURITY of your feet on the GROUND, you will use your breath to feel more CENTERED. (*For example: *Breathe in through your nose and out through your mouth. Notice the cold air coming in through your nose and the warm air going out through your mouth. If your mind wanders, return your attention to the cold air coming in through your nose and the warm air going out through your mouth.)*

Water: SAFE and CONTROLLED - the RELAXATION RESPONSE

Now that you feel secure and grounded, as well as centered, you will expand your ability to feel calm, in control, and relaxed.
Do you have saliva in your mouth? Make more saliva. When you are anxious or stressed your mouth often "dries" because part of the stress emergency response (sympathetic nervous system) is to shut off the digestive system. When you start making saliva you switch on the digestive system again (parasympathetic nervous system) and the relaxation response. That is why people are offered water or tea or chew gum after a difficult experience.

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[1] Adapted from Shapiro, E. (9.11.2010). *The Recent-Traumatic Episode Protocol (R-TEP): A Comprehensive approach for early EMDR intervention (EEI).* HAP Presentation, Hicksville, NY.

*When you make saliva your mind can optimally control your thoughts and your body. (*Give or have your client do something to create saliva e.g. piece of gum, water, candy, etc.)

<u>Fire:</u> LIGHT up the path of your IMAGINATION & HOPE

You are grounded in the present moment, centered and in calm control of your thoughts and body, now you're going to tap into the healing power of hope, your imagination, by creating SAFE IMAGES *of yourself.* This can be done through the following prompts:

Hope *Imagine what you are grateful for?*

Sing or Hum a soothing song

Compact Focusing (sensory, emotional, and somatic) [2] *Recall a time (Picture yourself in the future) in which you felt good about yourself…a time, or situation, in which you felt really well, and whole. It can be an old memory or a more recent one. It can be a memory of a few moments. What is the first thing that comes to mind? Choose one picture of your positive memory and focus on it. Notice what you see…hear…smell…allow your feelings and memory and be there. Scan your body from head to toe and notice any sensations. Where do you feel something in your body? How big is it? What shape does it have? What sensation (tingly, cold, hot, warm, tight, loose, open, airy, etc.) do you experience there?*[3]

Create (or Review) a Vision Board *Select from these magazine images, or draw images of your own. The images reflect who you are and what you would like to see in your life 5 (10, 15, 20) years from now. Tell me about your vision board.*

Talk to/Write a letter to your Future Self [4]**:** *Talk to or write a letter to your future self. Imagine yourself 2 or 3 years from today. What will you be doing? How will you be feeling about yourself ? What will you have materially? What activities will you do for fun?*

[2]Adapted from Laub, B. (9.11.2010). *The Recent-Traumatic Episode Protocol (R-TEP): A Comprehensive approach for early EMDR intervention (EEI).* HAP Presentation, Hicksville, NY.

[3] Adapted from Levine, P. (2005). *Healing Trauma.* Boulder, CO: Sounds True, Inc.

[4]Adapted from Fraenkel, P. (in press). Groupes multifamiliaux pour familles sans domicile fixe (Multiple family discussion groups for families that are homeless). In S. Cook et A. Almosnino (Eds.),*Thérapies Multifamiliales, des groupes comme agents thérapeutiques.* (*Multiple family therapy: Groups as therapeutic agents*).

Annexe 3 : (Vent) Entraînment respiratoire

Suivez ces pas afin d'arriver à une respiration plus calme and lente lorsque vous ressentez de l'anxiété. Le plus vous pratiquez cela, le mieux vous arriverez à maîtriser l'exercise.

PREMIER PAS:

- Respirer par l'estomac: asseyez-vous droit sur une chaise confortable. Placez votre main sure vore estomac et respirez. Si vous ne sentez pas votre main se soulever et se rabaisser avec le gonflement et dégonflement de votre estomac, cela signifie que vous êtes en train de respirer par la poitrine. Inspirez et expirez quelques fois, jusce qu'à ce que vous sentez votre main se soulever et se rabaisser sur votre estomac.

DEUXIÈME PAS:

- Inspirez/expirez: essayez maintenant d'inspirer à travers votre nez at d'expirer à travers votre bouche. Essayez cela plusieurs fois et prennez votre temps jusce qu'à ce que cela vienne naturellement. Maintenez votre main sur votre estomac, de facon à continuer à respirer par l'estomac.

TROISIÈME PAS:

- Rythme: lorsque vous respirez confortablement de cette facon, faites attention à votre rythme. Essayez de suivre ce rythme:
    - Inspirez en comptant jusqu'à 4
    - Retenez votre souffle à 4
    - Expirez en comptant jusqu'à 4
    - Faitez une pause à 4 avant de recommencer

QUATRIÈME PAS:

- Réplique verbale: enfin, pensez à un mot ou à une image qui vous servira de réplique verbale/visuelle lorsque vous expirez. En vous entraînant, ce mot/image deviendra un facteur de relaxation pour vous. Choisissez donc un mot/image simple, tel que „calme", „relaxation" and dites-vous cela lorsque vous expirez.

ENTRAINEZ-VOUS SOUVENT À FAIRE CES QUATRE PAS, SURTOUT LORSQUE VOUS VOUS SENTEZ ANXIEUX ET VOUS VERREZ QUE VOTRE RESPIRATION S'AMMÉLIORERA.

Annexe 5: Relaxation Musculaire Progressive (RMP)

Barlow et Cerny (1988), Ost (1987), et Clark (1989)

RMP est une technique pour contrer les réactions physiologiques à l'anxiété. Par example, cela peut vous aider lorsque votre coeur bat vite, lorsque vous mains suent ou lorsque vous avez du mal à vous endormir le soir. En aprennant la relaxation, vous serez capable de mieux contrôler vos réactions corporelles. Comme toute technique, la relaxation demande de l'entraînement pour être maîtrisée. L'objectif ici est de vous donner une méthode rapide et autonome de contrôler votre anxiété où que vous soyez.

Relaxation des quatre groupes musculaires

Il vous sera demandé de commencer par contracter et relacher plusieurs groupes de muscles. L'objectif est de vous aider à prendre conscience de la différence entre contraction et relâchement. Nous allons d'abord voir l'exercice en entier et puis nous nous entraînerons sur les 4 groupes de muscles différents.

1. **Bras entiers**: légèrement tendus, coudes fléchis, poings serrés et poussés vers l'arrière
2. **Poitrine et dos**: inspirer de l'air dans les poumons et retenir le souffle en comptant jusqu'à 10.
3. **Épaules et cou**: épaules légèrement voûtées, tête renversée vers l'arrière
4. **Visage**: plisser les yeux, froncer le visage en direction du bout du nez.

Relaxation des 12 groupes musculaires

Il vous sera demandé de contracter et relacher ces différents groupes de muscles. . L'objectif est de vous aider à prendre conscience de la différence entre contraction et relâchement. Nous allons d'abord voir l'exercice en entier et puis nous nous entraînerons sur 12 muscles différents.

1. **Avant-bras**: serrer les poings en les poussant vers le haut
2. **Bras**: contracter les bras le long du corps
3. **Mollets**: tendre les mollets en pointant les pieds vers le haut
4. **Cuisses**: serrer les cuisses l'une contre l'autre
5. **Ventre**: pousser le ventre vers l'intérieur, vers la colonne vertébrale
6. **Poitrine et dos**: inspirer par les poumons et retenir le souffle en comptant jusqu'à 10
7. **Épaules**: soulever les épaules vers les oreilles
8. **Arrière du cou**: renverser la tête vers l'arrière
9. **Lèvres**: serrer les lèvres, mais sans serrer les dents
10. **Yeux**: plisser les yeux en les maintenant fermés
11. **Sourcils**: plisser les sourcils
12. **Haut du front et cuir chevelu**: soulever les sourcils.

4 éléments pour la réduction du stress: Terre, Air, Eau, Feu[5]

Melba Sullivan, Ph.D., Bellevue/NYU Program for Survivors of Torture

Logique: les déclencheurs externs et internes du stress ont un effect cumulative au cours de la journée. On arrive à mieux gérer le stress, si l'on arrive à le maintenir circonscrit à l'intérieur de notre "fenêtre de tolerance".

Plan: Portez le bracelet des 4 éléments (bande en silicone colorée) autour de votre poignet et aussitôt que vous le remarquez, lisez rapidement afin d'évaluer votre niveau de stress. Faites les 4 exercices d'auto-contrôle.

Objectif: Réduire votre niveau de stress à hauteur de 1 ou 2 à chaque fois et faire cela à plusieurs moments sur des niveaux initiaux de stress differents. En empêchant que les reactions de stress s'accumulent, vous arriverez à vous maintenir dans votre "fenêtre de tolerance".

Terre: ANCRAGE, SÉCURITÉ dans le MOMENT PRÉSENT…

Prenez une minute ou deux pour "atérrir"… pour être là maintenant.
Placez les deux pieds sur terre, sentez la chaise qui supporte le poids de votre corps. Regardez la salle autour de vous et prenez note mentalement de 3 choses. Que voyez-vous? Qu'entendez-vous? Que sentez-vous?

Air: RESPIRATION pour se RECENTRER

Alors que vous continuez à sentir la SÉCURITÉ de votre pieds bien ancrés sur TERRE, vous utiliserez votre respiration pour vous RECENTRER. (Par example: inspirez par le nez et expirez par la bouche. Remarquez l'air frais qui entre par votre nez et l'air chaud qui sort par votre bouche. Si votre attention se dissipe, reconcentrez-vous sur l'air frais qui entre par votre nez et l'air chaud qui sort par votre bouche).

Eau: changement CALME ET CONTRÔLÉ par la RELAXATION

Maintenant que vous vous sentez en sécurité, ancré sur terre et recentré, vous augmenterez votre capacité à vous sentir calme, en contrôle et relaxé.
Avez-vous de la salive dans votre bouche? Produisez davantage de salive. Quand vous êtes anxieux ou stressé, votre bouche se sèche parce qu'une partie de la réaction de stress (système nerveux sympathique) est l'interruption du système digestif. Quand vous produisez de la salive, vous remettez le système digestif en marche (système nerveux para-sympathique) et vous déclanchez la relaxation. C'est la raison pour laquelle, l'on offre souvent de l'eau, du thé ou du chewing gum après une experience difficile.

[5] Adapted from Shapiro, E. (9.11.2010). *The Recent-Traumatic Episode Protocol (R-TEP): A Comprehensive approach for early EMDR intervention (EEI).* HAP Presentation, Hicksville, NY.

Lorsque vous produisez de la salive, votre esprit peut contrôler vos pensées et votre corps de facon optimale. (donnez à votre client quelque chose qui l'aide à produire de la salive: un peu de chewing gum, de l'eau, sucrerie etc.)

<u>Feu:</u> ILLUMINEZ le chemin de votre IMAGINATION et ESPOIR

Vous êtes ancré dans le moment present, concentré and en contrôle de vos pensées et de votre corps, vous allez maintenant explorer le pouvoir regénérateur de l'espérance, votre imagination, en créant des IMAGES SÛRES de vous-même. Cela peut être fait par le biais des pas suivants:

Espoir *Pensez à ce à quoi vous êtes reconnaissant*

Chantez ou fredonnez une chanson qui vous calme

Mise au point compacte (sensorielle, émotionelle et somatique) [6]*: Rappellez-vous un moment (imaginez-vous dans le future) dans lequel vous vous êtes senti bien avec vous-même… un temps, une situation, dans lesquels vous vous êtes senti vraiment bien et entier. Cela peut être un souvenir vieux ou recent. Cela peut être un souvenir de plusieurs moments. Qu'est-ce qui est la première chose qui vous vient à la tête? Choîsissez une image de ce souvenir et concentrez-vous sur cela. Remarquez ce que vous voyez… entendez… sentez… donnez libre cours à vos emotions et à votre mémoire and soyez là. Examinez votre corps de la tête aux pieds et remarquez toute sensation. Où sentez-vous quelque chose sur votre corps? À quelle intensité? Quelle est sa forme? Quelle sensation (picotement, chaud, froid, tiède, desserré, ouvert, aéré, etc.) avez-vous là?* [7]

Crééz (ou revisitez) un Panneau d'Images: *sélectionnez des images parmi ces revues ou dessinez des images par vous-même. Les images reflectent qui vous êtes and ce que vous souhaiteriez voir dans votre vie d'ici 5 (10, 15, 20) ans. Parlez-moi de votre Panneau d'Images.*

Parlez/écrivez une lettre à votre "moi" futur[8]: *imaginez-vous 2 ou 3 ans dans le futur. Que serez-vous en train de faire? Que ressentirez-vous par rapport à vous-même? Que posséderez-vous matériellement? Que ferez-vous pour vous amuser?*

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[6] Adapté de Laub, B. (9.11.2010). *The Recent-Traumatic Episode Protocol (R-TEP): A Comprehensive approach for early EMDR intervention (EEI).* HAP Presentation, Hicksville, NY.

[7] Adapté de Levine, P. (2005). *Healing Trauma.* Boulder, CO: Sounds True, Inc.

[8] Adapté de Fraenkel, P. (in press). Groupes multifamiliaux pour familles sans domicile fixe (Multiple family discussion groups for families that are homeless). In S. Cook et A. Almosnino (Eds.),*Thérapies Multifamiliales, des groupes comme agents thérapeutiques.* (*Multiple family therapy: Groups as therapeutic agents*).