

September 19, 2018

National Capacity Building Project

Peter Dross Center for Victims of Torture St. Paul, MN Paul Stein Denver, CO Paul Stein Denver, CO Adeyinka Akinsulure-Smith Bellevue/NYU Program for Survivors of Torture New York, NY National Capacity Building Project

Objectives:

- 1. Further diversify their program revenue bases to advance financial sustainability.
- 2. Develop collaborations and integrated partnerships in the field of torture survivor rehabilitation to expand services and enhance long-term sustainability.
- 3. Recognize and address the warning signs and impact of compassion fatigue and vicarious trauma on staff and the organization.



| Sustainability: Diversifying your Program's Revenue Base |
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| Options: |
| ➤ Contributed Income/Private Funding ➤ Public/Government Funding ➤ Program Service Revenue/Billing |
| National Conscitu Duilding Desiret |

Contributed Income: Types of Potential Donors: Individuals Individuals Small gifts Recurring contributions Major gifts Planned gifts Planned gifts Events National Capacity Building Project

Contributed Income: Types of Potential Foundations, Religious Groups, Corporations, Service Organizations, United Way ➤ Grant proposals ➤ Matching gifts > Similarities and differences to working with individuals National Capacity Building Project Prospective Donor Identification, Cultivation, Solicitation, Acknowledgement, Stewardship > Requires a fairly substantial investment of time and resources ➤ Done best by professional development or other management staff—in partnership with program staff > Must be sustained over time > Excellent way to generate unrestricted funds ➤ Generates both funds and other types of allies (advocacy, volunteers, etc.) > Pays large and increasing dividends over time National Capacity Building Project **Locating Potential Donors** ➤ Suggested by Board, staff, volunteers, advisory council members ➤ Attend events ➤ Self-identify through media coverage ➤ Locate you through your web site Learn about you on social media ➤ Annual reports of other organizations National Capacity Building Project

| Individual Donor Cultivation |
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| Building Relationships and Support |
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| ➤ Newsletters (print and electronic) |
| ≻ Events |
| ➤ Facility tours |
| ➤ In-person meetings |
| > Phone calls |
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| Individual Donor Solicitation |
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| Asking for Financial Contributions |
| Asiang for Financial Contributions |
| ➤ In-person |
| ➤ Mail |
| ≻ Email |
| ➤ Newsletter |
| ➤ Telephone |
| ➤ Events |
| ➤ Web site |
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| Individual Donor Acknowledgement |
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| Thanking the Donor |
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| ▶ In-person➤ Mail |
| ≻ Mail ≻ Email |
| > Newsletter |
| > Telephone |
| > Events |
| > Web site |
| > Prompt Acknowledgement is Essential |
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| Individual Donor Stewardship |
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| Ensuring Ongoing Support and Engagement |
| > In-person |
| ➤ Mail ➤ Email |
| > Newsletter |
| ➤ Telephone |
| > Events |
| ➤ Web site➤ Ongoing and Regular Contact is Essential |
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| Institutional Donors |
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| Prospective Donor Identification, Cultivation, |
| Solicitation, Acknowledgement, Stewardship |
| ➤ Requires less investment than individual |
| fundraising in terms of time and resources |
| Done best through partnerships involving development/management staff and program |
| staff |
| Excellent way to generate restricted funds; not so effective for unrestricted funds |
| > Pays significant dividends in the short term |
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| Institutional Domardontification |
| Institutional Donor Identification |
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| Locating Prospective Institutional Donors |
| ➤ State Councils on Foundations |
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| State Nonprofit Organization Associations |
| Annual Reports of Other Organizations |
| ➤ Networking with Colleagues |
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| Institutional Donor Cultivation | |
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| Puilding Polationships and Cupport | |
| Building Relationships and Support | |
| ➤ Letters of inquiry | |
| ➤ Meetings at institutions' offices | |
| ➤ Site visits | |
| ►In-person meeting preferred | |
| ➤ Objective: to be invited to submit a proposal | - |
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| Institutional Donor Solicitation | |
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| The Crant Bronesal | |
| The Grant Proposal | |
| Executive Summary | |
| Organizational History and Background | |
| Issue Statement, Including your Unique | - |
| Capacity to Intervene | |
| Project Description | |
| ➤ Project Timeline | |
| Budget and Budget Narrative | |
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| Institutional Donor Acknowledgement | |
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| Thanking the Donor | |
| ➤ In-person | |
| > Mail | |
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| ➤ Newsletter | |
| ➤ Telephone | |
| > Events | |
| > Web site | |
| Prompt Acknowledgement is Essential | |
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| Institutional Donor Stewardship |
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| Institutional Donor Stewardship |
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| Ensuring Ongoing Support and Engagement |
| > In-person |
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| ➤ Somewhat Regular Contact is Essential |
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| Public/Government Funders |
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| Public/Government Funders |
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| Relevant Agencies and Departments |
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| ➤ Health |
| ➤ Human Services |
| ➤ Economic Development/Security |
| ► Human Rights |
| ➤ Education |
| ➤ Public Safety |
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Tips for Engaging with Government > Key words and phrases: refugees, immigrants, health, mental health, health disparities ➤ Find a champion(s) in the bureaucracies > Build relationships with elected officials ➤ Need to manage both political and professional staff ➤ Sign up for listservs of grant and contract announcements > Grants/contracts vs appropriations ➤ VOCA/VAWA National Capacity Building Project **Medical Billing** ➤ Provides reimbursement for rehabilitative services including: diagnostic assessments; individual, group and family psychotherapy; psychiatry/medication management; medical care; psychologist consulting with physician; interpreters ➤ Refugee Medical Assistance: coverage up to eight months > State and Federal Medicaid: income and residency/citizenship restrictions National Capacity Building Project **Targeted Case Management** > Federal Medicaid program managed by states; part of state plan to CMMS Serves adults and children > Aims to keep persons with serious and persistent mental illness out of the hospital and functioning independently > Eligibility and program objectives vary by state

| Program Service Revenue/Billing | |
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| Billing Cons and Pros | |
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| Complex Requires infrastructure | |
| ▶ Requires infrastructure ▶ Requires changes in clinic functioning | |
| Can be contracted out or done in-house | |
| > Contracted services produce net revenue and are a good | |
| way to get started | |
| > Contracted services don't produce maximum revenue | |
| ➤ Billing can produce a lot of income | |
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| Some Additional Resources | |
| Joine Additional Nesodices | |
| Association of Fundraising Professionals: http://www.afpnet.org/ | |
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| Council on Foundations: https://www.cof.org/ | |
| Foundation Affinity Groups: https://www.cof.org/organization-type/affinity-group | |
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| Refugee Health Technical Assistance Center: https://refugeehealthta.org/physical-mental-health/mental-health/ | |
| Medical Billing and Coding: | |
| https://www.medicalbillingandcoding.org/about/ | |
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| Contact Information | |
| Contact Information | |
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| Questions? |
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Presentation Goals

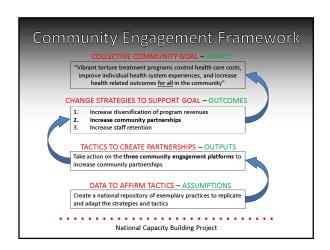
- Increased organizational navigation of a community engagement framework
- Increased organizational analysis of where you are, in order to plan where you will go
- Increased organizational application of specific platform tactics

| What Is Community Engagement? | |
|---|---|
| Community engagement is a process. | |
| It is the detailed process of working | |
| collaboratively with and through evolving groups of people affiliated by geographic | |
| proximity, special interest, or similar situations, to address issues affecting the well-being <i>for all</i> | |
| of those people. | |
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| What Is Community Engagement? | |
| Community engagement is <u>local</u> . | |
| It is place-based and relational, and so the scale | |
| of engagement, and the size of the geographic | |
| area, are virtually never larger than a city or county, frequently as small as a neighborhood, | |
| and with impacts and benefits <i>for all</i> . | |
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| What Is Community Engagement? | |
| Community engagement requires choice. | |
| Change occurs at the intersection of urgency | |
| and preparation, and the greater the benefits | |
| for all in the community, the greater the | |
| possibility of elevating the urgency of your issue to prepare for limited resources. | |
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What Is Community Engagement? Community engagement develops change. It is not undertaken to affirm the status quo, but rather to build the changed conditions necessary to achieve a collective goal that is bold and broad enough to provide mutual benefits for all in the defined communities. National Capacity Building Project Community Engagement Framework

A framework is a set of organizing principles that mobilize resources and actions to achieve common goals.

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| Community Engagement Platforms | |
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| In order to effectively implement tactics that achieve the strategy to increase community | |
| partnerships, we must first acknowledge that every organization is at a different stage in its organizational life cycle and partnership | |
| development. "Platforms" are a means to distinguish and leverage differences. | |
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| What Are Platforms? | |
| What Are Plationns: | |
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| Platforms are a <u>continuum</u> of spaces for taking inventory of resources that are available for | |
| various iterations of community engagement, and building the most efficient, effective, and | |
| elegant relationships and programs possible with those resources. | |
| with those resources. | |
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| What Are Platforms? | |
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| Platforms acknowledge that community engagement is a <u>cumulative and cyclical process</u> | |
| of continuous building, with evolving | |
| stakeholders, in order to produce the changed conditions that will achieve a collective goal. | |
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What Are Platforms?

Platforms are <u>not steps</u>, or <u>stages</u>, or <u>levels</u>, because community engagement is not a progressive race to a finish line, or a means to prioritize and judge one set of actions against another.

| Inform – Invol | ve – Inve | est - Platforms | |
|--|--|---|------|
| EQUALITY VER | SUS EQUITY VE | ERSUS CHANGE | |
| In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally. | In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably. | In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed. | |
| INFORM | INVOLVE | INVEST This image on adapted by Part this flows other adaptate of the original 2023 inflaments to Carl of Tools. | ions |

| TACTICS TO INCREASE COMMUNITY COLLABORATIONS | | | |
|---|---|---|--|
| INFORM | INVOLVE | INVEST | |
| Connect with contacts in multiple organizations representing siloed sectors along separate integration pathways, to establish two-way channels for periodic communications and outreach that cultivate emoathy. | Connect with collaborators in prioritized organizations and sectors representing multiple integration pathways, to co- create efforts and programs that meet the holistic needs of refugees and immigrants. | Connect with partners in cross- sector and cross-program leadership positions representing frameworks other than integration or welcoming, to develop collective impact solutions that address complex social problems. | |
| Build understanding and trust with other communities about their members, about the needs and strengths of the people they assist, about the differences and similarities in their organizational cultures, and about the constraints and flexibilities in their organizational mandates. | Build access to programs and resources in other communities, to new allies and ambassadors, to new networks that leverage leadership and communications, to new ways to better deliver services, and to new ways to design and measure programs with other communities. | Build opportunities that benefit from long-term collective impact projects that are based on innovation and social entrepreneurship in broad ecosystems, and that develop new service systems, program metrics, and community assets. | |

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| INFORM | INVOLVE | INVEST |
| Learning communities | Collaborating communities | Partnering communities |
| Awakening cities | Engaging cities | Investing cities |
| Individual interactions | Community adaptations | Public policies |
| Equality | Equity | Change |
| Multiple contact points | No wrong door | Whole of governance |
| Leadership contacts | Leadership connections | Leadership collaborations |
| Strangers | Colleagues | Entrepreneurs |
| Charity | Empowerment | Equals |
| Understanding | Access | Opportunity |
| Fragmented programs | Braided programs | Collective impact programs |
| Siloed programs | Parallel programs | Cross-sectoral programs |
| Short-term planning | Mid-term planning | Long-term planning |
| Program eligibility | Program modification | Program design |
| Referral to services | Adaptation of services | Creation of services |
| Obtain a job | Improve a job | Create a job |
| At risk families | Stable families | Thriving families |
| Ad hoc planning | Intentional planning | Strategic planning |
| Recipients of services | Collaborators in programs | Experts for development |
| Random treatment | Holistic treatment | Ecosystem treatment |
| Statistically invisible | Statistically counted | Statistically dispositive |
| Social bonding | Social bridging | Social linking |
| Performance metric ceiling | Performance metric floor | Performance metric change |

| INFORM | ty Engageme | INVEST | | | |
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| SWOT Analysis of internal organizational capacities to achieve characteristics of this platform | SWOT Analysis of internal organizational capacities to achieve characteristics of this platform | SWOT Analysis of internal organizational capacities to achieve characteristics of this platform | | | |
| Mapping networks for contacts for outreach and communications based on ten integration pathways | Mapping networks for partners for program development based on ten integration pathways | Mapping the frameworks in the community that are generating new collaborations and resources | | | |
| Contact Prioritizing of the strategic importance and pace of outreach to mapped organizations | New Positions created that co- develop communications and programs with other organizations | National Thought Leadership identified for its local proponents and collaborations | | | |
| 4. Trusted Convener engaged to assist arriving communities to work together and speak with one voice | Holistic Prioritizing of program designs to leverage correlations between integration pathways | 4. Integrated Services developed to provide seamless programs across multiple systems | | | |
| 5. Communication Materials and Messaging focus on values and narratives more than data | 5. External Prioritizing of potential collaborations and programs to ensure success and sustainability | 5. Communications and Data used and reframed to support broad local collective impact initiatives | | | |
| Building Trust of collaborators through mutual accountability and facilitated peer networking | 6. Trusted Convener engaged for prioritizing processes and matching with new program opportunities | 6. Impact Investing accessed based on demonstrating financial and social returns on investment | | | |
| 7. Feedback welcomed and responses provided for difficult questions so as to create dialogues | 7. Communications and Data add a focus on how programs technically work and are measured | 7. Community-Based Participatory Research used to translate grassroots trust into data | | | |
| 8. Shared Activities implemented to develop trust and understanding as well as leverage volunteer assets | Lean Process Review undertaken by collaborators to identify resource efficiencies and better outcomes | 8. Community Dashboards of well- being include measures and learning opportunities related to integration | | | |

Example 1: Inform Platform. You have made or want to make a short video about the aspirations of survivors of torture. How do you leverage the effort? Tactic #7 Feedback Design an organizational culture not just for disseminating multimedia communications, but also for soliciting and responding to feedback and difficult questions. A response to feedback and questions is as important as the original communication. It is what makes it a dialogue. Tactic #8 Shared Activities Shared activities, either within a collaboration or with receiving communities (such as festivals, clubs, teams, mentoring, classes, and meetings), are an excellent forum to host your own videos, and an even better forum to host the videos of colleagues. This creates much more engagement and dialogue than just sharing links. National Capacity Building Project

| Community | Engagom | ant Tactic |
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| Community | LIIgageiii | EIIL IALLIL |

Example 2: Involve Platform. You have developed or want to develop a partnership with a municipal senior center. How do you organize this?

Tactic #6 Trusted Convener

A trusted convener (such as a community foundation, another nonprofit, a leader in the faith community, or a prominent business executive), is a valuable source not just for funding, but also for insights about potential partnerships. Develop the capacity to absorb new information from the perspective of other programs.

Tactic #7 Communications and Data

Become immersed in the language and data points of your partners, and reflect this in your own communications. Co-developed services are sustainable only to the extent that they are co-measured. Take the time to acknowledge the hard work and accomplishments of your partners, as much as your own work.

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Community Engagement Tactics

Example 3: Invest Platform. You have participated or want to participate in health equity planning. How do you add value for collective impact?

Tactic #3 National Thought Leadership

Research national thought leadership on this issue, and explore how its proponents are working in your community through foundations and government. Research the grants and awards that are received by colleagues for their collaborations in other communities, and develop a community of practice to learn from your colleagues.

Tactic #7 Community-Based Participatory Research (CBPR)

Use CBPR to formalize and measure your relatively priceless asset, which is the profound trust and understanding that you have with refugee communities. Develop consensus among key community partners, and especially including refugees, about the core questions that can and should be answered through research.

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Community Engagement Tactics



Colorado African Organization

Inform Platform:

Infographic about Community Navigation services

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Additional Resources

The full Community Engagement Toolkit, a Get-Started Guide, and examples of Toolkit tactics in practice can be found on the Welcoming Refugees website at:

http://www.welcomingrefugees.org/community-engagement-toolkit

| Questions? | |
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| Part 1: Understanding the Cost of Caring | |
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| "Have you ever considered another line of work?" | |
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| REFLECTION | |
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| WHY HAVE YOU CHOSEN THIS WORK? | |
| O WHAT DO YOU LIKE BEST ABOUT YOUR WORK? | |
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| WHAT IS THE HARDEST THING ABOUT IT? | |
| o WHY DO YOU STAY? | |
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| REFLECTIONYOUR STAFF | |
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| WHY HAVE THEY CHOSEN THIS WORK? | |
| WHAT DO THEY LIKE BEST ABOUT THEIR WORK? | |
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| WHAT DO THEY SAY IS THE HARDEST THING ABOUT IT? | |
| WHY DO THEY SAY THEY STAY? | |
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| ♦ BURNOUT? | |
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| ❖SECONDARY TRAUMATIC STRESS (STS)? | |
| ❖VICARIOUS TRAUMA (VT)? | |
| ❖ COMPASSION FATIGUE (CF)? | - |
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| Burnout | |
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| The stress and frustration caused by the workplace. | |
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| Secondary Traumatic Stress (STS) | |
| The result of hearing witness to a | |
| The result of bearing witness to a traumatic event (or series of events), which can lead to PTSD-like symptoms. | - |
| which can lead to F130-like Symptoms. | |
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| Vicarious Traumatization (VT) | |
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| Describes the transformation of our view of the world due to cumulative exposure to | |
| traumatic images and stories. | |
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| Compassion Fatigue (CF) | |
| Refers to the profound emotional and physical erosion that takes place when helpers are unable to refuel and | |
| regenerate. | |
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| The definitions of both CF and VT | |
| include loss of meaning, purpose and hope. | |
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Examples of CF/VT A female case manager working with women who have been sexually assaulted assumes that all the men she encounters are unsafe. A counselor finds himself thinking, "Yeah, right – whatever," in response to a story told by a friend/client/colleague with whom he has always had a trusting relationship. A social worker whose favorite way to relax is to spend time with her children finds herself wishing they would go away. An outreach worker has nightmares about the traumatic experiences of her clients.

What do we know about this issue?

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Helpers in *MANY* professions are vulnerable to CF/VT:

- ➤ Teachers
- ➤ Physicians
- ➤ Nurses
- ➤ Social Workers
- ➤ Animal Shelter Workers
- ➤ Paramedics
- > Psychologists
- ➤ Shelter Workers
- Prison TherapistsJudges
- ➤ Police Officers
- Chaplains...

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Some of the Professions that are *MOST* vulnerable to CF/VT:

- ➤ Healthcare providers
- ➤ Mental health professionals
- ➤ Emergency service personnel
- > Firemen
- ➤ Police
- > Search & rescue teams

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WHY FOCUS ON THESE TOPICS TODAY?

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Akinsulure-Smith, A.M., Keatley, E., & Rasmussen, A. (2012). Responding to secondary traumatic stress: A pilot study of torture treatment programs in the United States. *Journal of Traumatic Stress*, 25, 232-235. DOI: 10.1002/jts.21684

Akinsulure-Smith, A.M., & Keatley, E. (2014). Secondary trauma and local mental health professionals in post-conflict Sierra Leone. *International Journal for the Advancement of Counseling*, 36(2), 125-135. DOI: 10.1007/s10447-013-9197-5

Akinsulure-Smith, A.M., Chu, T., Espinosa, A., & Hallock, R. (2018). Secondary traumatic stress and burnout among refugee resettlement workers: The role of coping and emotional intelligence. *Journal of Traumatic Stress*, 31(2), 202-212.

Espinosa, A., **Akinsulure-Smith, A.M.**, & Chu, T. (in press). Emotional intelligence and occupational stress among refugee resettlement workers: The mediating role of coping behaviors. *Psychological Trauma: Theory, Research, Practice, and Policy*.

Main risk factors for CF/VT 1) Exposure to the stories (or images) of traumatized people 2) One's empathic sensitivity to other people's suffering, and 3) Any unresolved emotional issues that relate (affectively or symbolically) to the suffering seen. National Capacity Building Project Warning Signs of CF/VT* **□**Physical **□**Behavioral ■Psychological *Saakvitne & Pearlman, 1996 National Capacity Building Project **Physical Signs** • Physical exhaustion • Insomnia or hypersomnia • Headaches and migraines • Increased susceptibility to illness • Somatization and hypochondria National Capacity Building Project

| Behavioral Signs and Symptoms | |
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| Increased use of alcohol and drugs | |
| Other addictionsAbsenteeism | |
| Anger and irritabilityExaggerated sense of responsibility | |
| Avoidance of clients | |
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| Behavioral Signs and Symptoms (Cont'd) | |
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| Impaired ability to make decisionsForgetfulness | |
| Problems in personal relationships | |
| • Attrition | - |
| Compromised care for clients | |
| The silencing response | |
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| Psychological Signs and Symptoms | - |
| Emotional exhaustion | - |
| Distancing Negative self-image | |
| • Depression | |
| Reduced ability to feel sympathy and empathy Cynicism and embitterment | |
| ResentmentDread of working with certain clients | |
| Feeling professional helplessness | |
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| Psychological Signs and Symptoms (cont'd) | |
| rsychological signs and symptoms (conta) | |
| Diminished sense of enjoyment/career | |
| Depersonalization | |
| Disruption of world view/heightened anxiety or irrational fears | |
| Increased sense of personal vulnerability | |
| Inability to tolerate strong feelings Problems with intimacy | |
| Hypervigilance | |
| Intrusive imagery | |
| Hypersensitivity to emotionally charged stimuli | |
| Insensitivity to emotional material | |
| Loss of hope | |
| Difficulty separating personal and professional lives | |
| Failure to nurture and develop non-work-related aspects of life | |
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| Warning signs of CF/VT on Torture | |
| Treatment Dreamane | |
| Treatment Programs | |
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| High rates of staff turn-over | |
| High rates of absences or tardiness | |
| Lack of communication and frequent miscommunication | |
| between co-workers and/or departments | |
| Increase in interpersonal conflicts between co-workers and/or | |
| between various parts of the organization | |
| Missed deadlines | |
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Warning signs of CF/VT on Torture

Treatment Programs (cont'd.)

- Incomplete work
- Poor quality of work or service delivery
- Increase in customer/client complaints
- A negative atmosphere/low morale
- Less energy and motivation to do "extra" or to take sufficient time to do quality work as an organization
- A lack of emotional and/or physical safety in the organization

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| Questions? | _ | | | | |
| National Capacity Building Project | _ | | | | |
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| Thank you for attending this webinar Todays presenters were | _ | | | | |
| Peter Dross, The Center for Victims of Torture <u>pdross@cvt.org</u> Paul Stein, Independent Consultant | _ | | | | |
| paulsteinrefugees@gmail.com Adeyinka Akinsulure-Smith, Bellevue/NYU Program for Survivors of Torture Adeyinka.Akinsulure-smith@nyumc.org | _ | | | | |
| National Capacity Building Project | _ | | | | |