



The  
CENTER for  
VICTIMS of  
TORTURE

*with*



VERI  
TAS

Harvard  
Program  
in Refugee  
Trauma

BELLEVUE/NYU  
PROGRAM FOR  
SURVIVORS  
OF TORTURE

## Measured Impact Webinar

### Organizational Sustainability: a view from 3 perspectives

September 26, 2018

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## Presenters



**Peter Dross**  
Center for Victims of  
Torture  
St. Paul, MN



**Leah Spelman**  
Partnerships for  
Trauma Recovery  
Berkeley, CA



**Monika Parikh**  
Partnerships for  
Trauma Recovery  
Berkeley, CA.

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## Panel



**Kendra Gorlitsky**  
Program for Torture  
Victims  
Los Angeles, CA



**Trip Oldfield**  
Program for  
Torture Victims  
Los Angeles, CA



**Adeyinka  
Akinsulure-Smith**  
Bellevue/NYU  
Program for  
Survivors of Torture  
New York, NY

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## 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.

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## Partnerships for Trauma Recovery



**Growing Your Base of Support  
with Local Government Funding  
NCB Measured Impact Webinar  
9.19.2018**

Monika Parikh & Leah Spelman

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## Asking for What You Need

- Fundraising is a two-way street, even when it comes to government funders



- As implementers, we're in a position to educate
- This is how we stay true to the mission

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## Identifying Available Funders

- **Join coalitions**
  - Coalition partners can share knowledge of politics, players, history behind funding streams
  - Coalitions with positive relationships can lead to advocacy for your mission.
- **Network! (in-person and online through list-serves, etc.)**
  - Partnerships can help you reach new donors (**case study**: Bigglesworth Family Foundation)
- **Do an audit of funders available**
  - Family foundations
  - City, county, and state government grants
  - Corporate donors
  - These funders really want to know that you're rooted in the community. Again, this is another reason why partnerships are important (and don't forget letters of reference!)
- **Identify your allies within the funding institution**

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## Bringing Advocacy Tools Into a Fundraising Space

- **Case study**: MHSA and advocating for support for specific groups



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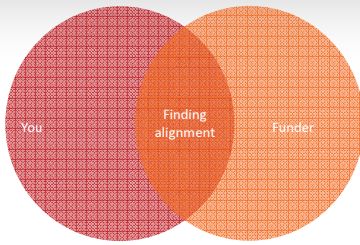
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## Thinking Broadly

- **Case study**: California Victims Compensation Board



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## Considering Timelines

- Conversations start before there are formal opportunities available
- Could be a formal RFI process (MHSA); could be less formal

Reach out

Work with your ally (during application process)

Meetings (formal and informal)

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## Making it a Win for the Funder and You

- What does your funder want to be able to say after giving you a grant?
- Is your funder talking about the same thing you're doing but using different language?
- Make your “thank-you” public
- Note: this is not about mission creep – it's just about framing the work you're already doing in a way that resonates with your audience (aka the funder)
- Making it a win/win leads to long-term sustainability

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## Measured Impact Webinar

### Organizational Sustainability through Effective Community Partnerships

Kendra Fleagle Gorlitsky, M.D.  
Trip Oldfield  
Program for Torture Victims, Los Angeles, CA

September 26, 2018

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### What we have done:

- Partnered with USC School of Medicine (KSOM)
- Partnered with Community Clinic FQMC for services
- Partnered with pro bono clinicians
- Developing relationship with local Family Medicine Residency

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### Partner with USC (KSOM)

- Using affiliations for service venues at clinic sites
- Incorporating teaching of medical students in Introduction to Clinical Medicine and Ambulatory Care
- Teach residents rotating through Ambulatory Medicine, etc.
- Become a site for "Service Learning" for medical students
- Offer to instruct residents in Trauma Informed Care (Family Medicine, Internal Medicine, ER, Psychiatry residents are possibilities)

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### Partner with Community Clinics

- Low cost or free clinics with important point person in benefits screening area
- Close to areas where clients live or can reach by public transport
- Medical records should be easily accessible to your own medical staff or consultants
- Case manager is critical to success

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## Partnering with individual physicians for pro bono work

- May meet at fundraising events
- Determine training/experience
- Offer training in Trauma Informed Care and forensics

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## Therapeutic Support

- Healing is more than pills and documentation.
- Therapeutic support could include:
  - Expression and distractions: art and music
  - Ancillary help: massage and physical therapy
  - Exercise groups
  - Language skills
  - Educational resources (empowerment)
  - Essentials for livelihood: food cards, food banks, shelter references, bus tokens

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## What you can do:

- Local college may help
  - (premeds might be useful in screening client charts after you instruct, i.e. which cases might lend themselves to forensic eval...visible scars, etc.)
- Medical School nearby?
  - Reach out to Family, Internal, and Psychiatric Departments for affiliations
- Free or low cost, perhaps church affiliated, clinics locally?
  - Identify point person to help facilitate ongoing care with a trauma sensitive practitioner
- Offer trainings for local physicians who might wish to offer forensic services or ongoing medical care
- Stay fluid
  - (sometimes when directorships change, so might your affiliation)

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## Measured Impact Webinar

### *Addressing the Cost of Caring in Survivors of Torture Programs*

Adeyinka M. Akinsulure-Smith, PhD, ABPP

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Part 2: Addressing the Cost of  
Caring within Torture  
Treatment Programs



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## What creates CF/VT?

- Personal and current life factors
- Relationship to or close identification with those being assisted
- Work conditions

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## Addressing CF/VT

- Personal
- Professional
- Organizational

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## *So what to do?*

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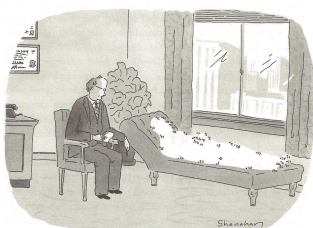
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## Recognition is the antidote



"You've got to start to connect the dots, Mr. Michaelson."

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**How do you make self care a priority in your organization?**

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**Potential Activities 1 - 6**

Volk, K.T., Guarino, K., Grandin, M.E., & Clervil, R. (2008). *What About You? A Workbook for Those Who Care for Others*. Retrieved from <http://508.center4si.com/SelfCareforCareGivers.pdf>

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***Top 10 Ways to Breed CT/VT in Your Organization\****

10. Never, ever give anyone information today that you can wait until next week to tell them about, *especially* important deadlines.
9. *Never* thank anyone for anything. Especially in public.
8. Do *NOT* celebrate important events. If you see others wishing someone happy birthday, be sure to sneer at them so that they get back to work.
7. Whenever possible, call people on their days off even if it's not an emergency. It reminds them of the stresses they've left behind. Maybe next time, they'll think twice about even taking time off.

\*Volk, K.T., Guarino, K., Grandin, M.E., & Clervil, R. (2008). *What About You? A Workbook for Those Who Care for Others*. Retrieved from <http://508.center4si.com/SelfCareforCareGivers.pdf>

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6. Stop watering the plants. Once they die, leave them to collect dust. Employees won't stay very long if even the plants look sad.
5. Approach every situation with a "what is it this time?" attitude.
4. Adopt "It will never work," as your motto.
3. Cancel meetings with the people you supervise. They should be able to do their jobs without support.
2. Make simple, everyday tasks more complicated than they need to be. For example, lock the supply closet and only open it on Tuesdays between 3 and 4.
1. Leave your sense of humor at home. This is serious work for serious people.

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## Strategies for Creating Healthy Torture Treatment Programs



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The following have been found to help reduce CF/VT in organizations

- Strong social support both at home and at work
- Increased self-awareness
- Good self-care
- Better work/life balance
- Job satisfaction
- Rebalancing caseload and work load reduction
- Limiting trauma inputs
- Accessing coaching, counseling, and good clinical supervision as needed
- Attending regular professional development and ongoing training

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### Basic Strategies for Torture Treatment Programs

- Adequate salary and time off (including R&R) for all staff;
- Sufficient orientation, professional training and management supervision for staff to feel competent and supported in their jobs;
- Plans for staff safety (including security training and briefing on security protocols);
- Access to medical and mental health support services including:
  - health insurance
  - Information/training about psychological and spiritual hazards of the work and effective self-care
  - Access to good confidential counseling support as needed

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### Encourage connections, morale, and relationships, perhaps through some or all of the following:

- Working in teams
- Providing other avenues to connect with colleagues (e.g., social activities such as having lunch or occasional outings together)
- Developing peer support networks

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### Encourage communications and staff contributions by:

- Providing a voice in decision- making from and feedback to staff at all levels of the organizational hierarchy
- Providing information to help staff understand how and why decisions about resource allocations, deadlines, policies and assignments are made
- Allowing for and actively encouraging staff to take adequate breaks during work
- Looking for ways to build diversity and job enrichment into the work

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## Torture Treatment Work

### Multiple Demands

Like running a Marathon, therefore  
Must train for the Marathon – be resilient!




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## Food for Thought:

- ❖ What are some things your organization already does well to support its staff and help reduce the risk of CF/VT?
- ❖ Are there some practical things you can think of that your organization could do better to support staff and reduce the risk of CF/VT:
  - ❖ During recruitment?
  - ❖ During orientation?
  - ❖ During employment?
  - ❖ Upon leaving the organization?

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## What are some of the barriers in YOUR organization?

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What are some additional ideas  
of ways **YOUR** organization can  
reduce CF/VT?

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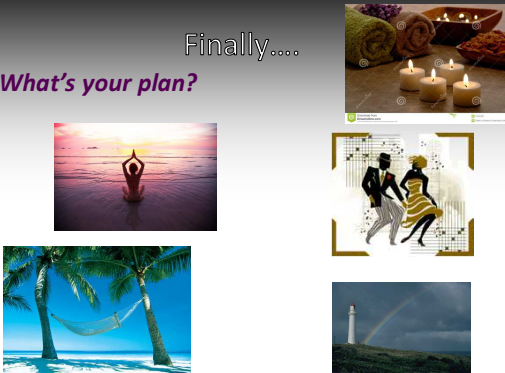
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Finally....  
*What's your plan?*



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Remember...

This is just the beginning

Self-Care is an ongoing process

Within YOUR Torture Treatment Program, **PRIORITIZE** your self-care, and reassess your goals regularly

**CELEBRATE YOUR ACCOMPLISHMENTS!**

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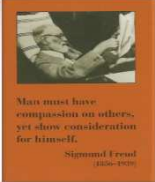
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**THANK YOU!**



**Adeyinka M. Akinsulure-Smith, Ph.D.**  
[aakinsulure-smith@ccny.cuny.edu](mailto:aakinsulure-smith@ccny.cuny.edu)

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Thank you for attending this webinar

Today's Presenters were

- Kendra Gurlitsky, Program for Torture Victims  
[kgurlitsky@ptvla.org](mailto:kgurlitsky@ptvla.org)
- Trip Oldfield, Program for Torture Victims  
[toldfield@ptvla.org](mailto:toldfield@ptvla.org)
- Monika Parkikh, Partnerships for Trauma Recovery  
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- Leah Spelman, Partnerships for Trauma Recovery  
[lspelman@traumapartners.org](mailto:lspelman@traumapartners.org)
- Adeyinka Akinsulure-Smith, Bellevue/NYU Program for Survivors of Torture  
[Adeyinka.Akinsulure-smith@nyumc.org](mailto:Adeyinka.Akinsulure-smith@nyumc.org)

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