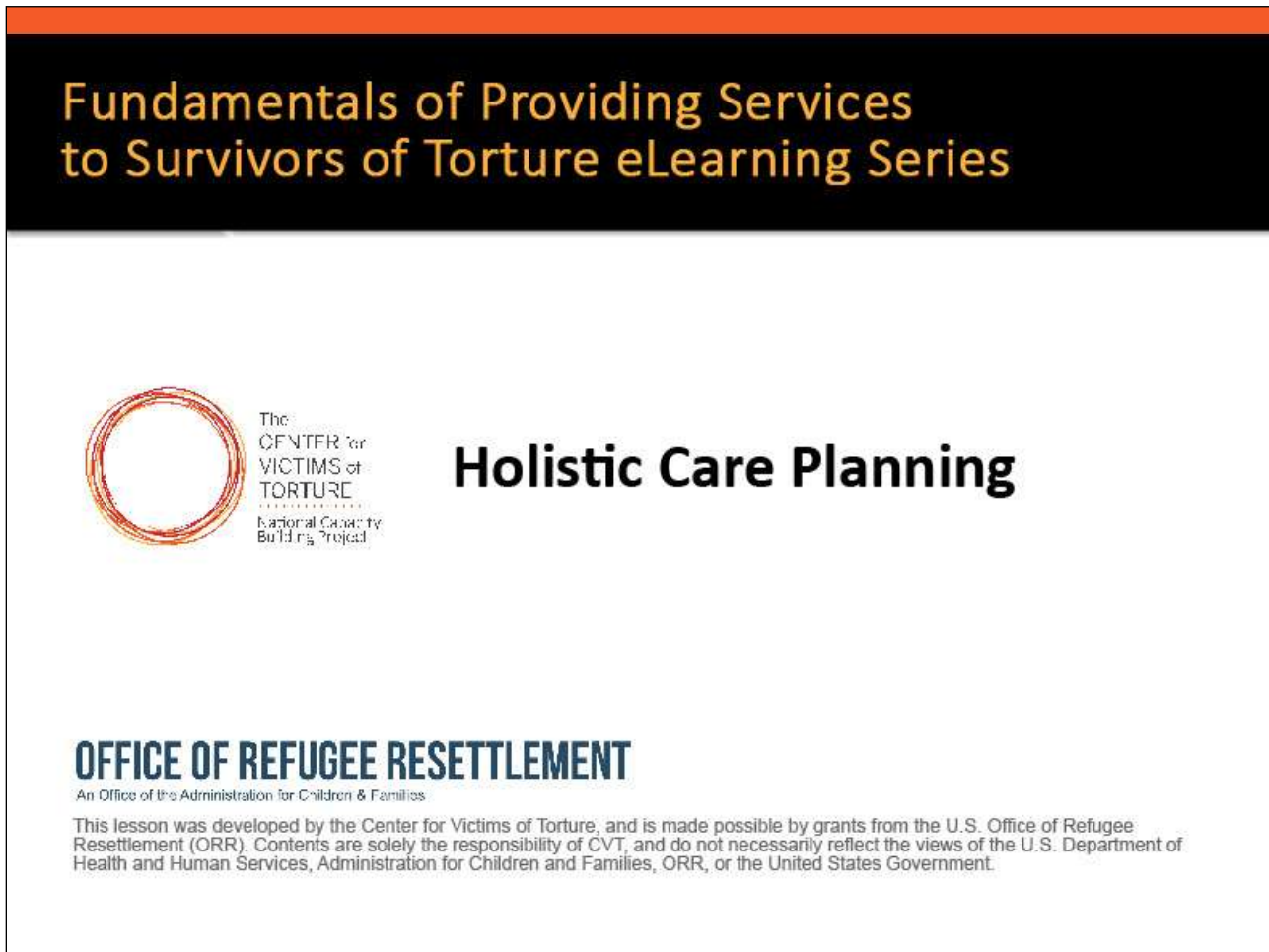



Holistic Care Planning

Slide 1 - Welcome



**Fundamentals of Providing Services
to Survivors of Torture eLearning Series**



The
CENTER for
VICTIMS of
TORTURE
.....
National Capacity
Building Project

Holistic Care Planning

OFFICE OF REFUGEE RESETTLEMENT
An Office of the Administration for Children & Families


This lesson was developed by the Center for Victims of Torture, and is made possible by grants from the U.S. Office of Refugee Resettlement (ORR). Contents are solely the responsibility of CVT, and do not necessarily reflect the views of the U.S. Department of Health and Human Services, Administration for Children and Families, ORR, or the United States Government.

Welcome to the Holistic Care Planning unit in the Fundamentals of Providing Services to Survivors of Torture eLearning Series.

**Slide 2 - Introduction**

“The aim of rehabilitation is to empower the torture victim to resume as full a life as possible.”
International
Rehabilitation
Council for Torture
Survivors (IRCT)

↓

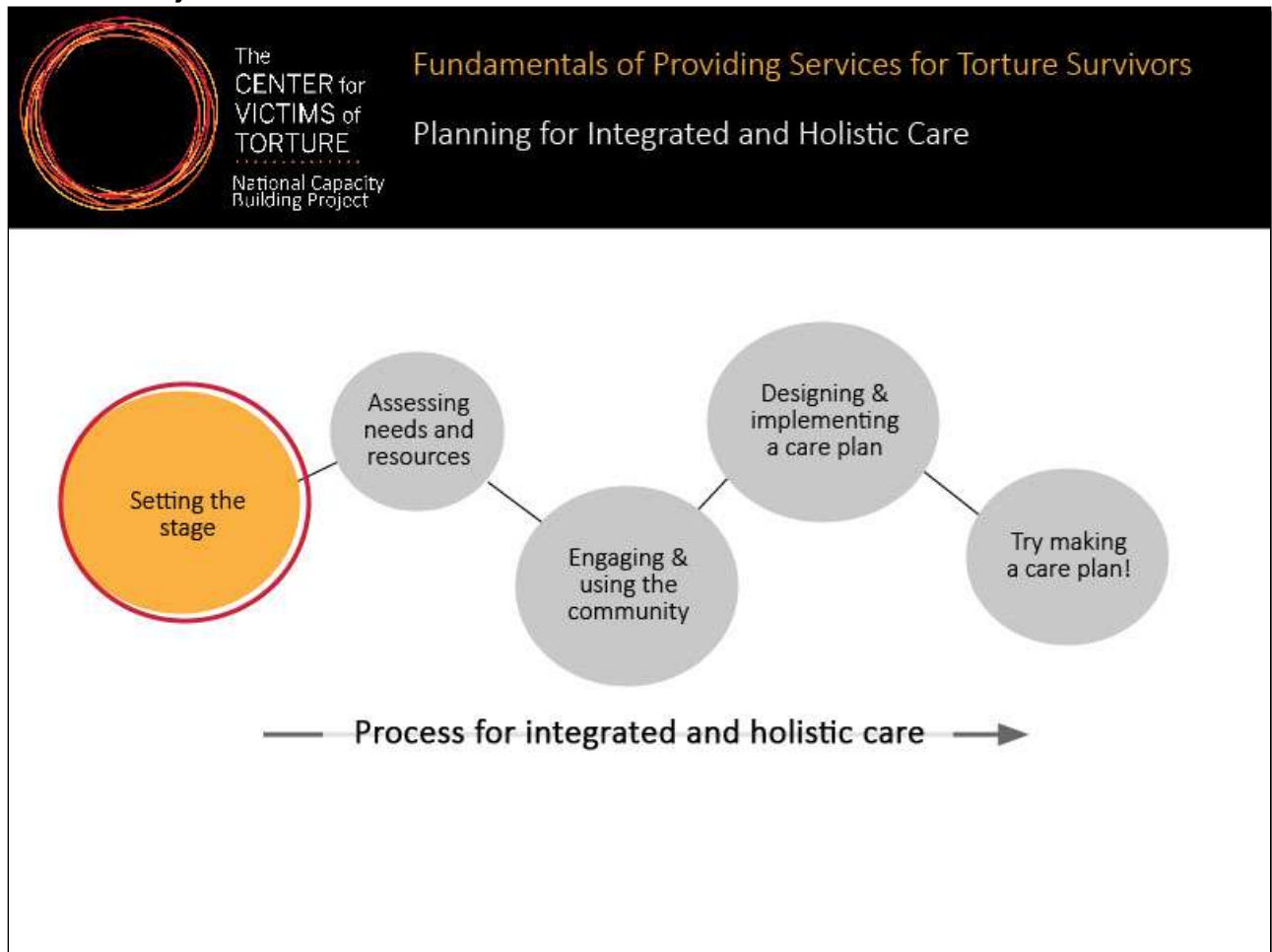
Throughout the training,
Click the **Play** button  below to move to the next slide

In thinking about partnering with survivors and organizing our work to help them heal, let's begin by envisioning the healing process and the outcome of wellness. In the words of the International Rehabilitation Council for Torture Victims, “the aim of rehabilitation is to empower the torture victim to resume as full a life as possible.” Each survivor defines and shapes their unique expression of a “full life.” It may focus on satisfying family relationships, physical health, a meaningful career, regular civic engagement, or many other aspects. Survivors are looking for help to fill the gap between their current life situation and what they hope their lives will become.





Slide 3 - Lesson Objectives




Hello. I'm Eva Solomonson. In this lesson, I'd like to share the elements of the process for integrated and holistic care planning in serving torture survivors. We'll examine four steps in the process, and show how to develop an integrated care plan. We'll be working with the story of Mario, which we created as a composite from experiences of survivors we've worked with. Then, we'll ask you to create a care plan for another survivor, Mary. Throughout this module, notice the importance of collaboration among providers and how resources available to survivors are optimized.





Slide 4 - Survivor Resources



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Integrated and Holistic Care

Holistic Care

Includes consideration of:

- History and politics of survivor's home country and region
- Survivor's
 - Personal life history
 - Culture
 - Spiritual practice and values
 - Community (past and present)
 - Affiliations with family, clan, and ethnicity
- Organizations and services available to meet their needs in the four domains:
 - Legal
 - Medical
 - Mental Health
 - Social Services



Holistic care includes consideration of the history and politics of the survivor's home country and region, the survivor's personal life history, culture, spiritual practices and values, community (both past and present), personal affiliations of family, clan, and ethnicity. Holistic care also includes your organization's ability to meet the survivor's needs in the four domains of legal, medical, social, and mental health services.



**Slide 5 - Survivor Scenarios**

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Survivor Scenarios

Tigist, Ethiopia

Choua, Laos

Ahmed, Iraq

Mario, Columbia

Click each button to learn more

When you are done, click Continue

Continue

Let's see how the legal, medical, mental health, and social services can be seen in interviews with survivors. What do you notice about the variety of needs expressed? How are the needs related to each other? Please read the survivor stories. Please click on each of the survivor's stories. When you are done click continue.





Slide 6 - --Scenarios: Tigist

The slide features a black header with the logo of The Center for Victims of Torture National Capacity Building Project on the left. The title 'Fundamentals of Providing Services for Torture Survivors' and subtitle 'Integrated and Holistic Care' are on the right. The main content area is white with the heading 'Survivor Scenarios'. A red-bordered box contains the scenario for Tigist, Ethiopia, which includes a quote about stress and family conflict. To the left of the quote is a yellow icon of a person. At the bottom of the box are two buttons: 'Click the button to return to the list' and a yellow 'Close' button.

Survivor Scenarios

Tigist, Ethiopia

"I feel so much stress. I fight with my husband and yell at my children. We cannot pay our rent or buy groceries. I love them, but I can't seem to be as patient with them as I was before I was hurt back home. I feel so guilty about this and about the problems I have caused them because of my political work. They don't really know what I have gone through."

Click the button to return to the list


Close

"I feel so much stress. I fight with my husband and yell at my children. We cannot pay our rent or buy groceries. I love them, but I can't seem to be as patient with them as I was before I was hurt back home. I feel so guilty about this and about the problems I have caused them because of my political work. They don't really know what I have gone through."





Slide 7 - --Scenarios: Choua




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Survivor Scenarios

Choua, Laos



"I cannot remember when I last had a good night's sleep. When I do fall asleep, I have nightmares. During the day I feel tired all of the time and have terrible headaches, so much that I cannot concentrate at English class. My head is always full of worries. It seems there is no rest for me. I cry all of the time. I never go out of the apartment. I feel sad and angry all of the time. This is not who I was before they tortured me. I want to feel normal again, like my old self."

Click the button to return to the list


Close

"I cannot remember when I last had a good night's sleep. When I do fall asleep, I have nightmares. During the day I feel tired all of the time and have terrible headaches, so much that I cannot concentrate at English class. My head is always full of worries. It seems there is no rest for me. I cry all of the time. I never go out of the apartment. I feel sad and angry all of the time. This is not who I was before they tortured me. I want to feel normal again, like my old self."





Slide 8 - --Scenarios: Ahmed




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Survivor Scenarios

Ahmed, Iraq



"I want to find meaningful work; I used to be a teacher, and I was proud of my work. But now I can't keep a job. I've been fired from two simple jobs because I get so angry when my supervisor tells me what to do. They say I am insubordinate. But really I just can't stand it when authority figures try to control me-- like my torturers did."

Click the button to return to the list


Close

"I want to find meaningful work; I used to be a teacher, and I was proud of my work. But now I can't keep a job. I've been fired from two simple jobs because I get so angry when my supervisor tells me what to do. They say I am insubordinate. But really I just can't stand it when authority figures try to control me -- like my torturers did."





Slide 9 - --Scenarios: Mario




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Survivor Scenarios

Mario, Columbia

 "I want my papers. I can't go home because I will surely be killed, but I don't have permission to stay in this country, and I feel afraid. Even so, I don't know why but I can't remember all of the details my lawyer needs for my asylum petition. Until I have immigration status or a work permit, I have to beg others for food and a place to sleep. I am like a child again, not a man. I am still out of control of my life."

Click the button to return to the list


Close

"I want my papers. I can't go home because I will surely be killed, but I don't have permission to stay in this country, and I feel afraid. Even so, I don't know why but I can't remember all of the details my lawyer needs for my asylum petition. Until I have immigration status or a work permit, I have to beg others for food and a place to sleep. I am like a child again, not a man. I am still out of control of my life."






Slide 10 - Scenarios Continued



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Tigist,
Ethiopia

"I feel so much stress. I fight with my husband and yell at my children. We cannot pay our rent or buy groceries. I love them, but I can't seem to be as patient with them as I was before I was hurt back home. I feel so guilty about this and about the problems I have caused them because of my political work. They don't really know what I have gone through."




Choua,
Laos

"I cannot remember when I last had a good night's sleep. When I do fall asleep, I have nightmares. During the day I feel tired all of the time and have terrible headaches, so much that I cannot concentrate at English class. My head is always full of worries. It seems there is no rest for me. I cry all of the time. I never go out of the apartment. I feel sad and angry all of the time. This is not who I was before they tortured me. I want to feel normal again, like my old self."



Ahmed,
Iraq

"I want to find meaningful work; I used to be a teacher, and I was proud of my work. But now I can't keep a job. I've been fired from two simple jobs because I get so angry when my supervisor tells me what to do. They say I am insubordinate. But really I just can't stand it when authority figures try to control me-- like my torturers did."



Mario,
Columbia

"I want my papers. I can't go home because I will surely be killed, but I don't have permission to stay in this country, and I feel afraid. Even so, I don't know why but I can't remember all of the details my lawyer needs for my asylum petition. Until I have immigration status or a work permit, I have to beg others for food and a place to sleep. I am like a child again, not a man. I am still out of control of my life."

After reading the words of Choua, Mario, Ahmed, and Tigist, you may have noticed that each survivor expressed multiple concerns that were troubling enough that they interfered with the survivor's ability to function normally, to feel safe, and to feel satisfaction in his or her relationships with others and the community. The problems are often inter-related.

For example, the inability of Ahmed to tolerate interaction with an authority figure resulted in his failure to meet financial obligations, which in turn increased his stress level which impacted his sleep and harmonious relationships in his home. Notice also that each survivor's needs are unique; one particular survivor may not need or want all services offered by a torture treatment program.





Slide 11 - Setting the Stage



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Setting stage for a healing relationship with survivors

First steps of service include:

- Eligibility determination
- Intake to the program
- Assessment of needs and resources
- Help survivors understand scope of services

Look for barriers to service including:

- Reliable transportation
- Child care
- Access to interpreters

Primary task is to help survivors feel welcome by:

- Our attitude
- Our behavior
- Creating an environment of trust and rapport



Trust. Understanding. Honesty. Consistency.

The first steps of service include eligibility determination, intake to the program, and assessment of needs and resources. Each program establishes procedures for these steps, which typically involve several staff members. We help potential program participants to understand the scope of services that our program offers. And we look right away for ways to address common barriers to service, such as reliable transportation, child care, and access to interpreters.

Some survivors feel great relief to find an organization that specifically serves torture survivors. Others, however, feel fear, suspicion, or humiliation when asking for help and beginning services. Both kinds of feelings are normal. A primary task as care providers is to help survivors to feel welcome at our center. We do this through our attitude and behavior, creating an environment of trust and rapport where they can safely express their needs and feelings, and where they learn how we can help them.





Slide 12 - Setting the Stage Pt2



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Setting stage for a healing relationship with survivors

Survivors typically respond best to providers who are:

- Warm
- Patient
- Attentive
- Helpful

Torture generates experience of:

- Betrayal
- Loss of control
- Confusion

Trust. Understanding. Honesty. Consistency.



Survivors will typically respond best to providers who are warm, patient, attentive and helpful. As we've learned, torture generates the experience of betrayal, loss of control, and confusion.





Slide 13 - Setting the Stage Pt3



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Setting stage for a healing relationship with survivors

Providers should:

- Explain what they are doing and why
- Be consistent
- Be reliable
- Have open and honest dialogues
- Encourage survivors to ask questions



Trust. Understanding. Honesty. Consistency.

For that reason, the most effective providers are careful to explain what they are doing and why. For example, a social worker may state, “I am asking you all of these questions about your situation so that I can better understand you and offer you the best resources for help.” Or a nurse may say, “I would like to put this blood pressure cuff on your arm now. You will feel pressure, but it should not hurt. This is to check to see if your blood pressure is in the normal range today. Is that OK?”


Providers should also strive to be consistent and reliable. For example, if the attorney tells a survivor that he will call the survivor on Tuesday with more information, he should call on Tuesday; If the attorney was unable to gather the information by Tuesday, he should still call the client to inform him of the delay. Some torture survivors worry that they will not be believed or that they will be blamed for the persecution. Providers can show support with statements like, “I’m sorry that happened to you. No one should be treated that way.” And finally, the best care plans emerge from open and honest dialogues between survivor and providers; encourage survivors to ask questions.

We’re now ready to follow Mario through various stages of care at a torture survivor program. Click on #1 to begin his story.





Slide 14 - Mario: Referral, Screening & Intake



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The Story of Mario

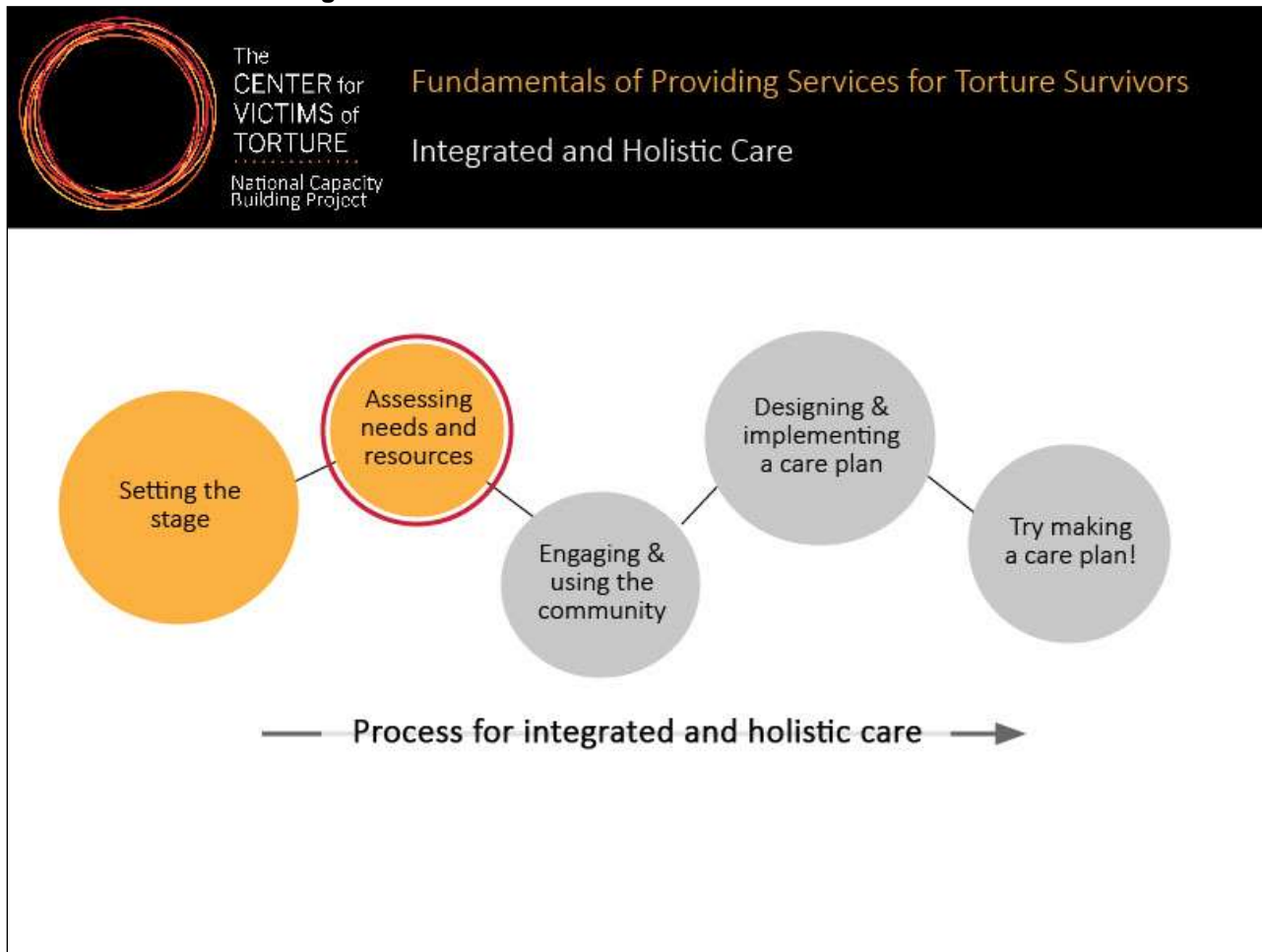
Step 1: Referral, Screening, and Intake

Mario was referred to the torture treatment program by the attorney helping him to file for political asylum. The attorney had grown concerned about Mario's memory gaps related to his prison experience. He also worried because Mario looked increasingly haggard, tearful, and agitated when the attorney asked for details of his persecution. Mario met with a staff person at the torture treatment program who described the program's services and determined Mario was eligible for services.

Click to
download
all 5 parts
of Mario's
story

[Story of Mario Step 1 narration.]



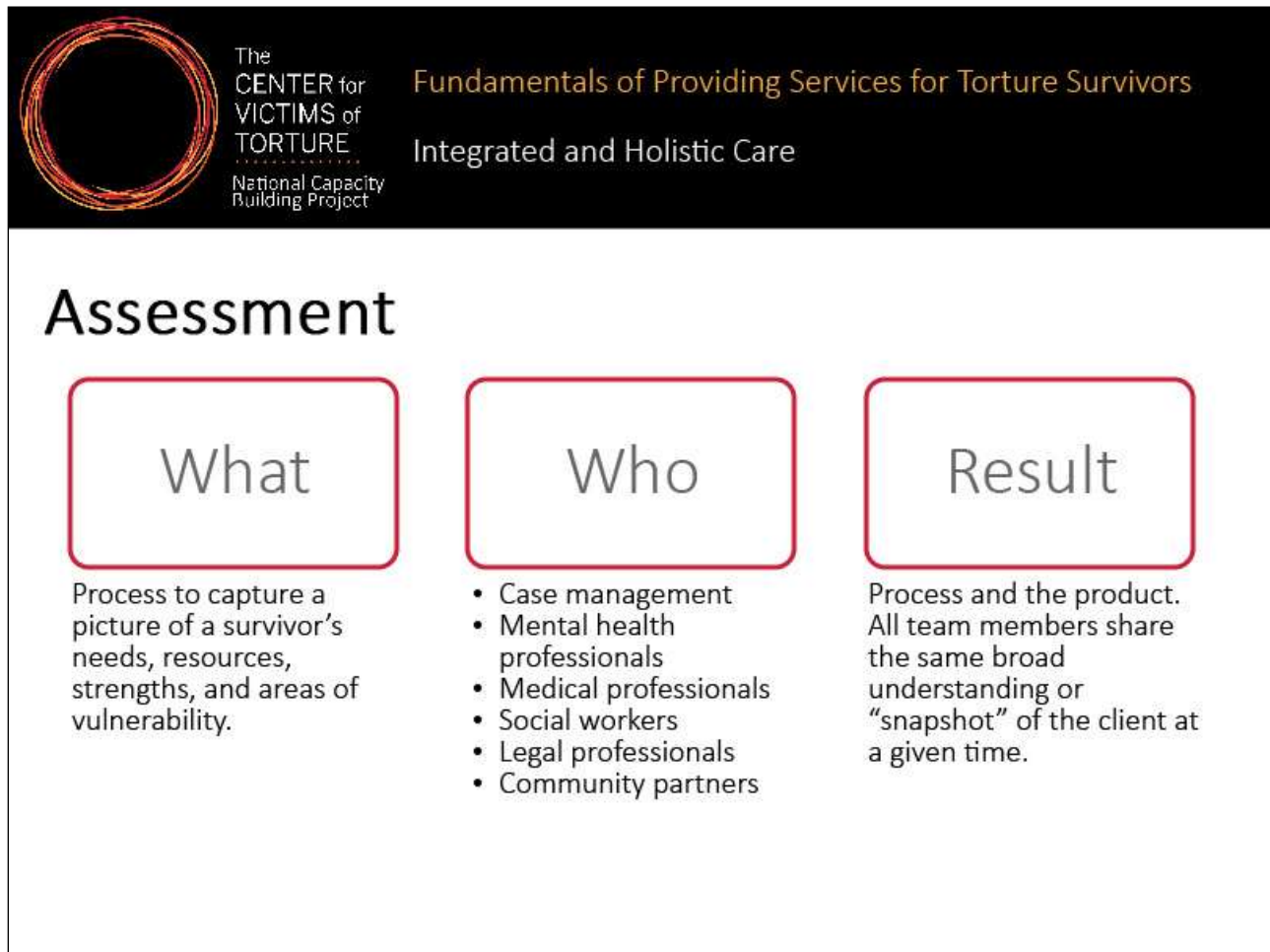
**Slide 15 – Next: Assessing Needs and Resources**

Next let's look at what happens after a survivor is accepted for services. We will also hear about Mario's assessment, as well as his resources and strengths.





Slide 16 - Assessment



Once survivors are accepted for services, the care providers work with them on an assessment – a structured process to establish an accurate picture of a survivor's needs and resources. This often involves individual meetings with providers representing different service areas: case management, mental health, medical, social work, legal, and even community partners. From these conversations emerges a picture of the survivor's functioning in various aspects of their lives – emotionally, intellectually, socially, physically, spiritually and financially. For example, a survivor may reveal that she is suffering physical pain, sleep disturbances, fears and anxiety about immigration status, homelessness, and social isolation. Her resources might include educational achievement, facility in English, connections to a spiritual or religious community, and motivation to reestablish contact with her children back home, plus, of course, the history of having survived and made it to your office.


It's essential to have a regularly scheduled meeting of the multidisciplinary team in order to combine the information from individual assessments into a complete picture of needs and resources, building towards the integrated, holistic care plan. The effectiveness of the plan and its interventions will depend significantly on the accuracy of the initial and on-going assessment.





The term, “assessment”, then, refers to both the process and the product. The information collected is typically compiled into a standard format – a narrative report or completed data collection/summary form. You’ll work with a sample of such a form later in this module. The assessment report typically includes a summary of the survivor’s problems and resources, along with recommendations for services and care. Assessments also screen for urgent needs, such as suicidality, homelessness and extreme physical pain. The assessments are essential tools for collaboration. All team members share the same broad understanding or “snapshot” of the client at a given time. Click on number 2 to see how assessment can be used.



**Slide 17 - Mario: Assessment/Reports**

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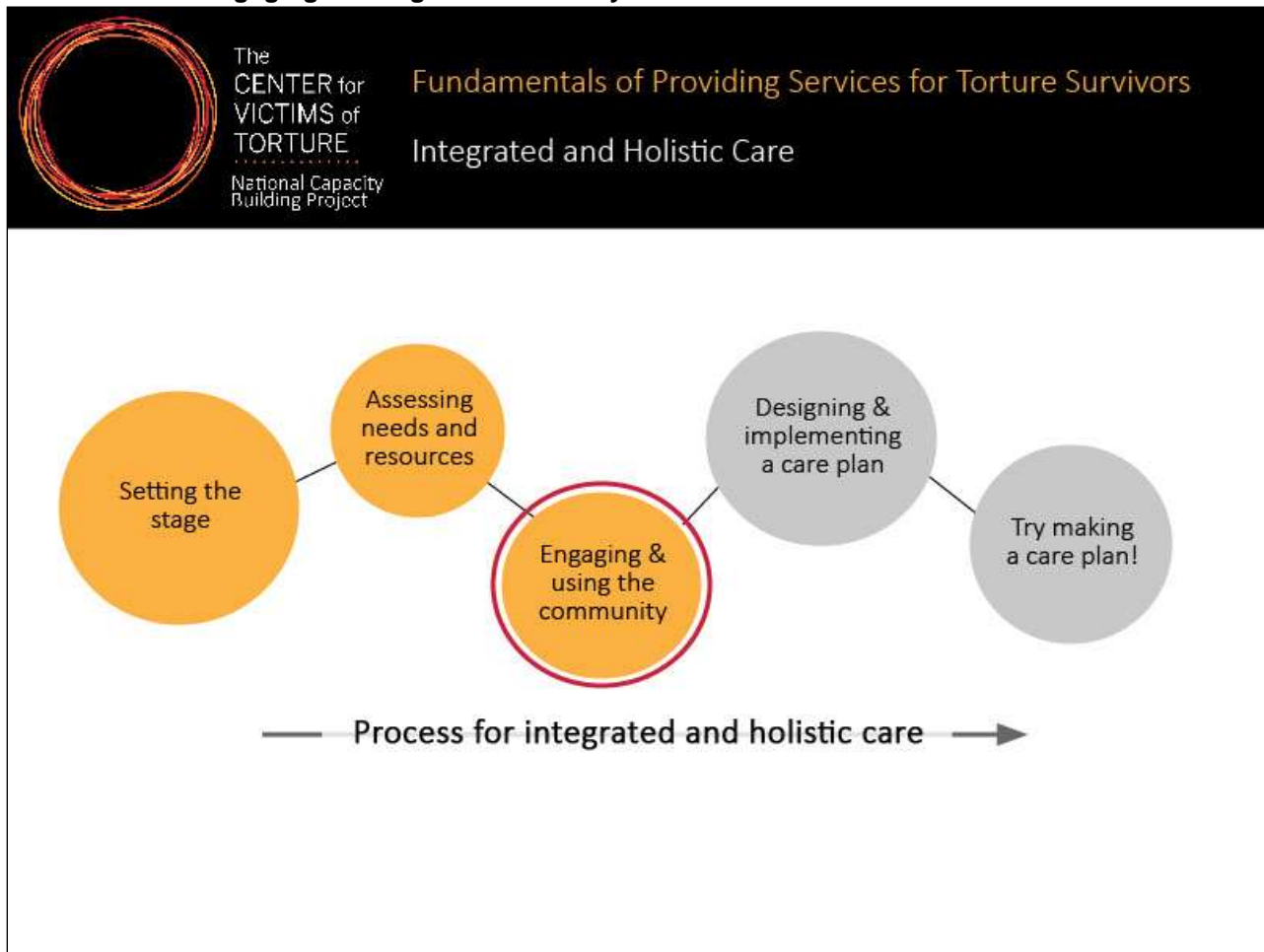
The Story of Mario

Step 2: Assessment Interviews and Reports

On his first day in the program, Mario met with Luis, a Spanish-speaking psychotherapist, who began to assess Mario's current psychological functioning. In addition to their conversation, Luis explained the purpose of symptom checklists to assess depression, anxiety and post-traumatic symptoms, and administered those in a style encouraging discussion. Mario reported symptoms indicating that he was suffering from post-traumatic stress disorder and some moderate symptoms of depression. In her meeting with Mario, conducted patiently in English, Jenna assessed for basic needs and social supports. She found he lived with his cousin's family; although he was weary of being a non-contributing guest there, he agreed it was adequate for now. He reported, however, that he was bored, restless, and yet rarely left the house during the day.

[Story of Mario Step 2 narration.]

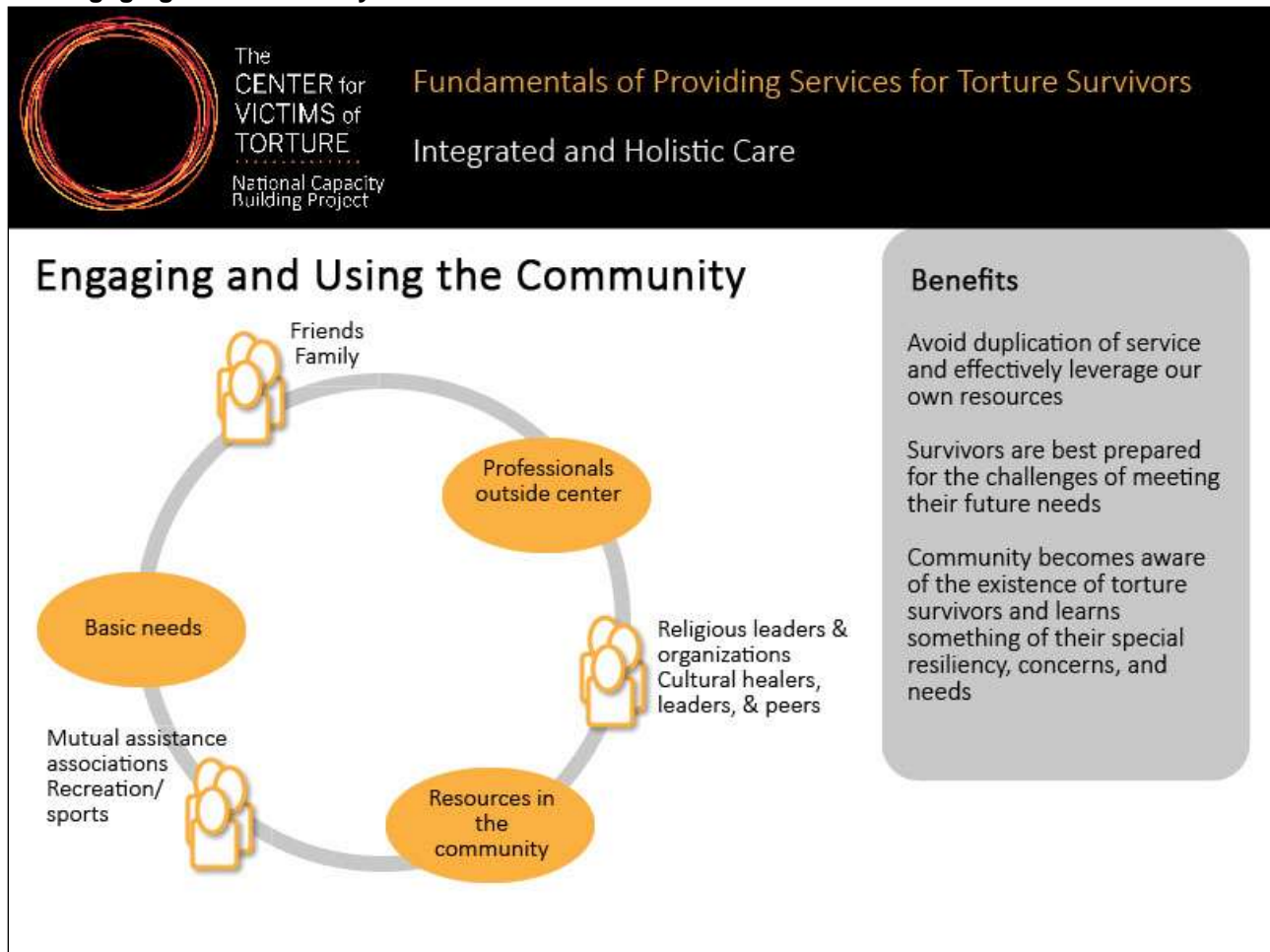


**Slide 18 - Next: Engaging & Using the Community**

Next, let's take a look at the benefits in engaging and using the resources available within the community. You will also see how in Mario's story, his case manager Jenna, helped to broker connections to community resources and support both the community partners and Mario.



Slide 19 - Engaging the Community



In developing the care plan, it is important to think of the survivors in the context of the community where they live and the resources available there.

You learned in the Social Services module about the importance of addressing basic needs like food, clothing, shelter, transportation and safety. Once you have assessed the needs of a particular survivor, meeting those needs depends on established relationships with community resources. For example, your work will be much more effective if you know exactly what transportation support is available, where to get it, how much it costs, and what if anything your organization can pay for; or if you have built a personal relationship with the staff at the food bank and know they will accept your referrals, even if your client does not have a government issued ID. The same applies to resources for employment, recreation, spiritual practice or civic activities. Those community providers become part of your care plan, formally or informally. If these issues don't fall within your professional service area, it's important to know who handles them and how to contact that person. You can do this in the multidisciplinary team conference.

Torture survivor programs, then, are strongly urged to build collaborations with organizations and professionals outside of their own centers in order to develop resources and relationships for survivors. There are many benefits to this approach. First, it broadens the possibilities for the care plan because we can



include services that our own center doesn't offer. Examples include recreation activities like soccer, attorneys for non-immigration matters, medical specialists, spiritual leaders, employment counselors, and massage therapists.

Secondly, by accessing community resources on behalf of survivors, we avoid duplication of service and effectively leverage our own resources, saving our own staff to address those torture-specific needs that require our specialized expertise. And thirdly, survivors who successfully engage with resources in the community are best prepared for the challenge of meeting their own and their family's future needs independent of our help. Their increased self-sufficiency and empowerment contribute towards our goal of wellness as they move toward completion of services in our programs.

To use our community partners effectively, we need have a clear understanding of their services, roles (and limitations), eligibility requirements, and intake process. We need clear systems to communicate – who are the contact people? What do they need to know for a referral? And we need to ensure that our community partners understand the special needs of torture survivors such as trust, safety and confidentiality. For partners we'll be working with regularly, a face-to-face training can be important.

There's one more significant benefit that comes when torture survivor programs partner with the community. Community members become aware of the existence of torture survivors and learn something of their circumstances, their concerns, needs and resiliency. This contributes significantly to creating a more welcoming and healing community into which survivors will integrate and thrive.


The power of the informal community resource:

Most communities have a wide variety of both formal and informal resources that may be incorporated into a survivor's care plan, as appropriate. These include family and kinship ties, mutual assistance associations, and other organizations focused around ethnicity, religion or nationality. These resources should be noted in an assessment of any particular survivor.





Slide 20 - Mario: Engaging Community



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The Story of Mario

Step 3: Engaging the Community

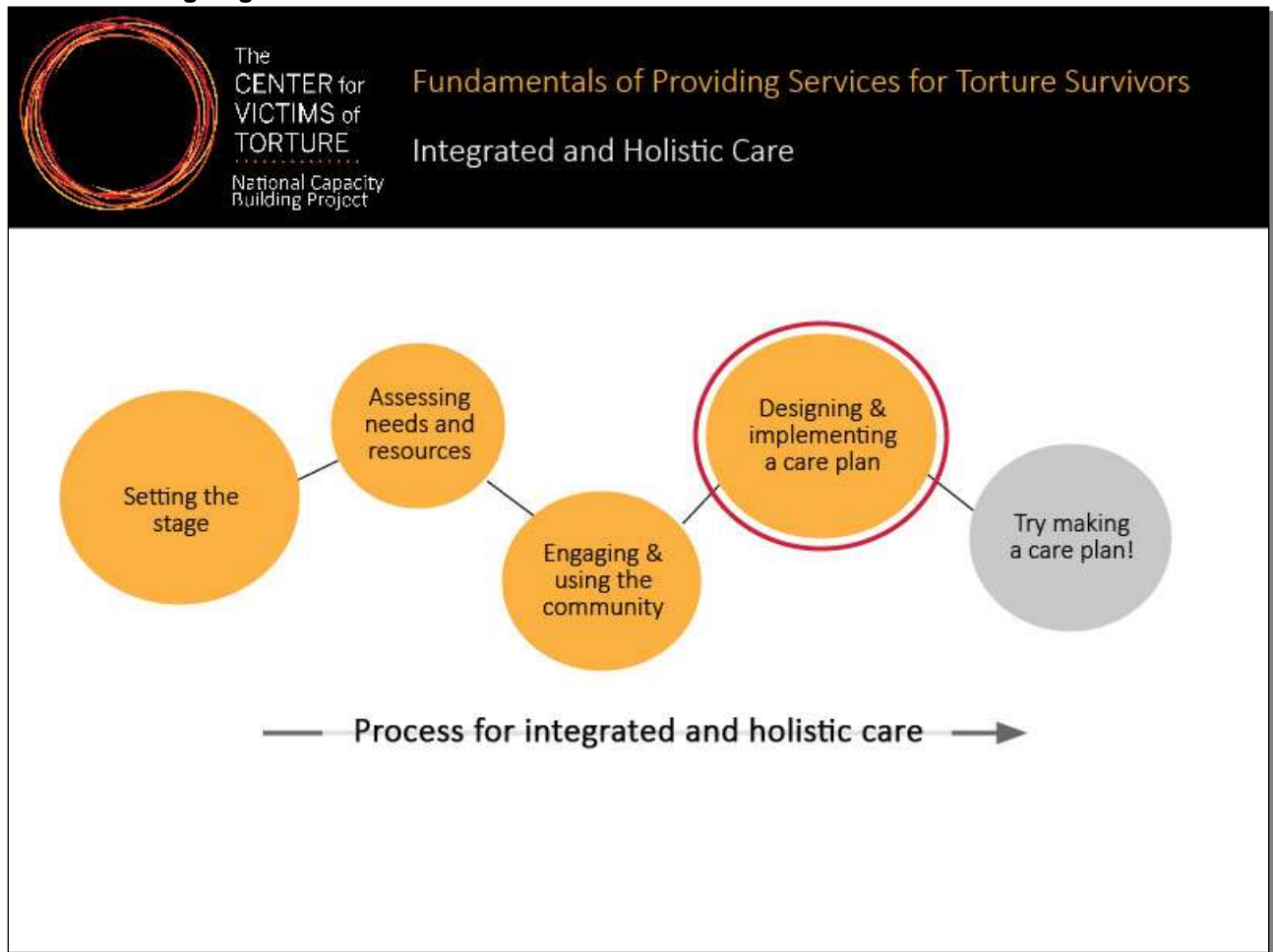
The following week, Mario reported to Luis he felt a little better because of his church visit. Mario explained he had felt comforted and empowered. Jenna also referred Mario to an English class. Since Mario was unsure of his English, Jenna offered to accompany him to register. In the end, Mario decided that to preserve his confidentiality, he would go by himself. Because Jenna was familiar with the staff and procedures, she was able to write down for Mario exactly where to go and whom to talk to; several months back, Jenna provided a free training to all of the school's teachers educating them to the reality that their classes may include people who have suffered torture, and suggested approaches to make the environment safe and supportive, even though survivors will not likely self-identify.

[Story of Mario Step 3 narration.]





Slide 21 - Next: Designing a Plan




Before we have you create your Care Plan, let's talk about how to design and implement a Care Plan. Along the way, you'll see how Mario's Care Plan is designed and implemented.





Slide 22 - Multidisciplinary Plan




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Integrated and Holistic Care

How do you create a multidisciplinary care plan?

Care plan is a map for healing



Includes shared understanding of:

- Problems
- Goals
- What success looks like
- What resources and methods will be used

Survivor reviews and approves care plan.

Outcome goals should be specific, achievable, and measurable.

Considered 'fluid' document - modified as goals met, new problems emerge, and new resources secured.


Programs differ in the specifics systems used for care planning. Here's a model that includes the key elements. The multidisciplinary team conference should result in the creation of a care plan for each newly admitted survivor. This care plan is a "map" for healing, providing a shared understanding of what the problems are, what the goals are, what success will look like, and what resources and helping methods will be used. Providers share the information and recommendations gathered in their individual assessments. The final recommendations are put into the care plan, which is reviewed and approved by the survivor. Outcome goals should be specific, achievable, and measurable. Care plans should specify the amount of time expected to meet goals. For example, will the care plan be reassessed in 3 months, 6 months, 12 months? One staff member is designated with primary responsibility for sharing the care plan with the survivor and monitoring progress.

The care plan is a 'fluid' document. It should be modified as goals are met, new problems emerge, and new resources are secured by the survivor. Even so, the care plan is also a formal, written document. It is typically kept in the survivor's permanent record. It should be easily accessible for reference by the survivor and all key providers.





Slide 21 - Mario: Formulating a Plan



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Integrated and Holistic Care

The Story of Mario

Step 4: Formulating and Implementing a Care Plan


Before the multidisciplinary care planning meeting, Luis, Anna, and Jenna each prepared a written summary of observations and initial recommendations based on their professional expertise and Mario's expressed needs and desires. Luis also provided input from Mario's immigration attorney, Alexandra. As they conferred regarding priorities for Mario's care, they also looked for possible conflicts among their goals. For example, they didn't want to propose too many activities initially, given the emotional toll the asylum application preparation was taking. Together, the team created a written draft care plan outlining needs, resources, possible goals and proposed interventions for the first six months of services.

[Story of Mario Step 4 narration.]





Slide 24 - The Holistic Care Plan




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The Holistic Care Plan

- Reflect the expressed priorities of the survivor.
- Include survivor's strengths and resources.
- Prioritize safety and crisis management.
- Identifies specific, observable, and measureable changes the survivor hopes to experience as a result of service.
- Guides the providers in implementing and coordinating their work.
- Coordination and collaboration with disciplines within your program and with the community offer the best benefit for the survivor.
- Providers should be aware that they are part of a team and should know the other team members.
- Interventions by various care providers are often interdependent. Sometimes one presenting problem can be addressed by a variety of interventions.
- The work of one provider may impact many areas of a person's well-being.



The care plan should reflect the expressed priorities of the survivor, include strengths and resources, and prioritize safety and crisis management, if appropriate. It identifies the specific, observable and measureable changes the survivor hopes to experience as a result of service. It guides the providers in implementing and coordinating their work.

Coordination and collaboration with other disciplines within one's program and in the community, offer the best benefit for the survivor. Providers should be consistently aware they are part of a team, and should know who the other team members are.

Interventions by various care providers are often interdependent. Sometimes, one presenting problem can be addressed with a variety of interventions. For example, to address Choua's sleep difficulties, a doctor may prescribe medications, a psychotherapist may engage her in talk therapy or teach relaxation methods, and a case manager may help her manage external stressors. Additionally, the work of one care provider may have an impact in various areas of the survivor's well-being. For example, noting Choua's social isolation, a social worker may help Choua apply for a reduced cost membership to a local gym as a means of increasing her social interactions. The results may extend well beyond the intended purpose. The regular exercise may positively impact her sleep and mood and improve her physical health.





Slide 25 - The Holistic Care Plan



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Integrated and Holistic Care

How team members collaborate

- On-going communication
- Clarity of roles and responsibilities
- Respect for divergent professional perspectives and goals




Coordinated care teams require good communication. Team members should have an explicit expectation that they will share with each other significant developments in the survivor's life, things such as physical illness or injury, results of a court proceeding, and good or bad news from family or friends in the home country. Team members need to have and use specific means of communication: formal care planning meetings, follow-up discussions at team meetings, and consultations by phone and email. Formal procedures should be utilized to receive reports from professionals or other providers in the community to whom a survivor has been referred.

Collaboration also requires clarity of the roles and responsibilities of each provider. It requires a respect and appreciation by providers for the divergent professional perspectives of their colleagues.





Slide 26 - Mario: Multidisciplinary Collaboration



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Integrated and Holistic Care

The Story of Mario

Step 5: Multidisciplinary collaborations

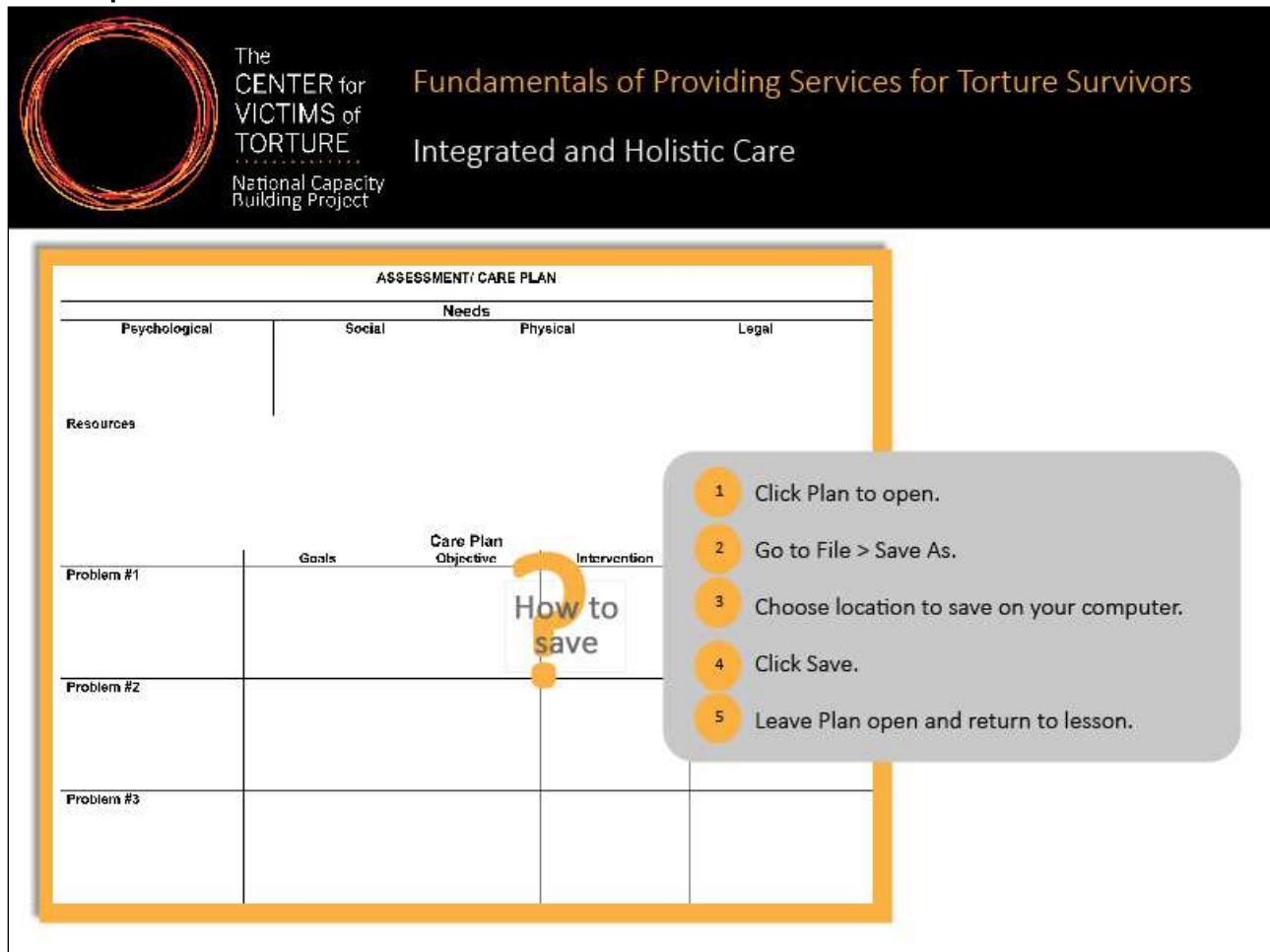
Mario's court date for his asylum hearing is a month away. The lack of asylum has presented chronic stresses over several months. He continues unable to work or receive public benefits. He worries about his wife and children, who remain in Columbia. He fears losing the case and being deported. His work with Luis, his psychotherapist, has helped reduce his depression and isolation, and improve his sleep. Now, the approaching court hearing stimulates memories of the torture and increased nightmares. Mario's attorney, Alexandra, shares with Luis her concern that Mario's anxiety will impair his ability to tell his story at the hearing.

Click to
download
all 5 parts
of Mario's
story

[Story of Mario Step 5 narration.]



Slide 27 - Sample Care Plan



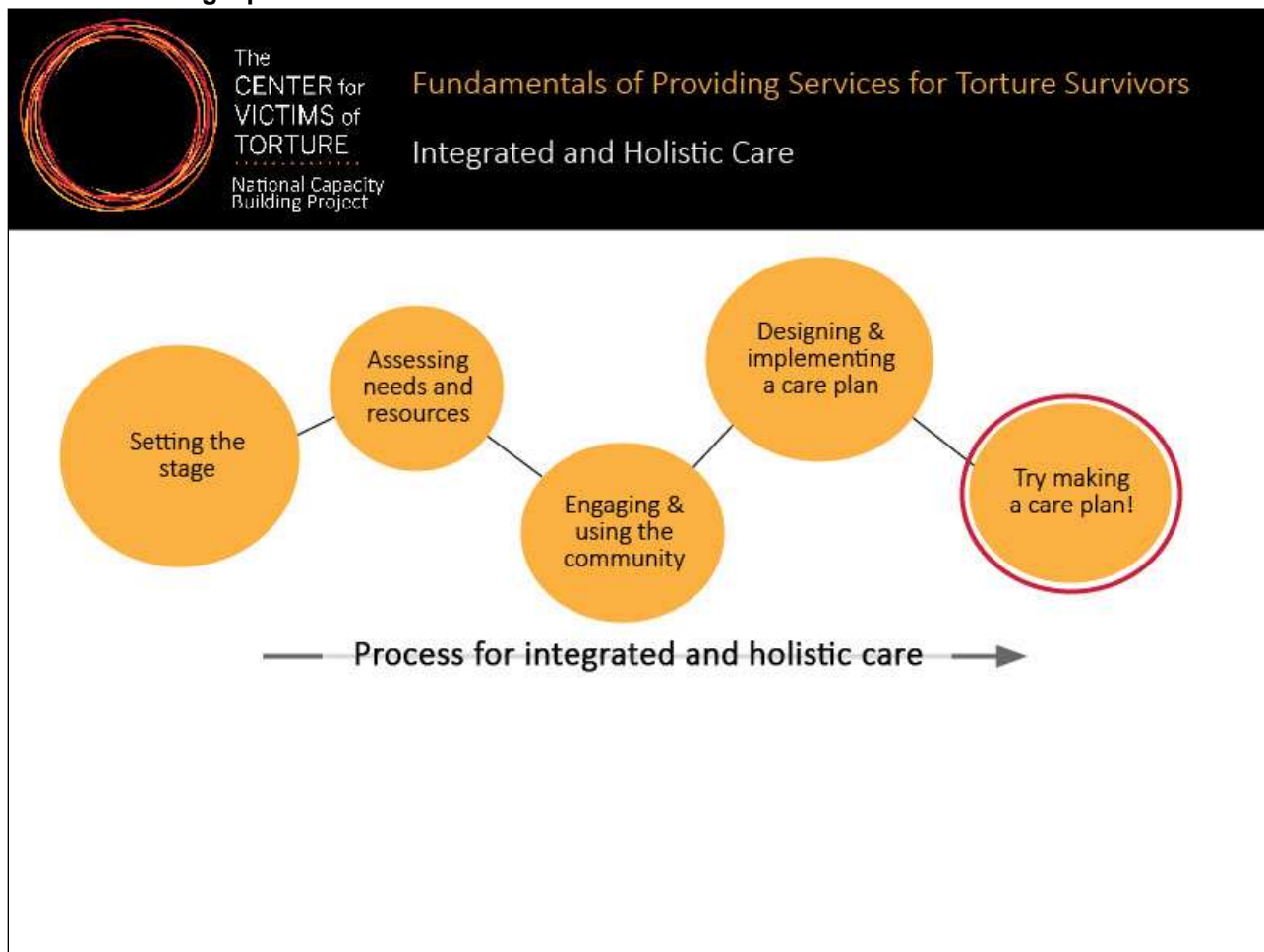
The slide displays a sample care plan form titled "ASSESSMENT/ CARE PLAN". The form is divided into several sections. At the top, there is a header for "The CENTER for VICTIMS of TORTURE National Capacity Building Project" and the title "Fundamentals of Providing Services for Torture Survivors Integrated and Holistic Care". The main form area is divided into two main sections: "Needs" and "Resources". The "Needs" section is further divided into four columns: "Psychological", "Social", "Physical", and "Legal". The "Resources" section is a large empty box. Below these sections is a table with three rows labeled "Problem #1", "Problem #2", and "Problem #3". The table has four columns: "Goals", "Care Plan Objective", and "Intervention". A callout box with a question mark icon and the text "How to save" is positioned over the "Intervention" column. To the right of the callout box is a numbered list of five steps:

- 1 Click Plan to open.
- 2 Go to File > Save As.
- 3 Choose location to save on your computer.
- 4 Click Save.
- 5 Leave Plan open and return to lesson.

Most care plans will include some variation of these four primary components. A “presenting problem,” is a concise articulation of one of the things the survivor wants to change in his or her life. Common problems noted in care plans might include psychological symptoms, physical pain, lack of basic survival resources, or safety concerns. The “goal” connected to a particular problem describes the purpose of the intervention, (for example, to stabilize physical health, to re-establish adequate social support networks, to progress through the stages of grief, to reestablish economic independence). The “objective” describes the measurable criteria to indicate sufficient completion of a goal. Examples might include: “survivor will sleep seven hours per night” or “survivor will rate her physical pain as 5 or below on a scale of 1-10” or “survivor will be involved in 2 activities that contribute to attaining economic independence. The “intervention” describes what specifically the care provider and survivor will do to reach the goal, listing the kind of service to be used (individual psychotherapy, legal advocacy, case management, etc), along with details about frequency and duration.



Slide 28 - Next: Making a plan



Now it's your turn to create an integrated, holistic care plan on your own. This will require thinking beyond your particular professional role, so be ready to stretch yourself. We'll use the story of Mary, another composite based on experience. On the next two slides, the questions on the right of the screen will guide your thinking as you prepare your lists of problems and resources. Click next to read the story.



**Slide 29 - Making a plan**

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Mary's story is used as an example for making a care plan in the following slides.

The questions are to help guide your thinking to create lists of problems and resources.

Use Mohamed's story to create your own care plan:

Try making a care plan!


Click to open Mohamed's story.

[Narration is of what is on slide.]





Slide 30 - Helping Mary



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Helping Mary


Upon her release, Mary sought refuge in her church community. She identified her Christian faith as an important factor sustaining her during her imprisonment and torture. Mary's church helped to hide her and provide medical care to her for several months while arrangements were made for her to travel to the United States on a visitor visa. Mary arrived in the United States in November of 2007 and with a six-month visitor visa. Mary is married and has two young children, ages 2 and 5, that remain in Cameroon with her husband. Mary is currently living with a childhood friend of her husband whom she had only met on a few occasions in Cameroon before coming to the U.S. They live in a small one-bedroom apartment and he is helping to provide for Mary's basic needs of food and clothing. Mary initiated a friendship with a neighbor who occasionally invites her over for coffee and conversation.

[Helping Mary narration.]






Slide 31 - Mary: Create Needs List



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Helping Mary



List the identified needs for Mary on your Care Plan form.

- 1 Create a Needs List**
 1. What are Mary's greatest worries?
 2. What basic, concrete things does Mary lack?
 3. What physical and psychological problems bother Mary?
 4. What are some barriers to Mary's feeling safe?
 5. What are some barriers to Mary's feeling supported and connected to others?


Click to download Mary's story

[Narration is of what is on slide.]





Slide 32 - Needs List



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ASSESSMENT / CARE PLAN

Needs			
Psychological	Social	Physical	Legal
Fears leaving apartment Cries frequently Nightmares Sleeping Problems Flashback Fears re: family safety	Socially isolated	STD screening No access to medical care Headaches Abdominal pain Digestive problems Arm pain Lack of appetite	Applying for asylum
<div style="display: flex; align-items: center;"> <div style="width: 15%; border: 1px solid black; padding: 5px;">Resources</div> <div style="flex-grow: 1; background-color: #add8e6; padding: 10px; border-radius: 10px;"> <p>Consider these questions:</p> <ul style="list-style-type: none"> Can any of the expressed needs fit into more than one service area? How would you determine which needs to address first? Are any need best addressed simultaneously with other needs? Does Mary have some needs that may be addressed with community resources? </div> </div>			

Here is an example of how the needs might be sorted. Some variation is possible.

Consider these questions:

Can any of the expressed needs fit into more than one service area?

How would you determine which needs to address first?

Are any needs best addressed simultaneously with other needs?

Does Mary have some needs that may be addressed with community resources?



**Slide 33 - Mary: Create Resource List**

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Helping Mary



List the identified needs for Mary on your Care Plan form.


- 1 Create a Needs List
- 2 Create a Resource List
 - What are some specific personal, internal resources that help Mary meet challenges?
 - What are some specific external resources that help Mary meet challenges?
 - How can Mary use these resources to live a full life?
 - What do you think Mary will say most helps her cope?

Next, we will create a resource list for Mary by answering the following question on your Care Plan Form.





Slide 34 - Resource List



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Integrated and Holistic Care

ASSESSMENT / CARE PLAN

Needs			
Psychological Fears leaving apartment Cries frequently Nightmares Sleeping Problems Flashback Fears re: family safety	Social Socially isolated	Physical STD screening No access to medical care Headaches Abdominal pain Digestive problems Arm pain Lack of appetite	Legal Applying for asylum

Resources

English Fluency, well-educated, professional work history, supportive/on-going relationships in Cameroon including family and church community, benevolent local friend providing basic needs, strong interpersonal skills, sustaining religious faith.



Here is the same care plan with the resources list included.





Slide 35 - Mary: Create Problems List



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Helping Mary



List the identified problems for Mary on your Care Plan form.

- 1 Create a Needs List
- 2 Create a Resource List
- 3 Create a Problem List
 - What are some specific ways in which daily functioning is impaired in Mary?
 - How do these concerns interfere with her ability to live a full life?
 - What do you think Mary will say her most important need is?

Next, we will create a problem list by answering the following questions on your Care Plan Form.





Slide 36 - Problems List

Care Plan				
	Goals	Objective	Intervention	Outcomes
Problem #1 Physical health problems including headaches, abdominal pain, digestive problems, arm pain, lack of appetite, possible STD				
Problem #2 Lack of permission to resettle permanently in chosen country of refuge				
Problem #3 Intrusive PTSD symptoms, particularly flashback and nightmares				

Here is an example of the articulation of three presenting problems important in Mary's case: her physical health, her lack of security due to her unresolved immigration status, and PTSD symptoms that impair normal daily functioning. Let's assume that Mary has agreed that these are the most critical problems to address immediately. Mary understands that this care plan will be revised in 6 months.





Slide 37 - Mary: Create Goals




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Helping Mary

- 1 Create a Needs List
- 2 Create a Resource List
- 3 Create a Problem List
- 4 Create Goals, Objectives, Interventions
 - For goals: What is the purpose of the intervention? What is the desired outcome?
 - For objectives: What will you concretely observe when the survivor accomplishes this goal? Describe the measureable criteria that would enable you to eventually evaluate whether the survivor has sufficiently accomplished this goal.
 - For interventions: What services will be provided to the survivor? Who will provide them and how often?




List the identified goals, objectives, and interventions for Mary on your Care Plan form.

Next we will create goals, objectives, and interventions on your Care Plan Form.



Slide 38 - Goals List



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Integrated and Holistic Care

Care Plan				
	Goals	Objective	Intervention	Outcomes
Problem #1 Physical health problems including headaches, abdominal pain, digestive problems, arm pain, lack of appetite, possible STD	Stability of physical health	Mary will establish ongoing care in the community for chronic health problems incurred as a result of torture	Nurse advocacy (as needed). Staff nurse will provide advocacy, education, and logistical coordination to facilitate Mary's medical treatment in the community. Mary will attend community clinic appointments as scheduled. Frequency: weekly meeting with staff and nurse.	
Problem #2 Lack of permission to resettle permanently in chosen country of refuge	Increase sense of personal safety and stability	Mary will be able to complete the asylum application	Legal advocacy (as needed) including meetings to complete the asylum application and assist Mary in preparing for the asylum interview.	
Problem #3 Intrusive PTSD symptoms, particularly flashback and nightmares	Reduce symptoms such that they no longer interfere with normal sleep	Mary will report a 20% decrease in the occurrence of nightmares	Individual psychotherapy (weekly) to reduce shame and stigma associated with sexual torture	

Take a moment to read through this example of a plan. It has been simplified for the purpose of this lesson. Your actual plans may include multiple goals, objectives and interventions for each presenting problem. Remember, too, that a care plan is a dynamic document, which should be modified at any time to reflect major shifts in the circumstances of the survivor. The current care plan should be referred to regularly by all providers.



Slide 39 - Conclusion



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graph LR
    A((Setting the stage)) --- B((Assessing needs and resources))
    B --- C((Engaging & using the community))
    C --- D((Designing & implementing a care plan))
    D --- E((Try making a care plan!))
  
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Lesson Summary

- Explored the holistic approach and why it is an appropriate choice for multi-disciplinary service provision for torture survivors
- Reasons for extending your collaboration to professionals in the community, which include: broadening healing goals, prudent use of resources, guiding survivors to integrate into the community, and engaging the community
- Reviewed the assessment process: articulating a problem, goal setting, and care planning
- Discussed the multi-disciplinary, survivor-centered, integrated care plan
- Identified four key components of a care plan: the problem, goal, objective, intervention
- Applied the knowledge learned to design a care plan for a typical torture survivor


Congratulations! You have successfully completed the work of this lesson. In this lesson, we explored the holistic approach and identified why it is an appropriate choice for the multi-disciplinary service provision for torture survivors. We reviewed the various reasons for extending your collaboration to professionals in the community, which included broadening healing goals, prudent use of resources, guiding survivors to integrate into the community, and engaging the community in creating a healing environment for torture survivors. We reviewed the assessment process, the basis for articulating problems, goal setting, and care planning. And, finally, we discussed the multi-disciplinary, survivor-centered, integrated care plan, noting its special characteristics and requirements. We identified the four key components of a care plan: the problem, goal, objective, intervention, and applied this knowledge by designing our own care plan for a typical torture survivor.

Creating a holistic and integrated care plan requires focus and effort. To be successful, providers must be equipped with more than expertise in their particular field. They must be able to simultaneously hold the big picture of the client's multi-dimensional needs along with the "in-the-moment" understanding of a survivor's healing process. Providers must be able to work independently and also inter-dependently with other care providers. Communication and collaboration are key, as are flexibility and patience. Of course, our efforts are typically rewarded many-fold. We are gratified and celebrate together when we observe the recovery that results from our joint efforts with survivors and our colleagues.





Slide 38 - Assessment



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Planning for Integrated and Holistic Care

Congratulations, you have completed the eLearning on Fundamentals of Providing Services for Torture Survivors: Holistic Care Planning.

You will now take a short assessment. Answer the questions about the lesson to the best of your ability. You must attain a score of at least 80% to pass and earn the Certificate of Completion. You may take the test as many times as you need to pass.

The Certificate will be emailed to you by CVT staff within seven business days once you have passed the Assessment.

The test is not timed, so you can take as much time as you need. If you cancel the test, your answers are discarded and they are not counted as a submission.

After completing the assessment click continue to submit your score and continue to additional resources.

**Begin
Assessment**

