


MARJORIE KOVLER CENTER
HEARTLAND ALLIANCE INTERNATIONAL

NCTTP Research Symposium
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Presentation Objectives

- Introduction of Heartland Alliance Marjorie Kovler Center (MKC)
- Intake process
- Increase in demand for services
- Wait list challenges
- Restructured multi-tiered intake model
- Collection of outcomes measures
- Shifting clinical intake measures
- Implications for evaluation and monitoring
- Next steps

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Marjorie Kovler Center helps empower individuals to transform their lives while healing from the complex consequences of torture and trauma. Kovler Center provides medical, mental health, and social services; trains and educates locally and globally; and advocates for the end of torture worldwide.

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MKC snapshot

- Part of Heartland Alliance International (HAI): human rights programs in 11 countries
- Marjorie Kovler Center founded 1987
- Heartland Alliance founded 1888: over 135 years of serving asylum seekers and vulnerable populations
- Located in Chicago, Illinois



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By the numbers

Program	Year founded	Survivors served annually	Countries represented
Survivors of Torture	1987	428	60
Healing Journeys (Child Trauma Program)	2018	140	38
Afghan Program	2021	107	1

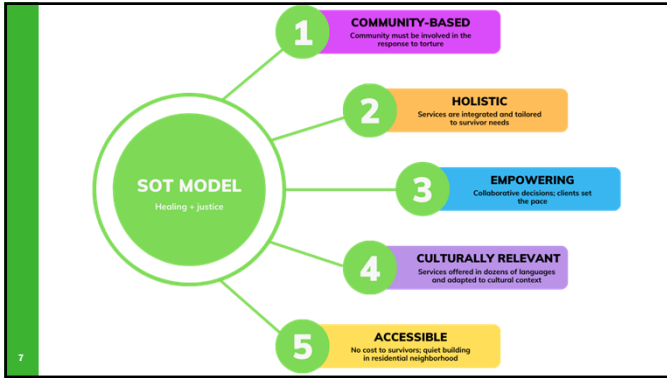
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Survivors of Torture Program (SOT)

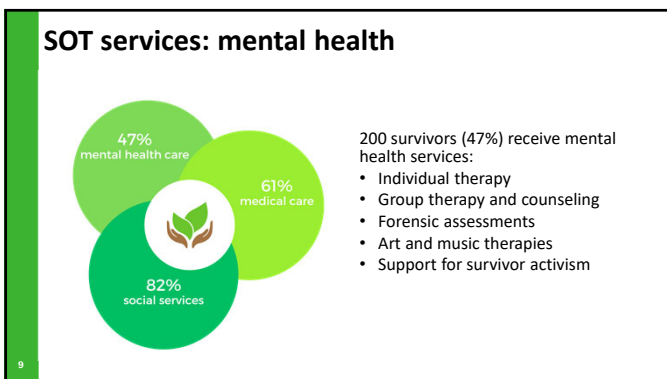


- Model developed with emphasis on the political dimensions of torture
- Medical, mental health, social, and legal services to survivors and family members
- Train on the special needs and care of torture survivors
- Advocate on issues affecting torture survivor community

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SOT services: medical

260 survivors (61%) receive medical services:

- Primary care*
- Psychiatry*
- Specialty medical care
- Dentistry
- Eye exams
- Forensic assessments and affidavits*

*services provided on site

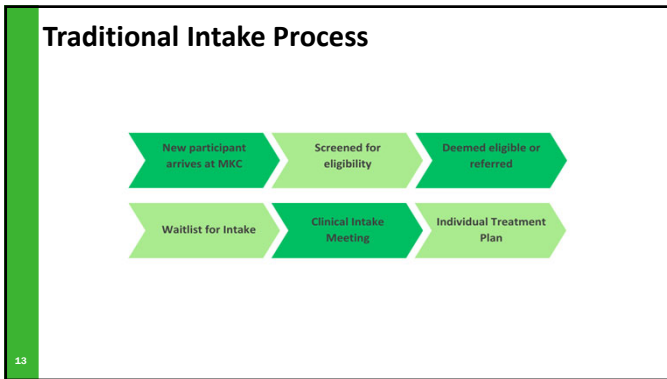
SOT services: case management

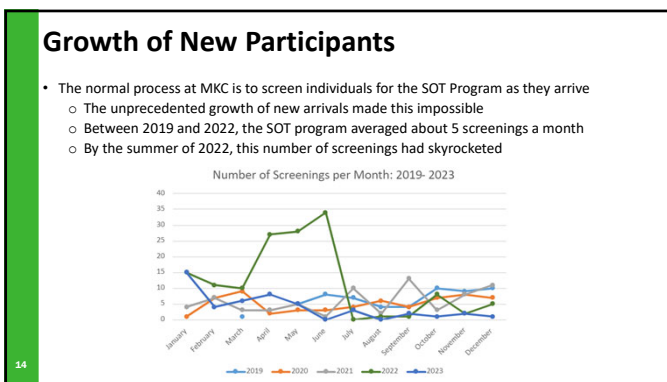
350 survivors (82%) receive social services and case management:

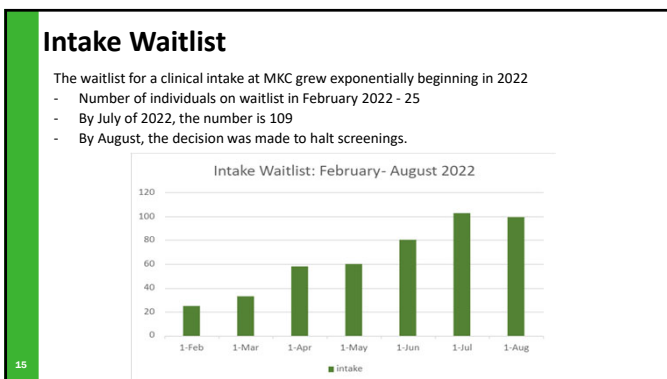
- Benefits registration
- Referrals to housing, food, education, and employment support
- Transportation assistance
- Coordination of medical, mental health, legal, and other services
- Links to volunteer support as needed for accompaniment, tutoring, interpretation

SOT services: additional

- Community programs: cooking groups, community garden, field trips
- Occupational therapy
- Massage therapy
- Acupuncture
- Client Advisory Council







Multi-Tier Intake Model: Phase 1

- Phase 1 allows for clients to meet with CM for basic needs and officially be counted as clients
 - Track services beginning with first meeting with CM
 - CM collects ORR well-being indicators to use as baseline
- Welcome groups are hosted by clinical staff and required for all new participants
 - Familiarizes clients with program structure and sets expectations



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Multi-Tier Intake Model: Phase 2

- Client is scheduled for a clinical intake
 - Full trauma history and clinical evaluation
 - Individual Treatment Plan (ITP) created. Client may access all MKC services, including clinical services like therapy, psychiatry, MFE, etc.
 - Intake assessment no longer serves as official start in the SOT program
- Program Evaluation begins
 - Comprehensive interview every 6 months for the next two years
 - More on program evaluation in following slides...
- Must complete intake to continue with any MKC services – including CM
 - Those who do not engage in intake go on the stand-by list

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Outcome Evaluation

- Began tracking clinical and non-clinical outcomes in 2010
- Consistent with our holistic approach
- Measure programs efficacy for internal use an evidence for funders
- Meet with clients 6, 12, 18, and 24 months post-intake
- Hopkins Symptom Checklist 25
- Harvard Trauma Questionnaire
- Well-Being Questionnaire (WBQ) – functional domain indicators
- Satisfaction Survey

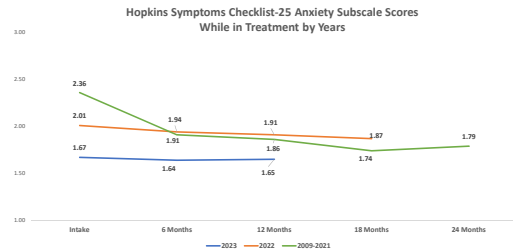
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Significant Differences Between Trauma Intake Score By Year

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
2023	0.000*	0.000*	0.000*	0.000*	0.000*	0.000*	0.000*	0.000*	0.000*	0.000*	0.000*	0.000*	0.005*	0.028*	1.000	NA
2022	0.077	0.000*	0.017*	0.541	0.000*	0.000*	0.000*	0.000*	0.000*	0.000*	0.656	1.000	1.000	NA	1.000	
2021	1.000	0.018*	1.000	1.000	0.037*	0.011*	0.000*	0.004*	0.000*	0.029*	1.000	1.000	NA	1.000	0.028*	
2020	1.000	0.010*	1.000	1.000	0.023*	0.005*	0.000*	0.001*	0.000*	0.014*	1.000	NA	1.000	1.000	0.005*	
2019	1.000	0.189	1.000	1.000	0.352	0.134	0.007*	0.049*	0.000*	0.328	NA	1.000	1.000	0.656	0.000*	

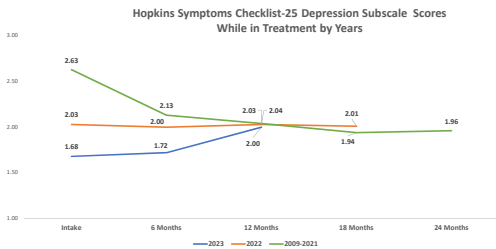
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Change in Anxiety Symptoms While in Treatment



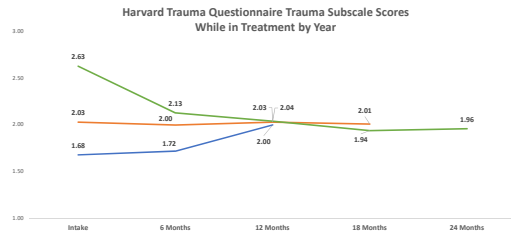
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Change in Depression Symptoms While in Treatment



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Change in Trauma Symptoms While in Treatment



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Implications for Evaluation and Monitoring

- Increased wait times after screens lead to more services/intervention
- No correlation between number of services and intake scores
- Time as a factor – screen to ITP is 6 months for clients who entered in 2022 vs. 10.5 months for those who entered in 2023
- To determine well-being, rely less on clinical improvement and consider social/functional well-being indicators
- Use traditional methods in combination with ORR outcomes

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Next steps

- Further research to explore the association between types of services received (e.g., financial) and other variables with baseline clinical scores
- Analyze data with expanded sample size (include all 2023)
- Qualitative interviews to understand the decision to forgo therapy

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Thank You!



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