The New Humanitarians

Inspiration, Innovations, and Blueprints for Visionaries

Volume 1
Changing Global Health Inequities

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Social and Psychological Issues: Challenges and Solutions
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PRAEGER

Westport, Connecticut
London

International Trauma Studies Program

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The International Trauma Studies Program (ITSP) is a training and research institute committed to enhancing the natural resilience and coping capacities in individuals, families, and communities that have endured and/or are threatened by traumatic events resulting from domestic and political violence, war, and natural disaster. ITSP pursues its mission through providing professional training, implementing and evaluating innovative community-based initiatives, offering technical assistance to international organizations, and helping to build a global learning community in the areas of trauma, mental health, and human rights.

Dr. Soeren Buus Jensen of Copenhagen and I founded the International Trauma Studies Program in 1998. It is one of the few trauma programs committed not only to training professionals who serve survivors of all forms of traumatic events, but also to developing and evaluating family and community-oriented mental health and psychosocial services for survivors of massive trauma and loss. To best serve this population, it has been the mission of ITSP to advance the scientific understanding of the impact of catastrophic events on individuals, families, communities, and societies at large, as well as the corresponding pathways to recovery and resilience.

Since its inception, ITSP has provided intensive, one-year (two-semester) training to more than 300 practitioners, who over the last ten years have developed numerous training programs, research projects, and clinical and psychosocial initiatives for populations of survivors in more than thirty countries. First established as an interdisciplinary program based at New York University (NYU) School of Medicine, ITSP now runs as an independent 501(c)(3) nonprofit organization affiliated with the Columbia University's Mailman School of Public Health, where I am currently an assistant professor of clinical population and family health.

HISTORICAL OVERVIEW

Background

The International Trauma Studies Program grew initially out of the Bellevue/NYU Program for Survivors of Torture, which I co-founded in 1995. The Bellevue program was established as a medical and mental health service for torture survivors. In developing a treatment philosophy, the program took a strengths-based approach. It regarded survivors as having resources and assets that have enabled them to survive their victimization; thus, the aim of treatment was seen as enhancing their re-empowerment. We recognized the necessity of using a culturally sensitive approach with clients, which drew on their own cultural and religious resources for healing from the effects of severe human rights abuses. In addition to intensive individual, group, and family psychotherapy, we focused on symptom reduction, assistance with social difficulties, and networking with community organizations. The rationale was that if the survivors were supported and given relief from immediate symptoms, they could mobilize their natural, inherent capacities for healing and coping. We saw the process of recovery from the trauma of torture as progressing in stages: from the sense of unpredictable danger to reliable safety, from dissociated trauma to acknowledged memory, and from stigmatized isolation to restored social connection.

Within the first two years of its development, the Bellevue program provided needed medical and mental health services to scores of torture survivors from over forty countries. As the program developed, there was a growing awareness of the need to develop a broader range of services for this population in metropolitan New York City. At the time, it was estimated that there were over 400,000 torture survivors living in the United States, with between 70,000 and 90,000 survivors living in the New York City area alone. Most of these survivors had already resided in the area for years with their families, living in immigrant enclaves, and likely had never received specialized services for the long-term affects of any severe traumatization they may have experienced. There was a need to develop programs outside the hospital setting in the communities in which the refugees resided, programs that could offer alternative psychosocial services to populations from cultures that were not always open to or could not benefit from Western forms of psychotherapeutic intervention. For example, a support group of Tibetan refugees seen at the clinic wanted help in setting up their own nonprofit organization so they themselves could assist other Tibetan refugees with the myriad of social and economic challenges to adapting to life in New York. But the requirement of the hospital was that these refugees were to be diagnosed and treated for a mental health disorder in group or individual therapy.

In the context of a growing need for a more comprehensive psychosocial approach to assisting refugee survivors of torture, as well as the need for more intensive training of staff and interns at the hospital in working with severely traumatized survivors of human rights violations, we began to look at the need to create opportunities for advanced training at NYU. It was then that I met Soeren

Buus Jensen, a psychiatrist from Denmark, who had spent the previous three years (1994–96) working with the World Health Organization (WHO) in the former Yugoslavia during the war. He was the WHO program manager for mental health services and later the head of the overall Humanitarian Aid Program for WHO during the war (SR/special representative). Among his initiatives were the implementation of regional trauma-training programs for Bosnian, Croatian, Serbian, and Macedonian mental health practitioners who were providing services for traumatized victims during the war, while they themselves were suffering from some of the same traumatic experiences and reactions. The so-called regional model provided training in thirteen different regions for thirty to thirty-two professionals (mainly psychiatrists and psychologists) through a one-year course.

In some areas such as Mostar, Bosnia, practitioners were brought together under United Nations' protection for joint training workshops. Dr. Jensen conducted the intensive training courses called PPT (Posttraumatic Therapy), which included didactic training in trauma theory and intervention, case supervision, and experiential work in supervised groups on how the practitioners could take care of themselves and prevent burnout while doing such emotionally demanding work. The training model was developed based on previous experiences gained from his training programs in Denmark and further inspired by his encounter with the Chilean Human Rights movement (1989–93).

Dr. Jensen developed a network of international advisors on trauma training for a nongovernmental organization (NGO) he created called the International University Center for Mental Health and Human Rights, and was meeting with experts from around the world to learn about trauma-training programs. To his surprise, as he toured Europe and the United States, he found very few training programs. Jensen and I decided to develop an intensive trauma-training program at NYU similar to that run during the Yugoslavian war.

Phase One: 1998–2001

Initial financial support to develop the ITSP was provided through a curricular development challenge grant from NYU's Provost Office. The goal was to create an interschool and interdepartmental program at the university that could provide postgraduate training as well as act as a catalyst for the development of academic courses in the study and treatment of psychosocial trauma. The nature and content of the training program was influenced from the beginning by our clinical and research experience with survivors of political violence—torture, war, state terrorism, and genocide. I had been a research assistant for Professor Hillel Klein, MD, from Hadassah Medical School and director of the Jerusalem Center for the Study of Psychosocial Trauma and Holocaust. Klein, a practicing psychoanalyst and Holocaust survivor, had done pioneering work on the impact of massive trauma and loss on individuals, families, and society, and had been a proponent in the early 1980s of shifting attention in the trauma field from a focus on the pathology of

trauma to the understanding of the intra-psychic, familial, social, and cultural resources that were important in Holocaust survivors' return to living productive lives—that is, their process of adaptation and revival (Klein, 2003).

Prior to his work in the former Yugoslavia, Jensen had done research with survivors of state terrorism in Chile, where he became interested in the uses of testimony to promote the process of healing. As recalled in *Trauma and Healing under State Terrorism* (Agger and Jensen, 1993), psychologists in Chile found that survivors who had given testimonies, in the context of creating documentary evidence for later war crimes trials of those who had carried out torture and disappearances from the Pinochet era, were found to have improved mental health compared to those who had not given testimony and were still waiting in line to do so. Based on this work and what they saw as the importance of survivors having a purposeful context in which to construct a coherent narrative of their experience, Agger and Jensen developed a method of testimony therapy with refugee survivors of torture living in Denmark (Agger and Jensen, 1990).

Jensen brought to the curriculum the human rights framework from South America, referred to by the acronym DITE—documentation, investigation, therapy, and evaluation. The mental health and human rights perspective advocated a position of therapeutic non-neutrality in working with victims of human rights violations: it was important in this work to establish an alliance in condemning the inhumane practices suffered by the victim.

The training program began at NYU in the fall of 1998 with over forty students participating in the course in two separate tracks: one was a more intensive track was for clinicians and the other, requiring fewer hours, was oriented toward community-based practices and open to practitioners other than mental health professionals (e.g., lawyers, community activists, youth workers, managers of NGOs, United Nations personnel, and artists). The program revolved around workshops run by visiting faculty who were at the forefront of the trauma field, and leaders at the International Society for Traumatic Stress Studies (ISTSS), the most prominent organization promoting research and clinical practice in work with trauma survivors. The format of the training was divided into didactic work on trauma theory and intervention, case studies, and self-care. Students worked in small groups to discuss cases, engage in role-play and other experiential learning methods, and discuss the impact of the work on themselves as well as strategies for self-care. In the tradition of the Yugoslavian training program, students were required to carry out a project in order to complete the program. These projects ranged from workshops, to small clinical studies, to the development of citywide advocacy activities for trauma survivors. Three students teamed up the first year to create a program honoring survivors of torture on the UN day commemorating survivors.

The development of the ITSP training program was enhanced by its participation in the International Society for Traumatic Stress Studies Task Force on International Training, co-led by Drs. Stevan Weine and Yael Danieli (2003). The goal was the development of guidelines for training in mental health and psychosocial response in

international contexts. At the time, there were tensions in the field of trauma response. There was a critique of mental health professionals streaming into war zones and post-conflict settings to offer Western-oriented therapeutic techniques and concepts for trauma treatment, but ignoring the political, economic, social, and cultural contexts and hierarchy of needs of the recipient populations. This set of guidelines was one of the inputs for the development of recent guidelines on mental health and psychosocial response by the Inter-Agency Standing Committee's recent report titled "IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings" (IASC, 2007).

Community-Based Services for Survivors of Torture

ITSP pursued its commitment to community-oriented work with survivors of torture and refugee trauma by establishing a nonprofit called Refuge, which established an alliance with other three other organizations assisting torture survivors in the New York area—Solace/Safe Horizon; Doctors of the World, USA; and the Cross Cultural Counseling Center of the International Institute of New Jersey (IINJ)—to form the Metro Area Support for Survivors of Torture Consortium (MASST). The MASST Consortium, under the leadership of the Solace/Safe Horizon director Ernest Duff, received a Torture Victims Relief Act (TVRA) grant from the U.S. Office of Refugee Resettlement, and over the six years of TVRA funding support, the MASST Consortium developed a range of services for over 2,000 survivors of torture and their family members. Services included information and practical assistance; support for families and youth; referrals for legal, medical, and social services; educational and vocational development; individual, family, and group counseling; community development and capacity building; community arts and cultural programming; and medical and mental health evaluations for political asylum.

Refuge's role in the consortium was the provision of technical assistance to Solace/Safe Horizon and IINJ on the development of family-oriented clinical services, training of clinicians and community workers, and the development of a network of mental health professionals that provided pro bono therapeutic services to survivors of torture and their families. In 2000, Refuge became a member of the National Consortium of Torture Treatment Programs with the other members of the MASST Consortium.

From the Clinic to the Stage

One innovative project developed by Refuge in its work with refugee communities was Theater Arts Against Political Violence. The project was developed by Steven Reisner, a psychoanalyst and former actor and theater director; Robert Gourp, a theater director; and myself as the producer. In working with torture survivors, it became increasingly apparent that many of them desired a public forum to speak out about the injustices they had endured in their country of

origin—and the injustices that were still taking place. Many had been student leaders and political activists before coming to live in exile in New York City. There is a lot of emphasis about working with the individual or family in the privacy of the therapy office, where what is said does not leave the office, but work that is done privately can leave out the political dimension. We began to see that there was a value in creating a public forum where survivors could speak about their experiences, and we felt there was a necessity to work in a fashion that created a nonhierarchical exchange with survivors.

The program had its origin at Bellevue Hospital in a project with the then U.S. Department of Immigration and Naturalization Services to train asylum offices in methods of sensitively interviewing applicants who were severely traumatized. One thing we did was to hire a theater group and trained the actors to play traumatized refugees—something quite counterintuitive for actors who rarely had knowledge of such human rights violations in their own lives. The asylum officers would role-play interviews with the actors, and we would freeze the action to speak about what was happening during each interview.

After the training, the theater group expressed an interest in creating a play about the issue of human rights violations—and the collective responsibility we all share in relation to these violations. The theater group began to explore themes related to political violence and the refugee experience. Because this experience was foreign to most of the actors, despite the actors being a culturally diverse group, they began to invite refugees who had been political prisoners to meet with the theater group to talk about their experience, and eventually to engage in a collaboration with the director and actors to create a performance based on the survivors' experience and creative input.

We found that the refugees felt honored to have the opportunity to speak with artists about their lives. For many, it was first time they had been asked by Americans about their experience. We brought Tibetans, Guatemalans, Africans, and eventually a group of Chileans to meet with the theater group. These Chileans had been living in the Bronx for over fifteen years and had rarely spoken to Americans about their experience. The Chileans were very appreciative that we were offering them a space to tell their stories and then to have their stories represented theatrically. We started a collaborative process in which the Chilean survivors spoke about their experiences during the Pinochet era, their imprisonments and experiences of oppression and torture, and the actors engaged them in a dialogue. Then the theater group would go to work improvisationally on the material and bring back scenes to the survivors, who would critique the work and make recommendations: "You portrayed the pain effectively, but what we didn't see were the moments of humanity, warmth, and humor that was so important to us when we were in prison." The theater work opened up a dialogue among survivors, actors, and mental health professionals that had not been anticipated.

The Theater Arts Against Political Violence performed at Tibet House in New York City during an event to honor torture survivors. By that time, the group of Chileans had begun to engage in conversations about their experiences as political

activists and prisoners with members of their own families and community, and with other Latin American communities in New York. Two months later, they took the raw, unedited video of the theater work and the performance to Chile on their first visit in fifteen years. There, they met with other activists and theater groups to share their work. The theater work became part of an opening of communication within families and communities, and in the transnational community to which they belonged. In 2000 Theater Arts Against Political Violence was invited to collaborate with the International Organization for Migration on a project that integrated theater approaches in the training of psychosocial counselors in Kosovo. The project culminated in the production of a theater piece performed at the National Theater in Prishtina, Kosovo (Reisner, 2003).

Internationally Based Training and Services

In 2000 ITSP became a partner in the development of family- and community-oriented mental health services in postwar Kosovo. In May of that year, a collaborative team effort between American and Albanian Kosovar mental health professionals was initiated to address the enormous psychosocial and mental health needs of the Kosovar population following the end of the war in 1999. The project, called the Kosovar Family Professional Education Collaborative (KFPEC), was co-sponsored by the University of Illinois–Chicago (UIC), the University of Chicago, the American Family Therapy Academy, the International Trauma Studies Program at NYU, and the University of Prishtina. The Albanian Kosovar team based in the Department of Psychiatry and Neurology at the University of Prishtina Medical School decided to develop a strengths-based mental health orientation in their hospital and emerging community mental health system. They decided to draw on existing resources in the Albanian Kosovar community to promote recovery after the period of oppression and war, as well as to address other public mental health concerns.

In the aftermath of the war in Kosovo in 1999, the Albanian Kosovar society was faced with having to build a mental health system while at the same time having to contend with widespread experiences of loss, violence, and forced geographical displacement. The Serbian authorities had permitted very few formal health or mental health services in the previous ten years, and most mental health and social services for Albanian Kosovars had been provided by a parallel system of professionals and paraprofessionals who worked underground, usually without pay. A few mental health practitioners had been able to continue their education and provide services at University Hospital in Prishtina. This small group of psychiatrists, psychologists, and nurses took responsibility for building a mental health system and providing services to a large number of families in need. During the war, most of the Albanian Kosovar mental health professionals had fled the country. Many had lived in refugee camps and had faced serious danger, as well as the loss of family members and friends.

One of the innovative projects initiated after the war by Albanian Kosovar mental health professionals was the development of mobile teams. These teams went to some of the villages to work with families that had suffered major losses during the massacres that had been perpetrated on hundreds of villages in Kosovo. It is estimated that over 10,000 Albanian Kosovars had been murdered.

The American and Albanian Kosovar group visited one of the small villages, where they had been working with a number of families. Slovia was a village where Albanian and Serbian Kosovars had lived together for decades. It was a small agricultural village of 2,000 people some thirty miles southwest of the capitol, Prishtina. One evening in May 1999, Serbian military forces entered the village. They sent a group of Serbians from the village to identify the male Albanian leaders there. The next day, Serbian forces entered the village, took males from the houses, and shot them, often in front of their families. One group of villagers managed to escape the village but were later caught and slaughtered. The violence lasted throughout the day. Bodies were buried in mass graves just outside the village. Days later, the Serbian forces returned to the village, and in an attempt to remove the evidence of their atrocities, dug up the corpses, placed them on trucks, and departed the area. On a hill above the village, half the graves of the fifty-eight people who had been massacred were empty. It was not likely that the bodies would ever be retrieved. For many families, their grief at losing up to five members of their families was compounded by their not having the bodies available for a proper funeral according to Muslim tradition (Saul, Ukshini, et al., 2003).

One of the consequences of the massacre was that with the death of the younger, stronger men of these families, the elders, often elderly women, had to take an active role in leading their extended families of widows and children. The Kosovar mental health professionals who had begun to work with these families took an approach that explored their sources of strength and resilience. During this initial phase of work with families, the Kosovar professionals were very interested in developing a mental health expertise based on strengthening family and community resilience.

The KFPEC received funding in 2001 to develop a services-based training program aimed at developing psychoeducational groups for families of the severely mentally ill. This five-year project successfully led to the development of teams at each of the regional community mental health centers in Kosovo. In December 2006, the program became integrated into the Kosovo's health system (Pulleybank-Coffee, Griffith, et al., 2006).

During this time, ITSP also worked with the Center for War, Peace and the News Media in implementing a diversity training program with Serbian and Albanian Kosovar media professionals. The program brought over forty media professionals together in Prishtina for a two-week training in investigative journalism, which included a two-day module on trauma reactions as well as strategies for interviewing victims of violence, addressing the journalists' own traumatic stress reactions, and developing methods of self-care. The groups came together to work on a collaborative project on the families of the missing in each ethnic group.

During this first phase in the development of ITSP, a number of principles emerged. First, there was a shift from focusing exclusively on training in individually oriented clinical approaches to treating trauma survivors, to emphasizing the strengthening of the natural support systems of family and community. We learned from our work in the community with survivors in New York, with survivors in the context of theater, in the development of individual and collective narratives, in Kosovo, and through our international training faculty. By the end of the three years, we were bringing in approaches that derived from specializing with working with trauma survivors, or working with populations in non-Western contexts; in addition, we were questioning the efficacy of mental health approaches to trauma response in Western contexts as well. This realization and critique was further crystallized as we experienced the events of September 11, 2001, in our neighborhood (where ITSP faculty lived and worked) and were faced with responding as professionals and as residents to one of the hardest-hit populations. By that time, we had trained more than 100 mental health and allied professionals in our nine-month training program in trauma theory and intervention. Many of those trained at ITSP filled the ranks of directors and managers of newly funded projects to work with the victims of 9/11 in hospitals, community mental health centers, and schools.

Phase Two: 2001–2004

Before September 11, 2001, I could not anticipate that I would soon be bringing our professional expertise into my own home, my children's school, and my local community. I live in downtown Manhattan and my children—ages five and eight at the time of the terrorist attacks—attended a public school two blocks from the World Trade Center site. It was in my children's school that I began to work with other community members to address the needs of children, adults, and families as a community.

A reversal took place: I was now the "local" and began to experience myself what my international colleagues had told me about post-disaster situations elsewhere: the ever-present print, radio, and television journalists chasing after the story; international relief organizations arriving on the scene and interviewing local professionals to inform their own funding applications; the missionaries and outreach workers offering support; and the influx of trauma and grief counselors and body therapists of all kinds. Downtown Manhattan had become a spiritual and therapeutic supermarket. At the same time, the local population was engaged in numerous activities to assist others, yet their efforts to promote recovery, much as in international contexts, were undervalued and received very little direct financial support. The capacity of local mental health professionals in the community, as well as organizations that had been working all along to assist youth and address other community problems, were often ignored (Saul, 2007).

We anticipated, based on our international experience, that there would be an influx of researchers and clinicians focusing exclusively on the symptoms and treatment of posttraumatic stress disorder (PTSD). And in fact, quite quickly, a

great deal of funding was directed toward training mental health professionals to treat individuals suffering from PTSD; at the same time, the grassroots efforts of professionals, community organizations, and community members addressing the ongoing needs of those around them only rarely gained the attention of private funders, relief organizations, and government agencies. We thus made a decision to focus our energies on developing both a community project in lower Manhattan and a disaster response training program that would bring to the New York mental health community the family and community approaches to trauma and disaster based on a resilience framework.

Downtown Community Resource Center

The week that the fourth year of our program started, our students could not pass the checkpoints in Lower Manhattan to get to class. Many of us living downtown had been directly affected, escaping from the falling buildings and the debris storms, and having to evacuate our homes for a period of time. But the class went on, and we added an emergency symposium for New York mental health professionals on trauma response with a presentation by Dr. Jensen, who had arrived in New York City that week to open the ITSP course.

In order to address the needs of children and families in lower Manhattan, I joined a group of parents, some of who were mental health professionals, who teamed up to create family support committees in the schools. These school communities were on the west side of downtown Manhattan, just next to the World Trade Center site in the neighborhoods of Tribeca and Battery Park City. These communities comprised children, teachers, parents, residents, and workers who had experienced the greatest physical exposure to the events of 9/11: the deaths of friends and family members, direct threats to their own lives, emergency evacuations from workplaces and schools, physical danger from the debris storms, displacement from their home and businesses, and environmental contamination. With all of New Yorkers, they also faced a series of subsequent events, including the plane crash in the borough of Queens, going to war in Afghanistan and Iraq, the anthrax contamination, and numerous threats accompanied by heightened terrorist alerts.

The family support programs formed a coalition across school communities to share ideas about how to address the emotional consequence of the events of 9/11 among children and parents. The initial approach of the New York City Board of Education to address the needs of children affected by these events had focused on screening them for PTSD and offering therapeutic services to those who were identified as having difficulties. As mentioned earlier, not only was very little attention paid to the impact of these events on teachers and parents, but neither group was asked for input regarding the children's evaluations. Moreover, although the mental health of children became the focus of the school system's efforts, there was initially no place for parents to discuss their own concerns as a group. To tackle this, the family support committees developed community

forums where parents, teachers, and school staff from the downtown elementary schools could come together to address emerging concerns. ITSP's community-based work was supported and enhanced by the participation of Dr. Claude Chemtob, a child psychologist and disaster specialist, who moderated the community forums and advocated for the project with local funders. The community approach we used was based on the work of Dr. Judith Landau, a child and community psychiatrist, whose Link Model of Community Resilience became the inspiration for our work to promote recovery by engaging and supporting community members in their efforts to promote recovery (Landau and Saul, 2004).

During one of the forums, a needs assessment was conducted, and members of the school community established as a priority creating a public space or resource center where community members could come together and share ideas, projects, resources, and their combined creativity. This center was to have the following goals:

- To recognize and strengthen existing skills, resources and resilience in the community
- To enhance connectedness in families, neighborhoods, organizations, and occupational groups
- To promote mental and physical wellness in youth, adults, and families
- To create forums for public discourse and the expression of the multiplicity of community voices, viewpoints, and histories

We received funding from the New York Times Foundation to start a community resource center, and then worked with the Federal Emergency Management Agency (FEMA) Project Liberty for a contract to establish a resource center in the community that could support the efforts of community members and offer them stipends and administrative support to conduct programs. On a voluntary basis, many people living in lower Manhattan were already developing a variety of activities for children and families. The goal of the funding would be to support these activities, promote sustainability of these projects, and prevent burnout. Refuge was eventually awarded a substantial contract from FEMA to develop a demonstration project promoting community resilience through community engagement.

Through the resource center, community members were able to engage residents and workers beyond the school community to develop a number of projects for youth and families. Two projects focused on promoting public discourse about the challenges and ways of coping with the impact of 9/11: a community video narrative archive and a theater project based on the oral histories of community members. Developed by downtown residents, the archive housed a diversity of community voices and experiences, and made the stories of downtown life available on the Web and in public places in the area. It became a site where people could hear others' stories and gather to share and record their individual or family stories. The theater project was an adaptation of the previous work of Theater

Arts Against Political Violence in its use of performance as a way of bringing together community members, artists, mental health professionals, and others in a collaborative mode for exploring, expressing, and representing experience as well as providing a public space for groups to reflect on that experience. The project involved the development of an ensemble of professional actors who collected community stories from group interviews following 9/11 and transformed them, through improvisation, into a theatrical performance. Ironically titled "Everything's Back to Normal in New York City: Below Canal—A Work in Progress," the piece was performed in the community, followed by discussions among the actors and the audience. During each subsequent performance, the ensemble incorporated the community's reactions from the one before. As the work progressed, it followed and interacted with the shifting experience of people living and working in Lower Manhattan. The theater project was envisioned as an ongoing catalyst for community conversation during the coming year. Other projects initiated by community members and supported by the resource center included a community-based disaster preparedness and response initiative that has produced a published manual; a community website; peer support programs, including one for artists and one for journalists directly affected by the terrorist attacks; and a Samba rhythm school for teenagers throughout New York City.

The work of the resource center reinforced our view that by tapping into community competencies and resilience after major traumatic events, professionals

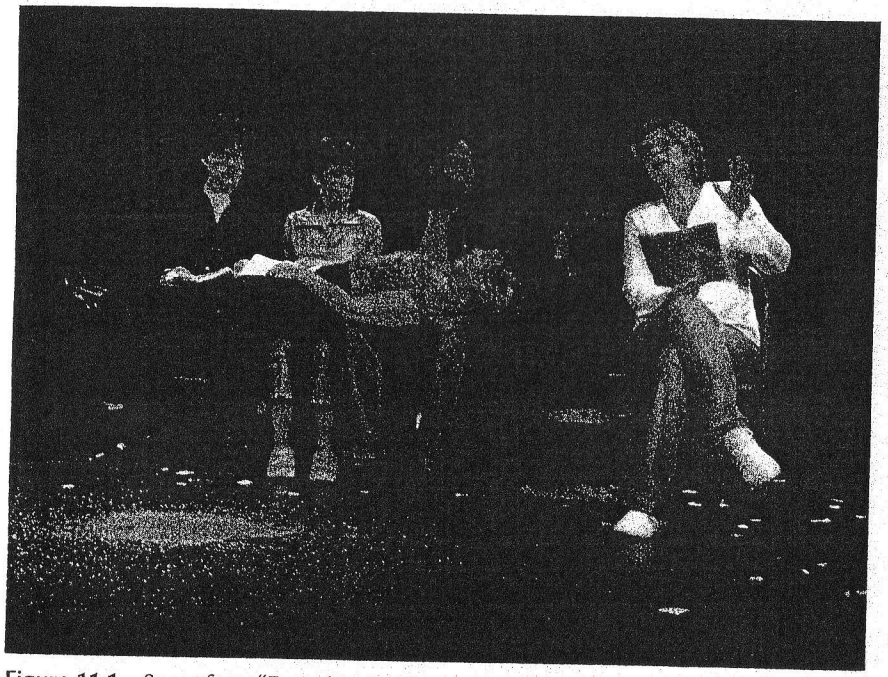

Figure 11.1 Scene from "Everything's Back to Normal in New York City," performed in the fall of 2003. Photo courtesy of Jack Saul.

could best foster mental health. What we saw in the aftermath of September 11, 2001, in New York City is that a comprehensive approach that endorses connectedness and enhances resources at the levels of the individual, family, and community most likely will have the best chance of promoting a lasting recovery.

Disaster Response Workshop Series

Within a week after the 9/11 terrorist attacks, ITSP initiated a series of workshops for professionals on disaster and trauma treatment. Experts in the field either volunteered or taught for very low fees, and donations for the training were used to support community projects in Lower Manhattan. The workshops broadly focused on individual, family, and community resilience perspectives. From September 2001–May 2003, over 3,000 professionals attended the workshop series. One unique aspect of the training was bringing in the experience of international presenters who had experience working in contexts dealing with the aftermath of violence and terrorism, including Palestinian and Israeli mental health professionals and colleagues from Kosovo, Africa, and Latin America. Nancy Baron presented a workshop titled "Turning the Tide? Working with Violence Affected Families and Communities from the Field in Africa." The workshop reversed the usual expectation of knowledge transmission and examined the relevance of using helping models from developing countries with long-standing conflict in the work with communities in New York City. It examined comprehensive, community-based psychosocial and mental health interventions developed in Uganda, Sudan, and Burundi to assist populations affected by violence. These interventions build on the natural strengths of the traditional African society, empowering families and communities to manage members' psychosocial concerns.

One of the most important things we attempted was to address the gap between those specializing in developing and researching evidence-based approaches to trauma treatment, and those who had been working with families and communities that had suffered trauma. Judith Landau and I helped organized plenaries during the next year at the annual conferences of both the American Family Therapy Academy in New York City and the International Family Therapy Association in Istanbul. These conferences brought together prominent practitioners from the field of trauma treatment with family therapists and international practitioners. Bridging these two fields was incorporated into the mission of ITSP and has since shaped the development of its curriculum, with the participation of prominent family therapists and systemic theorists who have been working with families that had suffered from child abuse, domestic violence, poverty, homelessness, and political violence.

Phase Three: 2004–2007

The next phase in ITSP's development was characterized by an intensified focus on international training, development, and evaluation of family and community resilience approaches with survivors of torture and refugee trauma in

New York City. We also applied principles of community engagement and resilience to the development of supportive learning communities among current students and alumni of our training program. During this phase, we were responsive to the needs of organizations that were turning to us for help in facilitating staff welfare programs.

One of the strengths of the program was the increasing linkage between training and fieldwork in communities. Scholarships to the training program have been given each year to community activists from the former Yugoslavia, West Africa, Cambodia, and Latin America, who are developing programs for refugee populations in New York. As part of the training on community interventions, community leaders are often invited to class to engage in simulated community forums. Here, they are trained collaboratively with students in conducting needs assessments, enhancing community leadership and capacity, program development, and evaluation.

By the beginning of the third phase of its development, ITSP had gained recognition as an organization with expertise in family and community approaches with traumatized populations. Members of our faculty were invited to give numerous international presentations, as well as host international visitors interested in learning more about the community-oriented work carried out in Lower Manhattan. Presentations and connections were made with organizations in the Middle East, including Iran, Jordan, Pakistan, Turkey, and Egypt. Throughout this phase, we received numerous requests from universities and NGOs for assistance in the development of a similar comprehensive trauma-training program.

As our 9/11 work was winding down, and with numerous trauma-training programs and trauma centers having been developed in New York since 9/11, we were able to turn our attention back to working with communities that had suffered from the devastations of war and forced migration, and to begin to further develop international collaborations for training. In our work with New York refugee populations, we increasingly focused on addressing the needs of survivors of torture and refugee trauma. Our program, Refuge, continued to receive funding as part of the MASST Consortium with three other organizations. Our role had shifted over the years from providing training and technical assistance to refugee mental health professionals at our collaborating organizations to collaborative work with refugee communities in which there were high numbers of survivors of torture and other traumatic human rights abuses. In 2002 we initiated a partnership with leaders of the West African community in Staten Island.

Following a community forum and needs assessment, we began working with community "links," or change agents, to address the most pressing needs of this primarily Liberian and Sierra Leonean population (Landau, 2007). The leaders of this emerging community organization decided it would be best to operate as a project under the auspices of our nonprofit, Refuge. The first priority was to establish a community space that was geographically accessible to refugees living in the housing projects in the Parkhill neighborhood of Staten Island. The housing

center and named African Refuge. The links understood that many members of this community of over 4,000 refugees living in close proximity had not taken advantage of available health and social services. Under the leadership of Mr. Jacob Massaquoi, a torture survivor himself, who had managed to escape the civil wars in Liberia and gain political asylum in the United States, African Refuge began offering basic social services and acted as a much-needed bridge between community members and provider organizations. The center grew, organically responding to expressed needs of the refugees coming to the center, providing immigration assistance, access to health insurance and health care, job and educational counseling, computer education and access, informational forums, and case-work services. The strategy was to offer needed services to whoever came in to the center and ask for only a minimum of information from this highly suspicious population of refugees. They were not only dealing with the emotional aftermath of the war, and the loss of family members, home and property, but also the challenges of now living in one of the most impoverished and crime-ridden neighborhoods of New York City.

A number of collaborative arts projects were implemented at Africa Refuge. One such project was *Coming Home*, an arts initiative that used photography and film to connect older Liberians in the Diaspora with friends and family at home. A group of eight elders in Staten Island, NY, came together over the course of two months to create messages for the project coordinator, Serena Chaudhry, to carry to friends and family in Liberia. Then Ms. Chaudhry delivered the messages, filmed responses, and returned them to the Staten Island community. *Coming Home* culminated in a multimedia exhibit in December 2006 at the Snug Harbor Cultural Center on Staten Island. The exhibit featured stories, photos, and films taken by the elders and their friends, families, and allies.

The mission of African Refuge was to find successful ways of delivering services to survivors of torture and war. Within two years, Mr. Massaquoi and his small group of community volunteers had managed to provide services and referrals for close to 600 community members. A survey of those attending the center for services found that over 80 percent of the adult participants had experienced the recent wars, and close to 50 percent of them reported personal experiences of having been tortured. With the success of the program, the housing management in Parkhill offered African Refuge another space to create a youth and family center.

By 2007 African Refuge had created a collaborative, after-school tutoring program in partnership with the International Rescue Committee and was establishing a Youth Task Force in Staten Island to address the growing needs of African refugee youth and strategies to reduce tensions between these youth and other ethnic groups. With the establishment of the Liberian Truth and Reconciliation Commission's Diaspora statement-taking program, African Refuge became an implementing partner with this commission, under the leadership of Minnesota Advocates for Human Rights, in providing outreach, community sensitization, and psychosocial follow-up for statement givers. Responding to

ingredients in the African refugees' adaptation to life in the United States, African Refuge widened its scope to address the needs of anyone from the neighborhood in need of services. ITSP would continue to provide technical assistance and capacity building in order to promote African Refuge as an African-focused torture and refugee psychosocial program.

The year 2007 also saw the development of ITSP's first field-based training program in Arua, Uganda, under the leadership of ITSP's director of international training, Dr. Nancy Baron. The program was a response to the need to provide training in the development of psychosocial programs in developing countries as well as offer a train-the–trainer course. The site in Uganda could accommodate students from the United States and Europe as well as provide training for psychosocial staff working for NGOs in Africa and the Middle East.

As we enter our tenth year, ITSP has refined its mission to continue to research family and community resilience approaches with populations that have endured massive trauma and loss, and to build the capacity of a diverse group of professionals involved in this work on a national and international level. Over the past ten years, ITSP has developed an audio-visual library of over 600 hours of workshops, and is now pursuing the technology to make these resources, as well as current education activities, available to international groups requesting assistance and partnership in developing similar programs in their countries.

The International Trauma Studies Program has also initiated an annual multidisciplinary conference in trauma studies for the general public. A conference in 2007, titled "Narratives of Suffering and Transformation," brought together professionals and students from the fields of psychology, psychoanalysis, anthropology, literary and performance studies, human rights and law, journalism, and the arts to examine current constructions of social trauma and the War in Iraq.

WHAT HAS MADE ITSP DISTINCT?

ITSP's distinct contribution to the field of trauma, mental health, and psychosocial response has been largely shaped by three factors: our focus on working with survivors of political violence from a systemic approach, our location in New York City, and our firsthand experience as responders to the World Trade Center attacks.

Many of us at ITSP have come to trauma work with a theoretical perspective grounded in a family systems approach, as well as experience working with survivors of political violence. This has, from the beginning, led us to attend to the social and political dimensions of traumatic suffering and, in particular, to the social contexts in which people recover or are vulnerable to exploitation. Two members of our faculty, Esther Perel and Steven Reisner, both children of survivors of the Nazi Holocaust, have brought an invaluable perspective to the program based on their firsthand knowledge of survivor families and communities, as well as their experience working in theater. Other faculty and advisors—Soeren Buus Jensen, Judith Landau, Nancy Baron, Nancy Wallace, and Donna Gaffney—

have had extensive international mental health and human rights experience in diverse cultures, which has reinforced a comprehensive approach that includes interventions with populations at multiple levels of the individual, family, community, and society at large.

As the program has developed in New York City, we have benefited from resources and opportunities that have strengthened our international and multidisciplinary perspectives, including the presence of the United Nations, international humanitarian and human rights organizations, academic institutions, and the city itself as a center for media and the arts. New York City as an international crossroads has enabled ITSP to have ongoing exchanges with visiting scholars, practitioners, and students. The large and diverse immigrant population in New York City naturally challenges professionals working with diverse populations to articulate the cultural meanings, biases, and values underlying their work.

Since we have been have working on the development of international mental health and psychosocial response during the past decade, our firsthand experience as a local population of residents and professionals dealing with the impact of 9/11 has provided invaluable experience of the challenges in doing this work. Even though our experience in New York was markedly different from the experiences of those in developing countries, where resources and systems of mental health care are almost nonexistent, there were some similar difficulties. We witnessed some of the same problems seen elsewhere in emergency response, such as the difficulties of coordination, responding to the needs of local populations, and the challenges of collaborative engagement with communities in developing systems of care. We saw the limits of U.S. national approaches to disaster and terrorism preparedness and response, and the conflicts of interest that are created when disaster response is outsourced to profit-oriented companies. This experience has strengthened our advocacy for both top-down and grassroots approaches to disaster preparedness and response.

ORGANIZATIONAL CHALLENGES

The greatest organizational challenge faced by ITSP as a small nonprofit organization has been making the choice to pursue only funding for research and program development that fits our mission. We have had many opportunities to pursue available funding in the trauma field, which focuses on the predominant scientific discourse, privileges symptom reduction, and tends to ignore the social and political environment of the affected populations. These avenues of revenue, while plentiful, would take us in a different direction than we believe is needed, so in the face of underfunding, we have chosen to find independent, creative solutions. Just as in most places in the world where populations are recovering from disasters, we have had to be innovative and to rely on the goodwill of volunteers. Many senior professionals have devoted a great deal of volunteer time to our community psychosocial and arts projects. The lack of resources has also reinforced the need to engage survivors themselves as equal partners in the project of healing.

This approach has enabled us to do pilot work that now informs current research proposals. Because of the focus on our work, we have also become a resource for an international network of professionals in the mental health field that has been developing culturally sensitive family- and community-based approaches to trauma work.

Another challenge we face is finding adequate funding for community-based organizations. This is illustrated in the current work we are doing with the West African refugee community where we are developing a task force to strengthen the capacity of the community to address the needs of their youth. Funding for this type of service is usually directed to large organizations, while very little funding goes where it is needed most: directly to community-based organizations. As a result of this situation, the large organizations outside the community have the financial resources to do the work but do not have access to the local population. The community-based organizations, who are more in tune with the needs of the community members and have the greater ability to engage them in seeking services, have access but insufficient resources to provide these services themselves. As we have learned, when a community-based organization such as African Refuge engages the community, the demand for services often stretches the organization beyond its resources. At the same time, the large provider organizations with funding look to the community organizations for help in referring clients to them, but are usually unable to fund the community organizations for this very time-consuming outreach work. The community organizations, consequently, often feel ethically compelled to provide unreimbursed outreach services to the large organizations, which depletes the smaller organization's resources. We end up having to advocate for the community organizations so that their capacity is not undermined by the larger provider organizations.

Over the years, our training program has relied on the contributions of senior professionals who have not been available to become part of an ongoing core group for the organization because of competing commitments. For the most part, it has not been financially possible to fund such professionals to be available on an ongoing basis. Instead, we have been supporting the development of an alumni community that can contribute to the development of the organization as well as provide voluntary support and consultation for the organization's activities. Still, there is need for administrative support to help maintain the program and provide a structure for continued education, project support, and referral for clinical services and workshops.

FUTURE DIRECTIONS

Over the past ten years, the upsurge in interest in the psychosocial and mental health consequences to people who have suffered traumatic events has led to numerous training and intervention programs. These programs have been directed at the effects of torture, war, natural disasters, and the consequences of individual, familial, and communal violence. Experience and evidence has shown that there are few trained professionals capable of mounting an effective response to these situations. Experts rushing in from other countries frequently lack an understanding of the language, culture, and political context of the countries to whose needs they are responding, and their programs frequently are not integrated into existing response structures. These efforts, hastily organized, provide short-term interventions that leave people without support for their long-term needs.

In response to the ongoing training needs, the International Trauma Studies Program is currently in the process of refining its goals for the future. Based on a review of current research in the field, the documentation of hundreds of hours of workshop presentations and discussions, and a body of clinical and community data collected in both our international and local work as well as through conversations with our network of faculty and program participants, a number of observations have emerged as starting points for our future direction.

First, as we have seen in international responses to catastrophes in recent years, Western mental health perspectives and efforts often have suffered from an arrogance and a lack of self-criticism and openness that have led to ineffective and economically wasteful efforts worldwide, and in many cases, have been damaging because they have undermined local capacities and ways of coping with traumatic events. Fortunately, there has been an emerging consensus about core principles that should guide future international work, as well as a set of best practices, recently published in the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (IASC, 2007). The core principles of this work include the promotion of human rights and equity, maximizing the participation of local populations in humanitarian response, doing no harm, building on available resources and capacities, integrating support systems, and developing a multilayered set of complimentary supports that meets the needs of diverse groups. What we have advocated in New York in response to local mental health needs (such as work with refugees and response to the World Trade Center attacks) has been to learn from international expertise in dealing with catastrophe. This view has been further reinforced through exposure to numerous international programs as well as experience in the field. We are in the process of making available through our website (www.itspnyc.org) training resources that can be accessed by international practitioners. There is currently a need for more research and development of evidence-based practices that focus on collaborative or participatory models of working with families and communities.

Another observation that has been important in defining our future direction is that promotion of psychosocial well-being is a process that in many contexts must be addressed in relation to the needs within a community to promote justice, reconciliation, and broader social development. One of the current challenges in our field is how we might develop participatory approaches in post-conflict settings that are culturally and contextually appropriate. How do we engage with local communities so that they can develop their own solutions to redress past grievances and promote individual and collective healing? How can we address the larger social, political, and economic causes of suffering as an integral part of

advancing psychosocial well-being. And what are the human resources and sources of resilience that may promote processes of coexistence between previously conflicted groups? These are some of the questions that will be central to future training and research initiatives at ITSP.

A third observation that has already informed our work, as well as our training program, is that what may be the most effective tool in building capacity to address the needs of populations dealing with catastrophe is the development of supportive helper communities. ITSP has already engaged in a process of convening alumni groups and creating online communities of professionals and community workers in need of support and educational resources to enhance their work. We envision, during the next year, developing a global classroom that can bring professionals together from different countries for workshops and ongoing consultation, supervision, and peer support.

ORGANIZATIONAL SNAPSHOT

Organization: International Trauma Studies Program

Founder/Executive Director: Jack Saul

Mission/Description: The_International Trauma Studies Program (ITSP) perspective is that recent natural and human-made catastrophes have highlighted the need for a multidisciplinary approach to the study, treatment, and prevention of trauma-related suffering. ITSP is now a training and research program affiliated with Columbia University's Mailman School of Public Health. The program has been enriched by the participation of a diverse student body, ranging from mental health professionals, healthcare providers, attorneys, and human rights advocates to journalists and media professionals, academicians, oral historians, and artists. Students and professionals are given the opportunity to develop and share innovative approaches to address the psychosocial needs of trauma survivors, their families, and their communities. ITSP offers a dynamic combination of academic studies, research, and practical experience working with trauma survivors in New York City, the United States, and abroad.

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