Using FIT with Survivors of Torture
ACE Conference May 2018

https://youtu.be/SGYf2Z0NdVs
Today’s presentation

• Our target-group
• Our clinic – how we work
• Structure of the presentation
• Purpose and goal of the presentation
• Most common issues
• How we came to work with FIT
Prejudice and reservations

- They are not familiar with taking responsibility of treatment
- Do they find it meaningful?
- You will never get honest feedback
- They want you to fix them
- They tell you what they think you want to hear
- They are way too traumatized to be capable of reflecting
- They won’t respect two women like you
- It won’t prevent the high dropout rate
- Interpretation might mess up credibility
Interpreters role

- Neutrality
- Interpreter taking over as they have done it so many times before
- Accepting the not so high SRS scores
- Double up on time used
- Lack of thorough FIT knowledge
- Interpreters alliance/loyalty to therapist
- Clients expectations of interpreter
Interpreter recommendations

• Teaching interpreters on purpose with FIT
• Support the accurate interpretation
• Insisting on neutral translation
• Working only with well educated interpreters
TAHIR

- Background
- Referral
- Referral meeting
Issues with introducing FIT to Survivors of Torture
- Loss of basic trust in oneself and in mankind
- PTSD symptoms: Avoidance, nightmares with poor sleep, flashback, pain, anger, easily overwhelmed, not feeling safe anywhere, memory and concentration problems
- Immigration stress
- Am I anyone? Do I matter?
- Keeping secrets as a survival strategy
- Potentially still in danger
- Interrogation situation
- Can FIT be used against them if the score improves or if they “fail”
- Poor/little experience with the benefits of feedback
Ideas on introducing FIT to survivors of torture

• Creating a safe environment

• Making a firm structure and be flexible

• Professional FIT attitude

• Walk the walk and talk the talk
Issues on getting honest feedback working with clients who survived torture
- Inverted reading when scoring
- Unfamiliar with giving feedback at all
- Tend and befriend tendencies
- Trust issues
- Underlying agendas
- Secrets as a survival strategy
- Risk of repatriation or rejection of family reunification
- Reluctant to speak about failures
- Children who trust no one
- Distrust towards the interpreter – justified or not
- We might be their last station
Ideas on getting honest feedback from survivors of torture

Creating a safe environment

Making a firm structure and be flexible

Professional FIT attitude

Walk the walk and talk the talk
Issues with using the graphs in clinic

- Understanding the picture with inverted scorings
- How to address patterns – not single episodes
- Vulnerability to shame and failure
- Tend and be friend
- Speaking up about failures
- Failing successfully...what???
- Afraid of being “abandoned” again
- What will “my reference” say – if scores go down?
Ideas on using the graphs in clinic

• Clarify expectations again and again
• Look at patterns
• Patience with reflecting on the graphs
• Appreciate honesty
• Offer explanations
• Give examples – help them on the way
• Use simple “fake” graphs
• Refer to wellknown things
• Use the whiteboard
• Include collateral scorers
Professionel network issues

- Alliance as the one driver you just can’t lose
- Am I stigmatizing the child/client?
- How will parents feel if I score their child?
- I am their case handler, am I close enough to score?
- Do they have an open dialogue with the client?
- No possibility to score or discuss the graph with the client
- No control over how we use the scores – like in science...
- How can this be used in and out of the clinic?
- How will the therapists address my scores with the client?
- Concern that their work/support is not good enough
- What do the other professionals score?
- Who am I to judge?
- Do I really know the client well enough?
Summing up special attention and recommendations

- High level of distress at the start of therapy
- Low level of client engagement
- Fundamental trust issues
- Secrets as a survival strategy
- Huge amount of exterior therapeutic factors
- Authority issues
- Health literacy
- In need of help
- Cultural courtesy
- Clients ideas on how change happens, clinician role and therapy expectations
- Interpreters behavior and role
- High SRS scores, fluctuating ORS scores, absent, slow or uneven progress
- Children’s feedback to resilient adults
- Exile pressure
- Little improvement in the ORS over the course of treatment thus high SRS scores
Info

Kompaskonsult
Gammel Kongevej 74D, 1.th.
1850 Frederiksberg C
Denmark

Tina Ammundsen
M: 42 333 001
E: tina@kompaskonsult.dk

Laila Jacobsen
M: 41 56 10 41
E: laila@kompaskonsult.dk

W: www.kompaskonsult.dk