

Chronic Traumatic Stress-Treatment (CTS-T);

*A mental health intervention designed for refugees
and survivors of torture*

Emily Mazzulla, Ph.D. & Karen Fondacaro, Ph.D.

New England Survivors of Torture and Trauma (NESTT)/Connecting Cultures

University of Vermont

Overview of Chronic Traumatic Stress Treatment (CTST) Group Modules

Within the CTS framework, the group intervention includes the following ten modules: 1) Mental Health Discussion; 2) Safety; 3) Values 4) Behavioral Activation; 5) Coping Skills and Emotion Regulation; 6) Sleep Hygiene; 7). Acceptance and Tolerance of Emotions; 8). Cognitive Restructuring and De-fusion; 9). Life-Path Exercise and Narrative Exposure; 10). Celebration of Life. The topics are sequentially introduced and designed to build upon one another as they are interwoven throughout the groups. Each module has a theoretical underpinning, rooted in evidence-based principles from Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT), and the topics are unveiled in a culturally sensitive and individualized manner. Each module is divided into seven parts.

Part One is a “warm-up” exercise (10 minutes) in which group members are able to engage with the group about something other than specified group topics. Warm-up exercises are listed in the beginning of each session. While specific warm up exercises are suggested for each group, we have found that spontaneous warm up topics seem to be the most engaging for group members. For example, at the beginning of one group it was evident that the Somali Bantu women were dressed in colorful flowing hijabs while the facilitators were dressed in dark, drab colors. The spontaneous warm up exercise turned into a discussion about similarities and differences in dress throughout Somalia and the United States.

Part Two is a session outline (5 minutes). The facilitators review the upcoming meeting by stating the session outline, including a 1) brief statement regarding the last session; 2)

brief introduction to the current topic; 3) brief introduction to the activity, and 4) statement addressing the closing activity.

Part Three is a review of the previous session (10 minutes). The group facilitator poses a question to the group members about their thoughts and feelings related to the last meeting. For example, “[last meeting we practiced a present moment mindfulness exercise. Over the last week, did anyone practice the mindfulness activity at home?](#)”.

Part Four is the introduction of the session topic (20 minutes). The group facilitators present the information pertaining to the session topic. The group facilitators pose follow-up questions to the group members.

Part Five is the session topic activity (30 minutes). Each session topic is paired with one or two suggested activities that help solidify the topic. The group facilitators are encouraged to choose one of the two activities to complete with the group. If appropriate, group members can share their activity product.

Part Six is a review and discussion of the session topic and activity (10 minutes). The group facilitators may reiterate the session topic and review the session activity. Group members are encouraged to share any questions or comments that remain. At the end of the review, group facilitators foreshadow the next session.

Part Seven is the closing activity (5 minutes). Closing activities, like warm up exercises, can be repeated and/or substituted as desired. Examples of closing activities may be a prayer said by a group member within the groups’ religion, mindfulness exercise, and/or breathing exercise. Each module has a sample closing exercise.

Building Upon the CTS Model

Although the concepts of mental health/illness and subjective units of distress are introduced in the first module, these themes are discussed throughout the group sessions as they arise. It is important to be aware of these themes during the following modules. For example, during the fifth module, a Somali-Bantu woman reported the systematic torture of a relative the prior week and we readdressed safety as an ongoing concern.

Chronic Traumatic Stress Treatment (CTS-T)

Module One: Mental Health and Diagnoses Discussion

Part One: Warm Up Exercise-The first warm up activity involves a casual “getting to know you” exercise. In this exercise, group members are asked to share something about themselves. Examples of “getting to know you” questions include: 1) What is your name? 2) How long have you been living in Vermont? 3) How many children do you have (i.e., ages; names)? 4) What is your favorite food from your native country and from the United States?

Part Two: Module Outline

I. The purpose of the group is described to participants as 1) gain knowledge about torture and trauma and how to address symptoms related to chronic traumatic stress; 2) increase daily functioning through identifying values and engaging in activities consistent with those values. Participants are also informed that they will have the opportunity to

share their life stories, including their torture and trauma, towards the end of the treatment. It is emphasized that they will not be required to narrate their stories but that they will have the option during the ninth module of the program.

II. An overview of the ten group modules is then provided using accessible terminology rather than the terms as phrased below. To aid with this overview, each participant is presented with a workbook, which is divided into the ten modules and includes the necessary illustrative elements in order to conduct each of the activities associated with the given module. Please note, the components in this manual are divided by modules. Each module is designed to take between one and three sessions. Module nine (Narrative Exposure and Life-line Exercise) is designed to take one to two sessions per group member.

1. Mental Health and Diagnoses Discussion (Introduction and overview of group)
2. Safety (The importance of feeling safe)
3. Values (What is important to you?)
4. Behavioral Activation (Get up and go!)
5. Coping Skills and Emotion Regulation (Thinking and Feeling Skills)
6. Sleep Hygiene (Going to Sleep and Staying Alseep)
7. Acceptance and Tolerance of Emotions (It's okay to feel this way)
8. Cognitive Restructuring and De-fusion (Not all thoughts are true)
9. Narrative Exposure and Life-Path Exercise (Telling your story)

10. Celebration of Life

Part Three: Review of Previous Session- As this is the first group session, there will not be a review of previous meetings.

Part Four: Introduction to Module Topic: Mental Health and Diagnoses Discussion

Mental Health - Based on the CTS framework, treatment begins with a non-judgmental discussion regarding western and culture specific views of mental health and illness. This includes a discussion of a range of sequelae following traumatic experiences including resilience/strengths and impairing symptoms. During this discussion, the facilitator promotes participation by group members in discussing some of their personal and cultural beliefs regarding mental health. In lieu of labeling the constellation of distressing symptoms as disordered, the facilitators validate human suffering by highlighting the range of *expected* psychological and physiological responses. For example, normative psychological reactions to stress and threat (e.g., fight or flight response) are introduced. Strength and resilience factors are also discussed as outcomes of life experiences. For example, the ability to re-settle in a new country and rebuild a life is emphasized as an incredible display of resilience. A validating and non-pathologizing stance is emphasized and reiterated throughout the discussion. The group facilitator discusses the meaning of well-being, mental health and illness from the CTS framework. Facilitators then ask group members about the meaning of mental health and illness from the perspective of their culture/country of origin. In many cultures, there is a stigma associated with “being crazy” or “psychotic” if someone is struggling with mental health concerns. For

example, past clients have defined “mental illness” as “the person in the village who talks to themselves.” Every culture has different perspectives on mental health and illness. It is important for facilitators to take a curious and non-judgmental stance towards the discussion of mental health. The goal of this module is to arrive at a common understanding of mental health and the purpose of the CTS-T group intervention.

Part Five: Mental Health Discussion Module Culturally Adapted Activities

I. *Introduction to Subjective Units of Distress (SUDS)* - Group members are asked to share the numbers one through ten in their native language. The Somali-Bantu most frequently speak Maay Maay and “Koh ela Tomah” means “one to ten” in Maay Maay. The Nepali- Bhutanese most frequently speak Nepalese and “Ek de Das” represents “one to ten” in Nepalese. There are many “subjective units of distress” (SUDS) visuals publicly available. It is also possible to make a scale with one to ten in the client’s native language and in English. Many cultures have a song or game that accompanies teaching children numbers one through ten. A group facilitator may sing an English “one to ten” song to start the activity. Group members are asked to share their song. Numbers one through ten are used throughout the group treatment (e.g. teaching the SUDS “subjective units of distress” scale) and it is a display of connection to use the numbers in the group’s native language. Facilitators may choose to learn some of the language spoken by group participants, as this builds rapport and mutual respect. “[During our time together, we will choose a number from 1-10 to rate how distressed, upset, or worried we feel. This will help us notice our feelings and how those feelings change throughout the day. On a scale from one to ten, how distressed do you feel now?](#)”

II. Definition of Torture – Facilitators provide a definition of torture and lead a discussion afterwards. We have found that group members express relief that there is an official definition related to their experiences. While we do not read the definition in its entirety, it is provided here for facilitators. The official definition of torture according to Article 1 of the 1984 United Nations Commission Against Torture states that torture is “any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as: obtaining from him or a third person information or a confession, punishing him for an act that he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of a public official acting in an official capacity” (United Nations, 1988). What is conveyed to group members is that a primary goal of torture, government affiliated or otherwise, is to systematically devalue individuals based on one’s race, ethnicity, religion, political opinion, and/or affiliation with a social group. Torture is often times effective at achieving this goal and frequently results in psychological problems for survivors of torture including emergence of symptoms related to trauma, anxiety, depression, adjustment, somatization, and personality changes (Basoglu et al., 2001; Campbell, 2007; Williams & van der Merwe, 2013). For example, “Torture is people of power purposefully hurting someone because of the color of their skin, their religion, political opinion, their beliefs, or membership in a group.”

IV. Discussion of Post Traumatic Stress Disorder (PTSD) and Chronic Traumatic Stress (CTS) -The applicability of assigning traditional, western diagnoses, such as Post-Traumatic Stress Disorder, defined in the *Diagnostic and Statistical Manual of Mental*

Disorders and in the *International Classification of Diseases*, is widely debated (Fondacaro & Mazzulla, 2018; Campbell, 2007). Specifically, the centrality of the argument lies in whether diagnostic categories developed through the study of symptoms and behaviors in the Western world can be applied to non-Western societies. Group members are first given the definition of PTSD in a culturally sensitive manner. For example, “after asking you many questions about your experiences, thoughts, and feelings, we found that some of what is bothering you is related to the challenging and scary events you have experienced in your life. This makes a lot of sense to us. Other people who have had similar challenging life experiences have problems sleeping, have scary dreams, may feel like they are back in the situation or war again, and may be bothered by sad or scary thoughts”. Group members are told explicitly that from our point of view they are not *disordered* but rather may be experiencing some of the responses expected as a result of Chronic Traumatic Stress -“*Chronic Traumatic Stress (CTS) is not a disorder but rather the experience of persistent traumatic event(s), both past and continued, that occur at any point across the lifespan, with sequelae that are perceived by the individual as impairing, regardless of symptom constellation or thresholds.*” (Fondacaro & Mazzulla, 2018). For example, “Chronic traumatic stress is a combination of all of your difficult experiences from your past and present that may be causing problems for you. This includes problems from the war (or displacement), life in the refugee camp, moving to this country, and problems you may be facing today in yourself, your family, and your community.”

Researchers have argued that PTSD defined in the DSM 5 does not adequately explain the symptoms presented by survivors of torture (Herman, 1992; Kira, 2002) and

may not reflect the psychological consequences of long-term and multiple exposures to trauma (Campbell, 2004). Furthermore, a statistically significant reduction in PTS symptoms following a validated treatment does not necessarily result to clinically significant improvement in functional impairment of those receiving treatment (McFarlan & Kaplan, 2012).

V. CTS-T as a Holistic Strengths-Based Intervention- An alternative to a treatment plan with reduction of Post Traumatic Stress Disorder symptoms at its core, is to address current stressors, such as pre and post migration stressors (e.g., living in poverty, fear of being returned to country of origin in which the torture and trauma occurred, political instability in country of origin, coping with loss and separation, etc.) through skill building, mindfulness training, and relaxation exercises. McFarlan & Kaplan in their review of over 40 interventions with survivors of torture, suggest that because the purpose of torture is to “destroy social meaning,” the context of treatment should be through the lens of human rights. Our perspective, which has greatly informed the development of our treatment, is that survivors of torture and trauma have endured an abundance of extraordinarily, devastating circumstances. We believe that any human being subjected to stressors such as those rampant in war-torn areas, in addition to experiencing physical or psychological torture, would respond in ways consistent with what is defined as “Post-Traumatic Stress Disorder”. As a result, we believe that these behaviors, thoughts, and emotions are not *disordered* at all but rather expected. We try to communicate this message by repeatedly validating experiences and reactions to torture experience. Further, we place great importance on addressing post-migration stressors through a holistic approach such as coordination of care with social workers, lawyers,

medical practitioners, and physical therapists. We also place an emphasis on well-being skill building in the areas of coping, relaxation, breathing, mindfulness and grounding. Finally, great emphasis is placed on acceptance strategies and valued living. “The purpose of this group is to build skills and strategies to help you cope with the thoughts and feelings you are having related to your past and present life experiences. We believe that you can increase your well-being and live a life that is meaningful to you”

Part Six: Review and Discussion of Mental Health Discussion Module Activities

Discussion Questions:

1. Are there any remaining questions or comments about what we talked about today?
2. We covered a lot of information and also began to use terms that we will use throughout our group meetings. For example, we talked about SUDS (the one to ten scale), the word “torture”, and “well-being”. Does anyone want to share their thoughts or feelings about today’s session?

Part Seven: Closing Activity and NESTT App Between Session Practice-Closing

activities can be led by facilitators or group members. A closing activity for the first session may include a deep breathing exercise in which group members are encouraged to focus on their breathing without changing the breath. “Let’s begin this closing exercise by getting into a comfortable position with both feet grounded on the floor, sitting in a relaxed but upright position, with hands resting gently in your lap. If you would like to close your eyes, feel free to do so now. Now, shift your attention to your breath. Notice the breath entering on an inhale and existing on an exhale. Notice how your breath feels on your nose or mouth as you inhale. Notice if that feeling changes as

your breath leaves your body. Without changing your breath, continue to notice the inhale and the exhale. Is your chest rising and falling? Is your belly rising and falling? Is your inhalation shorter or longer than your exhalation? Continue to focus your attention on your breath for a few more minutes without my guidance. If you notice that your attention shifts to something else, acknowledge without judgment that shift, and bring your attention back to your breath. (After two minutes lapse) Now, bring your attention back to the room. Gentle wiggle your fingers and toes. If your eyes are closed, allow them to open.”

Between session practice with NESTT mobile health application: The New England Survivors of Torture and Trauma (NESTT) program created a language-free, mobile mental health application that parallels the CTS-Treatment 10 module format and content (available for free download on any apple iphone or ipad device. To download, go to the apple app store and enter “NESTT”). Many of the components of the application are coping strategies and relaxation techniques. As such, the order that they are incorporated into treatment are not important. Some of the components, however, are specific to the CTS-T content (e.g., values, life-path exercise) and may be better understood and more useful if introduced with accompanying CTS-T module. At the end of each CTS-T module, a NESTT mobile health application component is suggested. See Appendix for a complete list of NESTT app components.

NESTT app component: progressive muscle relaxation component

Module Two: Safety (The importance of feeling safe)

Part One: Warm Up Exercise-As this is the second session and group rapport is still building, the second warm up activity is another “getting to know you” exercise. In this exercise, group members are asked to share something about themselves. Examples of “getting to know you” questions include: 1) What is your name? 2) How long have you been living in Vermont? 3) How many children do you have (i.e., ages; names)? 4) What is your favorite food from your native country and from the United States?

Part Two: Safety Module Outline-The facilitators review the upcoming safety session by stating the session outline, including a 1) brief statement regarding the last session (e.g., “Last week was our first meeting and before we move on to the topic planned for today, I would like to review what we discussed last week”); 2) brief introduction to the current topic (e.g., “today we will be discussing the topic of safety and the importance of establishing safety in our lives”); 3) brief introduction to the activity (e.g., “To help us discuss safety, we are going to have some fun with arts and crafts and create a visual representation of safety”); and 4) statement addressing the closing activity (e.g., “We will end with a closing activity”).

Part Three: Review of Mental Health Discussion Module- “Last week, we discussed how this group will be structured and talked about our thoughts and feelings as they relate to well-being and mental health. We talked about how understandable it is to struggle with difficult thoughts and feelings related to scary experiences you may have had in your past. We also talked about Chronic Traumatic Stress which we think of as all of your experiences that are difficult in your past and present that may cause problems for you. This includes problems from the war (or displacement), time in the refugee camp,

re-settling to this country, and problems you may be facing today in yourself, your family and your community. We also talked about well-being and began to use the SUDS scale to monitor our feelings. Does anyone have anything they would like to add? Does anyone have any questions about what we discussed last session?”

Part Four: Introduction to Safety -The group facilitator talks about the importance of the group representing a safe place where members are free to share their thoughts and feelings in a confidential, non-judgmental environment. At this time, the group facilitator will explain safety and the importance of safety in moving forward past traumatic life events. “Safety can be described as the feeling of being secure without worry of threat, injury, or loss. When something traumatic happens, a person may doubt their sense of safety. Worrying about safety can lead to distressing thoughts, such as “I am going to be hurt again” or challenging feelings, such as fear, sadness, anxiety, or anger. Today, we are going to discuss the importance of connecting your thoughts and feelings to your sense of safety as a step towards re-establishing safety in your lives.” **Safety and**

Present Moment Awareness – The group facilitator discusses the concept of living in the present moment. A statement such as, “It is extremely common for all of us (clients, facilitators, and human-beings in general) to be very focused on the past and also to worry about the future. It actually takes practice to live in the present moment”. It is further described that mindful attention to the present is a skill to be developed and that it can reduce intrusive images (e.g., flashbacks) of the past during the time someone is present focused (reference).

Part Five: Safety Module Culturally Adapted Activities - Before the safety exercises, facilitators ask group members to think about their SUDS level and provide a number from one to ten.

I. *Safety*- A group exercise of (optional) closing eyes and thinking about a safe place. The facilitators go around the room and give participants the opportunity to share their safe places.

II. *Safety Drawing*- Drawing of a safe place (e.g. where do you go or what do you do to feel safe?). Today we are going to work on safety. Your traumatic life experiences may have interfered with a sense of safety. Paper and makers are then passed out. Facilitators state, “Please draw a picture of what makes you feel safe. This could be a place, people, and/or things. Feel free to draw anything that represents safety for you in anyway you want. The purpose of this activity is to think about safety in a different way and is not about proving our drawing skills!” Afterwards, we ask facilitators and participants to share pictures with the group, and we ask them to describe the drawing and what it means to them. For example, a Bhutanese man drew a picture of the therapy room, stating, “I feel safe in this room.” Additionally, a Somali-Bantu woman drew a picture of the phone she uses to call a friend when she is in distress. Our experience has been that all participants choose to draw a picture though sometimes experience some initial embarrassment of their limited use of craft materials. It ends up being a light hearted exercise. Discussion questions about different ways of feeling safe can be posed to the group members (e.g., After seeing everyone’s safety drawings, are there similarities or differences in how we feel safe?”).

III. Mindfulness and Present Moment Awareness- Mindfulness is described to group members as “paying attention on purpose without judgment”. We typically start with the present moment exercise of looking around the room and labeling everything that is “the color blue” (Najivits, 2002). We might expand this activity to naming everything in the room. Additional mindfulness exercises can be used to increase flexible attention (e.g., following the breath, focus on bodily sensation.) Following the safety exercises, group members are asked to re-assess his or her SUDS level.

Part Six: Review and Discussion of Safety Module Activities

Discussion Questions:

1. “Are there any remaining questions or comments about what we talked about today?”
2. “We covered a lot of information about safety. We also practiced using the SUDS scale to think about how we are feeling and how those feelings change over time. Does anyone want to share their thoughts or feelings about today’s session?”

Part Seven: Closing Activity and NESTT App Between Session Practice

Closing activities can be led by facilitators or group members. Facilitators ask group members to rate his or her SUDS level. “Let’s begin this closing exercise by getting into a comfortable position with both feet grounded on the floor, sitting in a relaxed but upright position, with hands resting gently in your lap. If you would like to close your eyes, feel free to do so now. Shift your attention to your breath. Notice the breath entering on an inhale and existing on an exhale. Together we will deepen our breathing. Inhale, 1, 2, 3, 4. Hold 1, 2, 3, 4. Exhale 1, 2, 3, 4, 5, 6, 7, 8. Inhale, 1, 2, 3, 4. Hold 1, 2, 3, 4. Exhale 1, 2, 3, 4, 5, 6, 7, 8. Inhale, 1, 2, 3, 4. Hold 1, 2, 3, 4. Exhale 1, 2, 3, 4, 5, 6,

7, 8. Inhale, 1, 2, 3, 4. Hold 1, 2, 3, 4. Exhale 1, 2, 3, 4, 5, 6, 7, 8. Now allow your breathing to take its regular rhythm. Continue to focus your attention on your breath for a few more minutes without my guidance. If you notice that your attention shifts to something else, acknowledge without judgment that shift, and bring your attention back to your breath. (After two minutes pass) Now, bring your attention back to the room. Gentle wiggle your fingers and toes. If your eyes are closed, allow them to open.”

Facilitators ask group members to rate his or her SUDS level following the exercise.

A Note to Facilitators: Building Upon the CTS Model

Although safety and present moment awareness is introduced in the second module, these themes are discussed throughout the group sessions as they arise. It is important to be aware of these themes during the following modules. For example, during the fifth module, a Somali-Bantu woman reported receiving a distressing phone call from a relative in Somalia. This relative reported experiencing a recent traumatic event that was very similar to an event that the client endured. We readdressed safety as an ongoing concern for this client and for others in the group.

Between session practice with NESTT mobile health application: Safety Exercise

Component

Module Three: Values

Part One: Warm Up Exercise-The third session will begin with a warm up exercise. If group dynamics are still being established, the facilitator may choose to lead the exercise and ask another “getting to know you” question (See module 1 and module 2 for example questions). A new warm up exercise includes discussing a time during the last week in

which he or she felt safe. The facilitator might begin by telling the group about her experience feeling safe when cooking in her kitchen for her children and discussing their day(s) at school.

Part Two: Values Module Outline-The facilitators review the upcoming values session by stating the session outline, including a 1) brief statement regarding the last session (e.g., “I would like to review what we discussed last week before introducing today’s topic”); 2) brief introduction to the current topic (e.g., “today we will be discussing the topic of values and the utility of identifying for ourselves what it is that is important to us”); 3) brief introduction to the activity (e.g., “To help us discuss values, we are going to do another arts and crafts activity but today it will focus on what is important in our lives and characteristics of ourselves that we hold true” and 4) statement addressing the closing activity (e.g., “We will end with a closing activity”).

Part Three: Review of Safety Module-The group facilitator reviews session two by asking group members to share examples of feeling safe during the previous week. Did they do anything to feel safe? The facilitator reviews the importance of feeling safe. As many examples as possible using the one to ten scale are reviewed. We have found that English language learners attach to this number scale and it ends up representing direct communication with the facilitators as they share the language of numbers. Also, using thumbs up for “yes” and thumbs down for “no,” and a shrug for “maybe” is another way facilitators who are using interpreters can share direct communication.

Part Four: Introduction to Values

ACT Definition for Facilitators. According to the Acceptance and Commitment (ACT) framework, values are defined as “chosen life directions” (Harris, 2009, p. 11) such as

“being the best parent one can be,” or “being a hard worker”. Values represent what is most important to someone and are not attainable like goals but rather provide a direction or compass as they guide our actions. The group facilitators introduce the idea of values and how stress, anxiety, depression and grief can interfere with experiencing and prioritizing values. Part of the goal of this therapy group is to identify values and situations in which values are pushed aside as a result of thinking/re-experiencing/worrying about their trauma or torture.

A primary goal of perpetrating torture is to systematically *devalue* individuals based on one’s race, ethnicity, religion, political opinion, and/or affiliation with a social group. Although others have chosen to focus on values later on in posttraumatic stress treatment (e.g. Walser & Westrup, 2007), we believe that reestablishing engagement in one’s identified values is central to re-building a life. Ongoing war atrocities and/or political conflict may continue to impact the client’s perception of his or her ability to identify personal values and engage in valued living. For example, in addition to experiencing torture in his or her country of origin, torture survivors in Bhutan have typically lived in refugee camp(s) for more than two decades. Also, as part of the torture experience, many Somali-Bantu women experienced repeated acts of violence and sexual assault for over a decade during migration and living in refugee camps. Ongoing acts of violence are also reported in countries of origin as they proceed through the group treatment. Values provide direction and guidance with regard to setting goals, making decisions and orienting specific actions. Certain values are universal and therapists need to know what the values are of the group and of individual group members. For example, valuing one’s country is common. As stated by a Bhutanese torture survivor, “The

thought of being tortured in Bhutan is like being beaten by your own mother. After being in group, we can still love our country for it was not our country that betrayed us.”

Part Five: Values Module Culturally Adapted Activities-

I. Hand/Face exercise: The facilitator places her hand very close to her face, blocking view beyond hand. “Imagine that my hand represents my difficult life experiences. It is almost impossible to see where I am going, engage with the people I love, and make daily and important decisions when my perspective is blocked by my difficult life experiences.” Now, the facilitator moves her hand to the back of her head. “For some people, difficult life experiences get pushed to the back or ignored. I can certainly see better, and perhaps I can engage with others or my life, however, when I least expect it or in certain situations like when I am sleeping, my life experiences crash right into me, taking me by surprise and also taking over my thoughts and feelings”. The facilitator now moves her hand to the side of her head, in her peripheral vision. “Now, imagine that my difficult life experiences are here. I can see ahead of me, I can engage with my life, but I also am aware of what has happened in my life and when I choose to look at those experiences, I can without them blocking my view or taking me by surprise”. The facilitator asks the group members if they can think about where their trauma/torture and/or difficult life experiences are as it relates to this exercise. Does it ever change? How is that working for group members?

II. Values Exercise: Facilitators introduce the values exercise by discussing safety as a value. Facilitators explain that experiencing a sense of safety is essential for exploring other values. Group members have the opportunity to explore and share a broader array of values or “things that matter in the life”. To help facilitate this exploration, culturally

relevant pictures of example values are provided including serving food, community gatherings, safe home, being with children, engaging in prayer, being outside, etc. Once group members identify some of his or her own values, the facilitator helps to deepen the conversation. “I see you chose the image of a mother holding her child. What does that image represent for you? What is important to you about family/being a mother? What personal qualities about being a mother do you want to focus on in your life?” The facilitator then would ask group members to reflect on all the images that they chose as important and meaningful in his/her personal life. “When you look at these images representing what is really important to you in life, does one (or two or three) stand out as the most important? When you think about how you are spending your time and energy, is this in line with what is most important to you?”

III. *Looking back on my life values exercise* (Hayes, 2012): Uncovering core values can be a very powerful exercise for clients. One way to help clients clarify his or her values is by asking group members to imagine themselves at a much older age. While group members imagine themselves at the end of a long life. Facilitators might ask clients to think about the way in which time was spent, how he or she treated people, the qualities of his or her personality. Expanding on this exercise, clients are asked to think about the people they care about (even if they have died) and what he or she would want loved ones to say about them.

Part Six: Review and Discussion of Values Module Activities

Discussion Questions:

1. “Are there any remaining questions or comments about what we talked about today?”

2. “We began to discuss what is important to you, how you are spending your time in life, and personal characteristics you choose to strengthen. Does anyone want to share their thoughts or feelings about today’s session?”

Part Seven: Closing Activity and NESTT App Between Session Practice

Closing activities can be led by facilitators or group members. Facilitators ask group members to rate his or her SUDS level. “Today we talked about values and what is important to us. Many of you indicated that a relationship with God and prayer is important in your lives. Does anyone want to lead us in a prayer to end today’s session?”

The facilitator may end the session with a prayer. Below is an American Indian Cheyenne Tribe Prayer for Peace.

Cheyenne Prayer for Peace

Let us know peace.

For as long as the moon shall rise,

For as long as the rivers shall flow,

For as long as the sun shall shine,

For as long as the grass shall grow,

Let us know peace.

Between session practice with NESTT mobile health application: Values Exercise

Component

Building Upon the CTS Model- The theme of identifying values is discussed throughout the group sessions. For example, during a Somali-Bantu group, a member reported

distress associated with not being able to care for her sick mother living in Africa. We revisited the values of being a mother, being a daughter, and a connected family member and a rich, nuanced discussion ensued. For example, we discussed alternative ways that the woman could “care for her mother” (still live her value of being a caring, connected family member). She stated that she could call her mother on a daily basis, send her much needed money, and make sure that there is someone to physically take care of her needs.

Module Four: Behavioral Activation (Get up and Go!)

Part One: Warm Up Exercise-The fourth session will begin with a warm up exercise. Facilitators will ask group member what the best part of their week was last week. It is important to note that some group members may have difficulty with this question. This is an opportunity for facilitators to re-frame “normal, everyday activities” in a positive light as it relates to identified values (last module). For example, if a group member states that she did not have anything good happen last week, perhaps the facilitator could ask about whether she was able to provide food/cook for her children. The facilitator may say, “*it sounds like you lived your value of being a caring mother by providing food for your children every single day since we last met. It also sounds like you might want to add activities to your day or week that would feel rewarding/enjoyable to you. Today we are going to talk about some ways to do that.*”

Part Two: Behavioral Activation Module Outline-The facilitators review the upcoming behavioral activation module by stating the session outline, including a 1) brief

statement regarding the last session (e.g., “I would like to review what we discussed last week before introducing today’s topic”); 2) brief introduction to the current topic (e.g., “today we will be discussing the topic of doing things we like to do and that are important to us”); 3) brief introduction to the activity (e.g., “To help us discuss choosing things to do, we are going to talk about activities other people have identified as rewarding); and 4) statement addressing the closing activity (e.g., “We will end with a closing activity”).

Part Three: Review of Values Module-Group facilitators review the previous session on values. “Last week, we discussed values or what is important to us. Some of our values overlapped and others were specific to you as an individual. Does anyone have any thoughts or feelings about what we discussed the last time we met? When you think about the week that has passed since we met, did you find that you lived your life according to what is important to you?”

Part Four: Introduction to Behavioral Activation (Get up and go!)- The group facilitators introduce the concept of values guided behavioral activation. The facilitators state, “Today we are going to talk about how painful experiences can get in the way of current everyday life through challenging feelings and thoughts that keep you from engaging in (avoiding) activities. We are also going to talk about how planning and doing the things that are important to you (values-motivated) can improve your mood and help you live the life you want to live”. From the Acceptance and Commitment Therapy (ACT) Framework, Committed Action (Hayes, 2012) is similar to the behavioral construct of behavioral activation. It involves engaging in actions that are motivated by

personal values. Identifying values helps set goals that can be linked to specific actions (Harris, 2009).

Part Five: Behavioral Activation Module Culturally Adapted Activities

I. Values Motivated Activity Identification

“Are there activities that you used to enjoy doing, but no longer do? How do your difficult past experiences play a role in not doing the things you used to enjoy? What are the feelings connected to not engaging the way you would like to? Sometimes people who have been through traumatic experiences report that they are afraid of how they might feel if they are doing something and are reminded of their trauma (fear or experiencing an intrusive memory). Other people report that they are afraid of losing control outside of the safety of their own home or work environment (fear of dissociating, re-experiencing, panic). Still others report that they feel guilty when they are happy or are enjoying life because of what they have been through or because others close to them are still in danger or have died (survivors’ guilt). What are the thoughts connected to not engaging in your life the way you would like to? Some people report having the thought that “I am damaged or broken” or “I am not the person I was before my trauma”. Other people report thinking that they are not able to engage with life in a meaningful way until they deal with their trauma memories and feelings. Remember the hand exercise (facilitator puts her hand in front of her face blocking her view)? If my hand represents my difficult life experiences, those experiences are really getting in my way of living a life according to what is most important to me”.

The facilitators ask group members to look at the values exercise completed in module three (pictures or visual representations of endorsed values). “Look at the images that

represent what is important to you. What are some day-to-day activities or behaviors you could engage in that are consistent with your identified values. For example, if it is important for you to be a caring mother, a values-motivated behavior choice might be to cook dinner for your children, to spend time with them, and engage them in conversation (e.g., ask them about their day; tell them a story about when you were a child). You might also identify a values-motivated way in which you are engaging in activity. For example, you may currently cook dinner for your kids everyday, however, that task feels like a burden. Perhaps the values driven activity would be cooking dinner for your children while thinking that this act of cooking for them is a way to demonstrate your value of being a caring mother. This small shift in the way you think about your daily activities may have a positive impact on your mood. What are some long-term activities that promote this value? For example, you might work towards speaking in a caring voice/reduce the amount that you yell, teach your children about your culture of origin or establish a movie night tradition with your family”.

II. Values Motivated Activity Scheduling

Based on the Values Motivated Activity Identification activity, facilitators ask group members to schedule one daily and one weekly activity according to their values. A weekly calendar is given to group members to help facilitate this activity. Barriers to achieving these values motivated behavioral goals are discussed and if appropriate, discussed using problem solving and motivational interviewing techniques.

An example activity schedule based on the value of “being a caring mother” includes a daily activity (cook dinner for children) and a weekly activity (family moving night).

Caring Mother	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Daily	Cook Dinner for children						
Weekly					Family Movie Night		

Part Six: Review and Discussion of Behavioral Activation Module Activities

Discussion Questions:

1. “Are there any remaining questions or comments about what we talked about today?”

2. “We continued to discuss what is important to you and asked you to think about how you are spending your time and if there are activities in which you could engage that are based on what is important to you. Does anyone want to share their thoughts or feelings about today’s session?”

Part Seven: Closing Activity and NESTT App Between Session Practice-Closing

activities can be led by facilitators or group members. Facilitators ask group members to rate his or her SUDS level. Visualization exercise:

“Let’s begin this closing exercise by getting into a comfortable position with both feet grounded on the floor, sitting in a relaxed but upright position, with hands resting gently in your lap. If you would like to close your eyes, feel free to do so now. Shift your attention to your breath. Take a deep breath in, and let it out. Relax all the muscles in your body. Inhale. Exhale. Inhale. Exhale. With each breath, deepen your sense of relaxation. Inhale. Exhale. Inhale. Exhale. Now, imagine a place outdoors in which you feel safe. Perhaps it is near a river or stream back in your country of origin. Maybe it is in a park near your house or in your backyard. Or maybe it is on the banks of Lake Champlain here in Burlington. Imagine you are walking around this place of safety. You reach down and touch the still, hard ground. You look up at the sun shining overhead. Inhale. Exhale. Inhale. Exhale. You feel the warmth of the sunshine on your face. You allow this warmth to spread over your whole body. Take a deep breath in and imagine that warm feeling moving from your face to your neck, to your chest, down your arms, to your hands, to the tips of your fingers. Imagine that this warmth spreads to your belly, to your hips, down your legs, to your ankles, to your feet, all the way to the very tips of your toes. Your whole body feels warm from the sunshine. Take a deep breath. And exhale. Inhale. And exhale. You feel relaxed and calm in the warmth of the sun’s rays. Inhale. Exhale. Now, bring your attention back to the room. Gentle wiggle your fingers and toes. If your eyes are closed, allow them to open.”

Between session practice with NESTT mobile health application: Breathing Orb Exercise Component

Module Five: Coping Skills and Emotion Regulation (Thinking and Feeling Skills)

Part One: Warm Up Exercise The fifth module will begin with a warm up exercise. Facilitators will ask group members to engage in guided gentle seated yoga. The NESTT app will be used to facilitate the stretching and yoga warm-up. Clients are encouraged to focus on their breathing while engaging in the yoga poses. “As we do the seated yoga stretching, try to focus your attention on your breath. Do not try to change or alter your breath in anyway. Just notice as you inhale and exhale. If you notice your attention shifting away from your breath and the yoga stretches, invite your mind to focus again on your breath without judgment. Sometimes when doing new activities, our minds want to evaluate how we are doing. ‘I am not good at this’; ‘This is silly’; ‘Others seem to catch on more quickly than I do.’ By focusing on the breath, we give our minds something steady and rhythmic to focus on.”

Part Two: Coping Skills and Emotion Regulation Module Outline- The facilitators review the upcoming behavioral activation module by stating the session outline, including a 1) brief statement regarding the last session (e.g., “I would like to review what we discussed last week before introducing today’s topic”); 2) brief introduction to the current topic (e.g., “today we will be discussing the topic of building skills that may help us work with challenging thoughts and emotions and make the torture/trauma experience less powerful over your lives.”); 3) brief introduction to the activity (e.g., “To help us discuss effective ways to manage difficult thoughts and behaviors, we will practice many coping skills together”); and 4) statement addressing the closing activity (e.g., “We will end with a closing activity”).

Part Three: Review of Behavioral Activation Module- The group facilitator poses a question to the group members about their thoughts and feelings related to the last

meeting. For example, “last meeting we talked about activities and ways of engaging in life that is in line with what is important to us. We also completed an activity schedule to help guide our decision making. Over the last week, did anyone do any of their scheduled activities? What was that like?”

Part Four- Introduction to Coping Skills and Emotion Regulation (Thinking and Feeling Skills)- Building skills to manage challenging thoughts and emotions help people cope in moments of distress and also builds resilience over time. Coping skills work in a variety of ways, depending on the skill. For example, grounding skills appeal to the five senses and allow the individual to focus his or her thoughts on the “here and now” as identified by creating sensory experiences (e.g., holding a piece of ice, smelling a fragrant candle, drinking a cold glass of water, naming all of the items that are blue in the room, listening to a relaxing piece of music, etc.). Breathing skills focus the mind on the natural inhalation and exhalation of the breath. Patterned breathing (e.g., four counts in, hold for four count, exhale for eight counts) teaches clients breath control which with practice can slow the parasympathetic nervous system and calm the body. Emotion regulation skills such as re-appraising a negative thought or situation in a more accurate, positive light can help the client regulate automatic reactions to situations in the moment, and over time, can teach the client that he or she has agency over changing unhelpful thoughts. Coping skills include, but are not limited to, grounding skills, distress tolerance skills, emotion regulation skills, relaxation skills, breathing skills, mindfulness skills.

Part Five-Coping Skills and Emotion Regulation Module Culturally Adapted

Activities

I. Coping Activity- Images of coping activities are introduced and contextualized. In addition to these images, numerous examples of coping strategies are generated and discussed. This can be a very playful exercise in that a variety of everyday activities can be contextualized as coping when experiencing distress (e.g., dancing, singing, showering, etc.).

II. Grounding Skills-Appeal to the five sense; name everything in the room that is blue/orange/red/yellow/white, etc; name everything you see in your refrigerator/cupboards/closet; hold ice in your hand; squeeze stress ball; run hands through sand; drink a cold glass of water; eat a lemon or grapefruit; light a candle with a pleasant smell; cook fragrant food; etc.

III. Breathing Skills-various breathing techniques

IV. Progressive Muscle Relaxation

V. Emotion Regulation Skills

VI. Pleasant activities- dancing, singing, showering, talking with a friend, looking at pictures, etc.

Part Six: Review and Discussion of Coping Skills and Emotion Regulation Module

Activities- The practice of these skills is encouraged and reviewed throughout the group sessions. For example, a Somali- Bantu woman described having nightly flashbacks beginning around dinner time. Her strategy for coping with these distressing, intrusive images was to go to bed. She reported that after practicing the coping skills and mindfulness techniques, she was able to stay in the present moment and cook dinner for her family. She described focusing on the colors in her kitchen and the items in her refrigerator (grounding) and then using coping and distraction skills of “dancing in the

kitchen.” She said she was able to cook dinner and enjoy her family even though her levels of distress were initially at a nine (from one to ten).

Discussion Questions:

1. “Are there any remaining questions or comments about what we talked about today?”
2. “We began to discuss and practice coping skills. What are some coping skills that you can practice over the next week? In what situations do you think these skills would be more effective? Why? Does anyone want to share their thoughts or feelings about today’s session?”

Part Seven: Closing Activity and NESTT App Between Session Practice- Closing activities can be led by facilitators or group members. Facilitators ask group members to rate his or her SUDS level. “Today we talked about many ways that we can cope with difficult thoughts and emotions. We would like to end todays meeting by playing a restful, relaxing song (facilitator can choose a song). Let’s begin this closing exercise by getting into a comfortable position with both feet grounded on the floor, sitting in a relaxed but upright position, with hands resting gently in your lap. If you would like to close your eyes, feel free to do so now. While we are listening to the song together, focus your attention on the natural rhythm of your breath.”

Between session practice with NESTT mobile health application: yoga stretching component.

Module Six: Sleep Hygiene (Getting a good nights’ sleep)

Part One: Warm Up Exercise- The sixth session will begin with a warm up exercise. Facilitators ask clients to pair up with another group member (if clients have difficulty with this, clients can turn to the person on his or her left). The goal of this warm up exercise is to learn one thing about this person. Perhaps this is a hidden talent, something that he or she is good at, an activity that he or she enjoys, or a favorite book or song. Clients are then asked to share what he or she learned with the rest of the group.

Part Two: Sleep Hygiene Module Outline- The facilitators review the upcoming session by stating the session outline, including a 1) brief statement regarding the last session (e.g., “I would like to review what we discussed last week before introducing today’s topic”); 2) brief introduction to the current topic (e.g., “today we will be discussing the importance of sleep and how to address any sleep problems you may have”); 3) brief introduction to the activity (e.g., “To help us discuss sleep hygiene, we are going to do another arts and crafts activity but today it will focus on creating an evening and bedtime routine that will increase the likelihood that we will have a good nights’ sleep” and 4) statement addressing the closing activity (e.g., “We will end with a closing activity”).

Part Three: Review of Coping Skills and Emotion Regulation Module- The group facilitator poses a question to the group members about their thoughts and feelings related to the last meeting. For example, “last meeting we talked about many coping skills you can choose to engage in when you are experiencing challenging thoughts and feelings. We also practiced many of these skills together. Over the last week, did anyone do any of skills we discussed? What was that like?”

Part Four- Introduction to Sleep Hygiene (Getting a good nights' sleep)- “Sleep is important for both physical and mental well-being ('body and mind health'). For example, while you sleep, your body is automatically healing and repairing itself, including your heart. Not getting enough sleep over a long period of time can lead to physical problems such as high blood pressure, heart disease, kidney disease, stroke and diabetes. Sleep is also important for your emotional health, too. Getting enough sleep at night helps your brain work properly. Sleep is connected with learning, attention, memory, decision-making and creativity. Not getting enough sleep over time may lead to having a hard time making decision, trouble focusing your attention, difficulty controlling emotions and having a hard time with making good decisions. A lack of sleep is even linked to depression and suicide. (Information gathered from <https://www.nhlbi.nih.gov/node/4605>). Sleep hygiene is a term used to describe healthy sleep habits that will increase the likelihood that you will fall asleep and stay asleep at night. Today we are going to talk about your evening routine, sleep habits, and make a healthy sleep-plan that will work for you.”

Facilitators lead a discussion of standard sleep hygiene guidelines. For example, engaging in quiet, relaxing activities as time approaches bedtime; setting a sleep and wake schedule (waking up and sleeping at the same time each day and night even on weekends and days off); avoiding drinking caffeine after noon or alcohol before bed; limiting screen time and not engaging in activating activities (e.g., watching an action movie, reading an exciting book) at night; getting daily exercise during the day and not exercising too close to bedtime; maintaining a sleep room that is orderly, predictable, and used for only sleep and sex.

Part Five-Sleep Hygiene Module Culturally Adapted Activities

I. Using cutout images depicting sleep hygiene components discussed, clients are asked to create an evening routine that would work for his or her life. Facilitators discuss with clients potential barriers to each schedule item (e.g., baby needs to eat at night; husband has a nightmare; teenage son goes to bed later than mom wants to, etc.).

Part Six: Review and Discussion of Sleep Hygiene Module Activities

Discussion Questions:

1. “Are there any remaining questions or comments about what we talked about today?”
2. “Today we talked about the importance of sleep and choosing a nighttime schedule that will work for your life and may help you fall asleep and stay asleep. Does anyone want to share their thoughts or feelings about today’s session?”

Part Seven: Closing Activity and NESTT App Between Session Practice- Closing activities can be led by facilitators or group members. Facilitators ask group members to rate his or her SUDS level. “Let’s begin this closing exercise by getting into a comfortable position with both feet grounded on the floor, sitting in a relaxed but upright position, with hands resting gently in your lap. If you would like to close your eyes, feel free to do so now. Today we will practice progressive muscle relaxation, which is a technique that can be helpful to relax your body and prepare it for sleep, or to do in the middle of the night if you wake up unexpectedly.

During this relaxation exercise, you will tense parts of your body firmly, but without straining your muscles or feeling pain. Tighten each muscle as you breathe in and relax

as you breathe out. If you feel uncomfortable at any time, relax your body, breathe normally and focus your attention on your breath.

We will begin my bringing your awareness to your head and face. Notice the muscles in your forehead, cheeks and mouth. On your next inhale, tighten these face muscles by shutting your eyes tightly and tightening your mouth and lips. Hold this tension for a breath. As you exhale your breath, release all tension in your face. Feel the softness in your face.

Now bring your attention to your jaw muscles. On your next inhale, open your mouth widely and stick out your tongue. As you exhale, allow your mouth to gently close and relax.

Bring your awareness to your neck and shoulders. On your next inhale, bring your shoulders up towards your neck and hold these muscles with tension but without pain. Hold these muscles for a breath. On your exhale, relax these muscles.

On your inhale, focus your attention on your upper arms. Squeeze your muscles in your upper arms and hold for a breath. On your exhale, release the tension and relax your muscles. No move your attention to your forearms and hands. Clench your hands into a fist and squeeze. As you breath in, hold your muscles in this position. As you breath out, release this tension. With this release, your arm and hand muscles are feeling relaxed.

Bring your attention to all of the muscles in your back. With your next inhale, tighten these muscles and hold. On your exhale, relax your back.

Now bring your awareness to your belly. On your inhale, tighten these muscles and hold them for a breath. As you tighten, imagine that your belly is drawing back towards your spine. Now release your breath and let your stomach muscles relax. Notice the sensation that comes from letting this tension go.

Draw in a deep breath and tighten the muscles in your bottom/seat. Hold these muscles for a breath, and then release as you exhale. Feel the tension leaving your bottom as you sink deeper into your chair.

On your next inhale, focus your attention on the muscles in your upper legs (thighs). Exhale. Tense the muscles in your thighs as you inhale. Hold for a moment, and then release.

Bring your awareness to your lower legs and calf muscles. As you take a deep breath, point your toes up towards your head and hold these muscles tightly. Hold for a breath, and then let those muscles relax as you exhale.

Now, bring your attention to your feet and toes. As you breathe in, curl your toes and stretch the soles of both feet. Hold for a breath and then release the muscles in your feet as you breathe out. Feel the tension leave your feet leave as you exhale.

Now, bring your attention to any area of your body that may still be holding tension after this exercise. On your next inhale, release that tension. As you release all the muscles in your body, notice how your body feels. You may feel a heaviness, a calmness, and deep relaxation. Take a few deep breaths. Listen to the sound of your inhale and exhale and enjoy the way your body feels without tension.”

Between session practice with NESTT mobile health application-Sleep hygiene component and progressive muscle relaxation component.

Module Seven: Acceptance and Tolerance of Emotions (It's okay to feel this way)

Part One: Warm Up Exercise Module seven will begin with a warm up exercise. This exercise will consist of a mood induction song. Facilitators will play a song that elicits feelings of happiness and excitement (example songs might include “Eine Kleine Nachtmusik” by Mozart; “Happy” by Pharrell Williams). Before the music is played facilitators will ask clients to rate his or her SUDS level on a scale of 1-10. After the song is played, facilitators will ask clients to rate his or her SUDS level again. A brief discussion about emotions will take place.

Part Two: Acceptance and Tolerance of Emotions (It's okay to feel this way)

Module Outline-The facilitators review the upcoming session by stating the session outline, including a 1) brief statement regarding the last session (e.g., “I would like to review what we discussed last week before introducing today’s topic”); 2) brief introduction to the current topic (e.g., “today we will be discussing the range of human emotion, the role of emotions, and how to both accept and tolerate challenging emotions when we experience them”); 3) brief introduction to the activity (e.g., “To help us discuss our feelings, we will listen to more music” and 4) statement addressing the closing activity (e.g., “We will end with a closing activity”).

Part Three: Acceptance and Tolerance of Emotions (It's okay to feel this way)- The group facilitator poses a question to the group members about their thoughts and feelings related to the last meeting. For example, “last meeting we talked about sleep hygiene and

how to get to sleep and stay asleep. Over the last week, did anyone use these sleep hygiene skills? What was that like?"

Part Four- Introduction Acceptance and Tolerance of Emotions (It's okay to feel this way)- "Emotions are your body's way of telling you what is happening around you. When something enjoyable is happening, you may feel happy, excited, or pleased. When something difficult is happening, you may feel sad, worried, or afraid. Your emotions are signals that are sent from your five senses (eye-sight, hearing, touch, smell, or taste) to your brain. Emotions are important for many reasons, including that they allow us to quickly make decisions that may help keep us safe (or even alive!). For example, if you were waking in the woods and saw a large, dangerous snake hissing on the path ahead of you, an emotional message would be quickly sent from your eyes and ears to your brain. Without much thought, you would likely make the decision to turn around and walk (or run!) the other direction away from the snake. This automatic reaction is called a "fight or flight" response. Additionally, the next time you are walking down that same path, you might feel afraid. This is a common, *conditioned* response that people have when reminded of a situation in which they felt afraid. This same process happens for pleasurable feelings too. For example, when you remember the day that you had your first child as a happy occasion, you may automatically smile, and be filled with the feelings of love and happiness.

It is easy to think that the more pleasurable emotions such as happiness, excitement, joy, contentment are better or more desirable. We are taught from a very early age, that we *should* be happy. When we are sad, we hear our caretakers say "don't be sad". When we are afraid, they say "don't be scared. It's okay". These messages are well meaning and

meant to soothe, however they also send the message that our reactions to situations in our environment are off, wrong, over-reactions, or bad. We quickly learn that we should stop crying and get back to being happy as quickly as possible. The problem with this message is that all of our emotions, even the challenging ones, such as fear, sadness, and worry, are human and natural. The more that we accept these emotions, understand the messages they are sending about our environment, and learn strategies to tolerate the intensity of these emotions, the healthier we are. If we avoid these emotions, and try not to feel them, they can become problematic.”

Part Five- Acceptance and Tolerance of Emotions (It's okay to feel this way)

Activities

I. Facilitators refer to the mood induction warm up exercise. They explain that as a group, we will listen to another song, but this time, the song may elicit feelings of sadness. Group members are encouraged to acknowledge this feeling of sadness without trying to change the feeling or make it go away. Group members are asked to approach the feeling with curiosity, allowing the feeling to intensify or dissipate naturally. Additionally, group members discuss self-statements that may assist with this task, such as “*It's okay to feel this way*”; “*No feeling is final*”; “*I will not feel sad/worried/anxious/upset forever*”. Songs used for this exercise may include Mozart Adagio; John Williams, Theme from Schindler’s List. SUDS level is assessed before and after the exercise. A discussion about tolerating difficult emotions concludes the exercise.

II. Group members are asked to recall a time when he or she felt sad, anxious, or worried in the last week. Facilitators ask group members to silently think about what happened next (e.g., did they do anything about it (maladaptive behaviors) go to bed, get into a fight with a friend, cancel work; (adaptive behaviors)-valued living, coping skill). Facilitators may share an example from their past week to introduce the idea of accepting and tolerating difficult emotions. Concepts for discussion: 1. You may have a difficult feeling, however, you do not need to *DO* anything about it. 2. Feelings come and go like waves in an ocean, clouds in the sky, leaves on a stream. No feeling is final. The pleasurable feelings do not last forever and neither do the challenging ones. 3. You can engage in your valued living activities even if you are experiencing a challenging emotion (e.g., cooking dinner for family even though you are lonely; e.g., going to work even though you had a nightmare the night prior and are currently feeling afraid). The NESTT mobile app “leaves on a stream” component can be used to facilitate the discussion and practice this concept.

Part Six: Review and Discussion of Acceptance and Tolerance of Emotions (It's okay to feel this way)

Discussion Questions:

1. “Are there any remaining questions or comments about what we talked about today?”
2. “Today we talked about why we have emotions and the importance of accepting and tolerating our range of emotions. Does anyone want to share their thoughts or feelings about today’s session?”

Part Seven: Closing Activity and NESTT App Between Session Practice- Facilitators

ask group members to rate his or her SUDS level before and after the closing activity.

This closing activity involves listening to relaxing music together while focusing on the breath. “Let’s begin this closing exercise by getting into a comfortable position with both feet grounded on the floor, sitting in a relaxed but upright position, with hands resting gently in your lap. If you would like to close your eyes, feel free to do so now. To end our time together this week, we would like to listen to music that is meant to relax your mind and body. As you listen to the music, focus your attention on the natural inhale and exhale of your breath. Your thoughts may wander, and if they do, gently and without judgment, bring your attention back to your breath. If you feel an emotion, acknowledge the emotion without trying to change it, and again allow your thoughts to focus on your breath. PLAY SONG (example songs include Enya “Watermark”; Marconi Union “Weightless”). As the song concludes, bring your attention back to the room. Bring some movement into your fingers and your toes. Gently open your eyes. On a scale of 1-10, what is your distress level? What was that like for people? How are people feeling? Did anything surprising happen?”

Between session practice with NESTT mobile health application: leaves on a stream component.

Module Eight: Cognitive Restructuring and De-fusion (Not all thoughts are true)

Part One: Warm Up Exercise- Module eight will begin with a warm up exercise. Group members will be asked to recall the best and the most challenging part of the previous

week. Members will be asked to reflect on any emotions that they felt as a result of these events and how they were able to accept, tolerate, and/or cope with those emotions.

Part Two: Cognitive Restructuring and De-fusion (Not all thoughts are true)

Module Outline- The facilitators review the upcoming session by stating the session outline, including a 1) brief statement regarding the last session (e.g., Before we move on to the topic planned for today, I would like to review what we discussed last week"); 2) brief introduction to the current topic (e.g., "today we will be discussing the topic of thoughts and how our thoughts can impact our feelings and behavior"); 3) brief introduction to the activity (e.g., "To help us discuss our thoughts, we have a couple of activities planned for us to do as a group"); and 4) statement addressing the closing activity (e.g., "We will end with a closing activity").

Part Three: Review of Acceptance and Tolerance of Emotions Module- The group facilitator poses a question to the group members about their thoughts and feelings related to the last meeting. For example, "last meeting we talked about different types of feelings and explored ways to be with/sit with your emotions without making an emotion driven behavior. We also practiced feeling our emotions together. Over the last week, did anyone have an experience where you felt a powerful emotion and were able to observe it, and feel it, without acting on it? What was that like?"

Part Four: Introduction to Cognitive Restructuring and De-fusion (Not all thoughts are true)- In the Acceptance and Commitment Therapy (ACT) literature, "Cognitive Fusion" is defined by Harris (2009, p.18) as "getting caught up or entangled in our thoughts, or holding on to them tightly." According to Harris (2009) fusion means we are so preoccupied with words and language, that we lose contact with the present moment

and our current experiences. Based on the ACT framework, cognitive defusion is when an individual recognizes that thoughts are internal processes rather than actual truth. Being able to defuse from thoughts is critical for trauma and torture survivors as the thoughts circling around are often judgmental, negative, and can be devastating if they are believed to be true. For example, a female survivor of torture from Rwanda reported having persistent thoughts that she is a horrible mother who was not able to protect her children and did not deserve to live. These thoughts began subsequent to her forced separation from one of her five children. After the separation, she was sexually assaulted and her child was shot and killed. Although these reported thoughts themselves are understandable given her horrific torture history, they had a devastating impact on the functioning of this mother and kept her from effectively caring for her remaining children in the United States and living a fulfilling life. Being able to defuse from the thoughts of believing she is a terrible mother, and at the same time realize that these thoughts would most likely re-surface at times becomes an important intervention component of CTS-T. This process of defusing from thoughts involves noticing them but not believing them to be truth. Although cognitive defusion is very similar to the concept of cognitive restructuring as a technique of cognitive behavior therapy (CBT; Beck, 1979), this example illustrates both the similarities and differences between these concepts. Through cognitive re-structuring, a therapist similarly discusses the “observing” or “noticing” thoughts. Re-structuring, on the other hand, involves an attempt to *change* the thoughts rather than noticing them and letting them be; with an expectation that they will return at a later date. Through cognitive restructuring, the therapist attempts to alter the thoughts by soliciting evidence to the contrary such as “what is the evidence that you are a good

mother?”. CTS-T approach guides clients to re-structure thoughts that can change, and also defuse from thoughts that are unhelpful, may be supported by ‘evidence’, and are frequent. CTS clinicians validate the thoughts, validate the distressing nature of the thoughts, and provides strategies to defuse from the thoughts. Additionally, the CTS framework incorporates re-structuring of thoughts that can be re-structured.

Part Five- Cognitive Restructuring and De-fusion (Not all thoughts are true)-

Culturally Adapted Activities

I. De-fusion-“Today we are going to talk about how thoughts and feelings about the difficult experiences from your past can get in the way of your current life. Sometimes intense, challenging, or even scary memories of a traumatic experience may keep you from engaging in (or avoiding) activities. Is that true for any of you? For example, Hadeel, a mother who survived war and repeated physical assault in Iraq has nightmares almost every night about her torture experiences. Because of these nightmares, Hadeel avoids going to sleep and only spends about 4 hours per night sleeping (most of that time is not quality sleep). She is tired, anxious, and sad most of the day. Hadeel has started to disengage with her family and has also stopped seeing her friends. Does Hadeel’s story sound familiar? Do your thoughts and feelings get in the way of your life? This is a very common response to trauma and torture survivors. We are also going to talk about how we can do things that make the torture experience less powerful.”

Review Hands as Thoughts Metaphor-“We know that all of you have experienced very challenging events in your past. It is important to re-state that these events (trauma, torture) are not your fault. The challenges you are experiencing because of your past are also not your fault.” The therapist places her hand over her face and asks, “Does it

sometimes feel like your past experiences are right in front of your face and getting in the way of your life?” (clients usually respond “yes”). This response is exactly the goal of torture; for you to only see the torture and have difficulty living a life filled with the values we have discussed. What are your thoughts about this? Each client is given the chance to respond in as little detail or as fully as he/she wishes. The therapist holds her left hand in front of and covering her face to represent the trauma/torture experience and associated thoughts, and her right hand out straight to represent values. “When the torture is in front of my face, and all the thoughts about torture are in front of my face, it is almost impossible to see where I am going and what is important to me in my life (values).” The therapist struggles to view her outstretched right hand while her left hand is covering her face.

II. The metaphors commonly used in ACT when learning about cognitive de-fusion include:

1. Passengers on the Bus
2. Leaves on a stream/clouds in the sky

III. Cognitive “Stuck Points” (Resick): Self-blame, survivors’ guilt, shame

Part Six: Review and Discussion of Cognitive Restructuring and De-fusion (Not all thoughts are true)

Discussion Questions:

1. “Are there any remaining questions or comments about what we talked about today?”

2. “Today we talked about our thoughts and feelings why we have emotions and the importance of accepting and tolerating our range of emotions. Does anyone want to share their thoughts or feelings about today’s session?”

Part Seven: Closing Activity and NESTT App Between Session Practice- Facilitators ask group members to rate his or her SUDS level before and after the closing activity. This closing activity involves listening to relaxing music together while focusing on the breath. “Let’s begin this closing exercise by getting into a comfortable position with both feet grounded on the floor, sitting in a relaxed but upright position, with hands resting gently in your lap. If you would like to close your eyes, feel free to do so now. To end our time together this week, we would like you to imagine yourself ten years from now. Imagine what your life looks like. Imagine how you spend your days. Imagine where you are living, who you spend your time with. Take a few deep breaths thinking about your life ten years from now. Now think about something that you would like your life to include. Perhaps it is a relationship change. Perhaps it is a different living situation. Perhaps it is completing an education goal. Perhaps it is having a new job. Whatever your dreams for the future may be, think about yourself having already achieved this dream ten years from now. How does it feel? Perhaps you feel pride, relief, freedom, joy. Take a few deep breathes continuing to imaging yourself living your dream. Bring your attention back to the room. Bring some movement into your fingers and your toes. Gently open your eyes. On a scale of 1-10, what is your distress level? What was that like for people? How are people feeling? Did anything surprising happen?”

Between session practice with NESTT mobile health application: See technology app overview –Birds in the tree

Module Nine: Narrative Exposure and Life-Path Exercise (Telling Your Story)

Part One: Warm Up Exercise- Module nine will begin with a warm up exercise. Group members will be asked to share something that made them smile or laugh the previous week. Perhaps it was an interaction with a child, a song heard on the radio, or a sunny day. The group facilitator can read a quote about gratitude, happiness, contentment, etc. Examples: “Happiness is a butterfly, which when pursued, is always just beyond your grasp, but which, if you will sit down quietly, may alight upon you”. —Nathaniel Hawthorne; “Perfect happiness is a beautiful sunset, the giggle of a grandchild, the first snowfall. It's the little things that make happy moments, not the grand events. Joy comes in sips, not gulps”. -Sharon Draper

Part Two: Narrative Exposure and Life-Path Exercise (Telling Your Story) Session

Outline- The facilitators review the upcoming session by stating the session outline, including a 1) brief statement regarding the last session (e.g., [Before we move on to the topic planned for today, I would like to review what we discussed last week](#)); 2) brief introduction to the current topic (e.g., [“today we will be talking about your life stories. Any group member that would like to share her story, is welcome to do so. Those of you that do not want to share your story can choose to keep your story private.”](#)); 3) brief introduction to the activity (e.g., [“To help us tell our stories, we will complete a life-path exercise using craft paper, stickers, and yarn”](#)); and 4) statement addressing the closing activity (e.g., [“We will end with a closing activity”](#)).

Part Three: Cognitive Restructuring and De-fusion (Not all thoughts are true)- The group facilitator will review the previous session by asking group members to share examples of thoughts that came up over the last week and how she responded to having

that thought. For example, did she create an alternative, more realistic thought (cognitive restructuring) or did she find a way to de-fuse (“here I am having the thought that I am not good enough. That is just a thought and not the truth. I am going to call a friend and see if that helps me get my mind off this unhelpful thought”). Did group members use any strategies that were suggested last week?

Part Four: Introduction to Narrative Exposure and the Life-Path Exercise (Telling Your Story)-The Chronic Traumatic Stress-Treatment diverges from traditional exposure treatments for PTSD as it emphasizes the importance of the client exercising control over the torture/trauma story. Specifically, we do not tell clients that we believe it is good for them to tell their story or explain the concept of habituation (the concept that repeated telling of their story in great detail will ultimately end up in reduced symptoms). Rather, we review the goal of torture (to systematically devalue human lives by taking power and control away) and the expected sequelae of trauma (symptoms). We attempt to increase the client’s perception of power and control by encouraging the client to share their story if they want to, when they want to, and the extent to which they want to. In the CTS-T Framework, we believe that part of the therapeutic process is regaining control and power over their torture/trauma story. In this context, we praise them if they choose NOT to tell their story as it is their story to tell or not to tell. We also give them encouragement and guidance if they choose to tell their story. Additionally, we explain that sometimes approaching the narrative of their torture/trauma story while using coping techniques practiced in previous CTS-T modules, can help process the trauma memory and aid in managing future intrusive trauma thoughts.

Part Five- Introduction to Narrative Exposure and the Life-Path Exercise (Telling Your Story) Culturally Adapted Activity

I. Life-Path Activity- Today we introduce the creation of a life-path. This activity is similar to the Lifeline activity from Narrative Exposure Therapy (Schaer, Neurner, &Elbert, 2011) and many other frameworks that utilize a timeline to review and contextualize past life events. This activity is conducted on a large piece of construction paper, utilizing materials such as yarn, stickers, markers, and glue. Group members are offered the opportunity to create a visual representation of their life-path beginning with their birthday and ending with coiled string representing the future to come. “Today we are going to begin on our life-path. Creating this life-path unique to our individual experiences, gives us an opportunity to observe the events of our life through symbols. The sunshine represents pleasant and positive memories, the clouds represent challenging or traumatic times, and the sun coming out of the clouds represents positivity coming from the challenging. As you can see, the sun and clouds stickers come in different sizes representing varying degrees of intensity. For this exercise, we will be choosing various sun and cloud stickers to remember all that has happened in our lives up until today.”

The life-path activity is one experiential way of thinking about the history of one’s life. For people whose life includes incredible torture/trauma experience(s), displacement, forced migration, loss, and disruption, this activity gives order to the experiences and provides a “path” for the personal written narration. In our experience, clients have shared incredible insights as a result of this activity. For example, we have heard client(s) remark on not realizing how much sunshine was in her life. One woman reported that she thought the clouds took over the entire sky. We have also heard clients talk about the

sunshine that has come out of the cloud experiences. For example, one woman stated that although she wished there was no war, because of it she was able to provide her children with an American education. Finally, the trail of yarn at one end of the page represents the future of the life-path. This allows clients to imagine the future beyond the torture/trauma and beyond the present moment. Often, when torture/trauma is experienced, or when one is living with symptoms related to PTS, individuals focus on the past and present and do not spend as much time imagining a future.

II. Telling Your Story-Exposure *Light*

The completion of the Life-Path is the first step of “exposure light” in the CTS Framework, as it is a thought exposure. Through engaging in the activity, clients think about their lives, including their traumas (thought exposure). The narration of the life-path is the next step of exposure. In the CTS-T, one clinician focuses on the client telling their story, while to other types the story to later be given to the client. From the ACT framework, the concept of “observing self” is utilized during the “exposure *light*” process. By providing space from living the story and helping people observe the story, we are developing an opportunity for people to notice their own awareness of how they feel and think in situations. Without this practice of observing self, we find ourselves within and attached to our feelings and thoughts as if they are truth. The purpose of this separation is to help people realize that they can observe their pain and not have the pain envelop their entire self. “We are going to talk about your life-path and the different experiences you have had over your life. You can choose to tell us as much or as little about the suns and clouds as you choose. If you do not want to talk at all about your story, we will respect your decision to keep your story to yourself. We believe that

sharing our stories with one another helps to make the torture experience less powerful and less likely to get in the way of you living your valued life. After we hear a life-path story, we will together practice some coping strategies to keep the torture/trauma experience in its place and to gain power and control back over the story. It may be difficult for you to hear another person's life-path story. At any point, you may choose to leave the room.” A designated, familiar therapist will be available to sit with and speak to any clients that opt out of the exposure. Of note, many group members share similar torture/trauma stories and hearing these stories may trigger their own memories of past traumas and subsequent re-experiencing symptoms. This is another level of exposure, and like any exposure in the CTS-T framework, timing and control of the exposure is given to the client. According to CTS-T, the process of sharing or “holding” each other’s stories is a powerful healing experience and also builds community.

Part Six: Review and Discussion of Narrative Exposure and the Life-Path Exercise (Telling Your Story)

Discussion Questions:

1. “Are there any remaining questions or comments about what we talked about today?”
2. “Today we completed our life-paths and also began to tell each other our stories. We also practiced coping skills together. Does anyone want to share their thoughts or feelings about today’s session?”

Part Seven: Closing Activity and NESTT App Between Session Practice- Facilitators ask group members to rate his or her SUDS level before and after the closing activity. This closing activity involves mindfully focusing on the breath. “Let’s begin this closing

exercise by getting into a comfortable position with both feet grounded on the floor, sitting in a relaxed but upright position, with hands resting gently in your lap. If you would like to close your eyes, feel free to do so now. To end our time together today, we would like to mindfully connect with our breath. As we have discussed over the course of the group, mindfulness means paying attention, on purpose, and without judgment. Because breathing is something that we all do all the time, it is one of the greatest tools to connect with the present moment. No matter what the situation, thought, or emotion, we can mindfully focus our attention on breathing in and breathing out. In this way, the breath in our anchor and allows us to feel more connected, grounded, and at peace, even when our world feels chaotic. Notice your breath as you inhale slowly and deeply. Notice your exhale as the breath moves out of your body. Inhale, 2, 3, 4. Exhale, 2, 3, 4. If your attention starts to drift, without judgment, acknowledge that your mind is wandering, and gently invite your attention back to your breath. Inhale, 2, 3, 4. Exhale, 2, 3, 4. Inhale, 2, 3, 4. Exhale, 2, 3, 4. Inhale, 2, 3, 4. Exhale, 2, 3, 4. Focus on your breathing on your own for a few more inhales and exhales. (Allow 3-5 minutes to pass). Bring some movement into your fingers and your toes. Bring your attention back to the room. Gently open your eyes. On a scale of 1-10, what is your distress level? What was that like for people? How are people feeling?"

Between session practice with NESTT mobile health application: See technology app overview – Life-path app; the NESTT app includes a Life-path module that allows clients to use the suns (in three sizes), clouds (in three sizes) and sun emerging from a cloud to represent the pleasant, challenging, and resilient aspects of his or her history.

Module Ten: Celebration of Life

Part One: Warm Up Exercise- Module ten will begin with a warm up exercise. Group members will be asked to recall the best and the most challenging part of participating in the group. Members will be asked to reflect on any emotions that they felt as a result of these events and how they were able to accept, tolerate, and/or cope with those emotions.

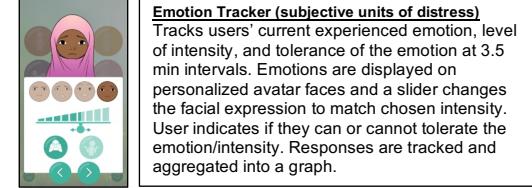
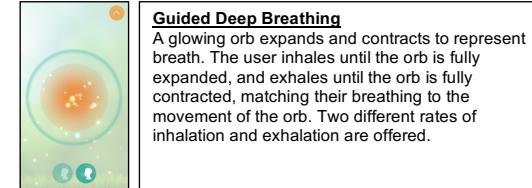
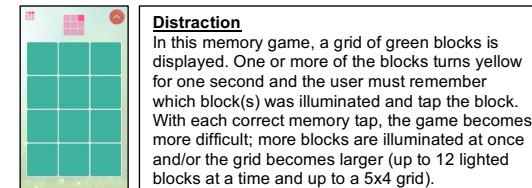
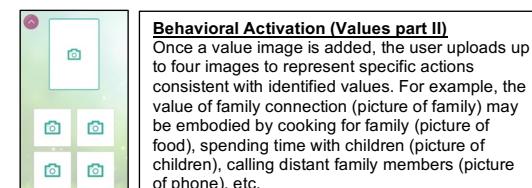
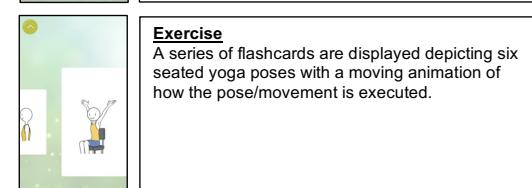
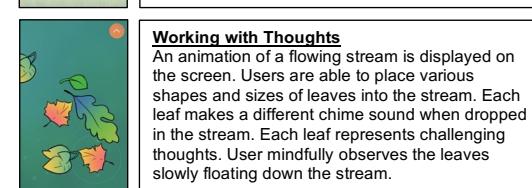
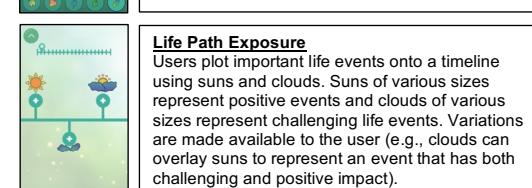
Part Two: Celebration of Life Module Outline-The facilitators review the upcoming session by stating the session outline, including a 1) brief statement regarding the last session (e.g., [Before we move on to our celebration, I would like to check in with everyone about our last meeting. It is not easy to talk about difficult or sad life events. How is everyone feeling? Is there anything that anyone would like to talk about since completing the life-path exercise and telling your story?”](#)); 2) “Today does not have an agenda like our other meetings. Today is about celebrating our lives and our futures” ([MORE HERE](#)); 3) statement addressing the closing activity (e.g., “[We will end with one final, special closing activity”](#)).

Part Three: Celebration of Life-The celebration of life session can be structured with flexibility. We have structured it in a variety of ways and always take the lead from our clients as to how they would like to wrap up our time together. Most of the time there is a food component (e.g., bring a dish to pass or a non-alcoholic drink to share such as tea, or lemonade). Often times we will listen to cultural music and talk about what is going on in life.

Part Four: Closing Activity and NESTT App Practice and Maintenance of Treatment Gains-

Appendix I

NESTT (m)health Application Tools

	<p>Avatar Maker Users design a personalized avatar to use throughout the app when rating SUDS/SUPS. Users choose face shape, skin color, eye shape, nose shape, hair color, hair style, facial hair, facial wrinkling, culturally relevant clothing, and accessories (including hijabs, culturally relevant nose and ear piercings, and bindis)</p>	 <p>Emotion Tracker (subjective units of distress) Tracks users' current experienced emotion, level of intensity, and tolerance of the emotion at 3.5 min intervals. Emotions are displayed on personalized avatar faces and a slider changes the facial expression to match chosen intensity. User indicates if they can or cannot tolerate the emotion/intensity. Responses are tracked and aggregated into a graph.</p>
	<p>Safety Pre-downloaded pictures depicting safety or a feeling of calmness are hidden behind a blank screen. User taps/swipes the blank screen to gradually reveal pieces of the chosen picture. Users have the option of uploading their own pictures of safety in addition to using stock photos.</p>	 <p>Guided Deep Breathing A glowing orb expands and contracts to represent breath. The user inhales until the orb is fully expanded, and exhales until the orb is fully contracted, matching their breathing to the movement of the orb. Two different rates of inhalation and exhalation are offered.</p>
	<p>Relaxation In this progressive muscle relaxation exercise, a silhouette is slowly filled with color indicating the area of the body to relax and release tension. Users choose settings based on personal preference (e.g., sitting in a chair or laying down; relaxing head first (progressing downward) or relaxing feet first (progressing upward); two, five, or ten minutes long guided relaxation).</p>	 <p>Distraction In this memory game, a grid of green blocks is displayed. One or more of the blocks turns yellow for one second and the user must remember which block(s) was illuminated and tap the block. With each correct memory tap, the game becomes more difficult; more blocks are illuminated at once and/or the grid becomes larger (up to 12 lighted blocks at a time and up to a 5x4 grid).</p>
	<p>Valued Living An image of a tree is displayed with 3 blank spaces for the user to add pictures of their choosing. Images represent an important value that the user holds. For example, if a user values family connection, they may take a picture of family members to remind them of things that are important to them.</p>	 <p>Behavioral Activation (Values part II) Once a value image is added, the user uploads up to four images to represent specific actions consistent with identified values. For example, the value of family connection (picture of family) may be embodied by cooking for family (picture of food), spending time with children (picture of children), calling distant family members (picture of phone), etc.</p>
	<p>Grounding A series of flashcards are displayed with different grounding techniques. Each card represents a technique that brings attention and focus to one of the five senses and away from difficult memories from the past or worry about the future (i.e. a picture of a hand holding an ice cube [touch]; a picture of a person listening to music [hearing]).</p>	 <p>Exercise A series of flashcards are displayed depicting six seated yoga poses with a moving animation of how the pose/movement is executed.</p>
	<p>Sleep Hygiene/Nightmare Remediation This module consists of a series of flashcards depicting effective sleep hygiene strategies. Cards include suggestions such as going to bed and waking up at the same time, avoiding caffeine at night, and not looking at bright screens before bedtime. The app can be set in night-time mode, where the screen is dim and sound is turned off.</p>	 <p>Working with Thoughts An animation of a flowing stream is displayed on the screen. Users are able to place various shapes and sizes of leaves into the stream. Each leaf makes a different chime sound when dropped in the stream. Each leaf represents challenging thoughts. User mindfully observes the leaves slowly floating down the stream.</p>
	<p>Acceptance/Tolerance of Emotions In this game representing acceptance and tolerance of emotions, an image of a tree with different birds is displayed. Birds make pleasant sounds (positive emotions or thoughts) or unpleasant sounds (challenging emotions or thoughts). Users tap on birds to quiet them. Once quieted, the squawking returns and user begins the process again.</p>	 <p>Life Path Exposure Users plot important life events onto a timeline using suns and clouds. Suns of various sizes represent positive events and clouds of various sizes represent challenging life events. Variations are made available to the user (e.g., clouds can overlay suns to represent an event that has both challenging and positive impact).</p>

Definition of Torture – Facilitators provide a definition of torture and lead a discussion afterwards. We have found that group members express relief that there is an official definition related to their experiences. The official definition of torture according to Article 1 of the 1984 United Nations Commission Against Torture states that torture is “any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as: obtaining from him or a third person information or a confession, punishing him for an act that he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of a public official acting in an official capacity” (Human rights: a compilation of international instruments. Geneva: United Nations; 1988. United Nations Convention against torture and other cruel, inhuman or degrading treatment or punishment 1984). This definition limits torture to political forms and does not include torture perpetrated by non-governmental agents (Mollica & Caspi-Yavin, 1991). ***A primary goal of torture, government affiliated or otherwise, is to systematically devalue individuals based on one's race, ethnicity, religion, political opinion, and/or affiliation with a social group.*** Torture is often times effective at achieving this goal and frequently results in psychological problems for survivors of torture including emergence of symptoms related to trauma, anxiety, depression, adjustment, somatization, personality changes, and sometimes psychosis (Basoglu et al., 2001; Campbell, 2007; Williams & van der Merwe, 2013).

Post traumatic stress -The applicability of assigning traditional, western diagnoses, such as Post-Traumatic Stress Disorder, defined in the *Diagnostic and Statistical Manual of*

Mental Disorders and in the *International Classification of Diseases*, is widely debated (Fondacaro & Mazzulla, 2018; Campbell, 2007). Specifically, the centrality of the argument lies in whether diagnostic categories developed through the study of symptoms and behaviors in the Western world can be applied to non-Western societies. Furthermore, the diagnosis of PTSD was developed in response to symptoms and behaviors exhibited by American veterans of the Vietnam War and was later applied to individuals surviving single events (e.g. a car accident; a sexual assault) and community events (e.g. surviving a destructive flood). Historically, treatments developed to address PTSD as it is manifested in war veterans have informed the treatment of survivors of torture and trauma more often and arguably, more appropriately, than treatments developed to address single traumatic events (Williams & van der Merwe, 2013).

References

- Human rights: a compilation of international instruments. Geneva: United Nations; 1988.
United Nations Convention against torture and other cruel, inhuman or degrading treatment or punishment 1984
Basoglu et al., 2001;
Campbell, 2007;
Williams & van der Merwe, 2013
Fondacaro & Mazzulla, 2018
Herman, 1992;
Kira, 2002
McFarlan & Kaplan, 2012
Campbell, 2004
Najivits, 2002
Harris, 2009, p. 11
Walser & Westrup, 2007
Hayes, 2012
Beck, 1979
Resick
Narrative Exposure Therapy, Schaer, Neurner, & Elbert, 2011
Mollica & Caspi-Yavin, 1991)