Traumatic Stress Update

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Preface to the Traumatic Stress Update

The Trauma and Transition Programme (TTP) is continually striving to generate knowledge. This issue of the Traumatic Stress Update continues to encourage knowledge generation in a number of different forms.

We have learnt a lot about running and coordinating a trauma clinic through years of experience. In the first article, Tumi, our clinical coordinator shares some of the challenges and solutions to coordinating a trauma clinic.

Modiegi Merafe gives an update on the PsySSA conference, in which six members of TTP presented, and then Sonto Mbatha updates us on training in trauma counselling and victim empowerment.

We also include an update of Monitoring and Evaluation of TTP's clinical services with survivors of torture and compare the data with the data collected for the TTP intake statistics.

Dominique Dix-Peek: Editor

Coordination of the Trauma Clinic and its challenges

INTRODUCTION

Photo: Boitumelo Kekana: Clinical coordinator

The Trauma Clinic (now TTP) initially focused on providing trauma counselling to victims of political violence. However, after the first democratic elections in 1994, the Trauma Clinic began to see victims of criminal violence (for example, armed robbery, assault, muggings, witnessing murder, rape and sexual abuse). Additionally, with the influx of forced migrants, most of whom had experienced or witnessed trauma, and some of whom reported to have been subjected to different forms of torture, the Trauma Clinic moved to provide psychological services to assist people who had been forced to flee their countries of origin.

Furthermore, through another research project we began to receive referrals of ex-combatants from different former liberation armies. Each shift that a new type of client (for instance, people exposed to criminal violence, forced migrants and ex-combatants) brings, poses us with new challenges because they present with different dynamics from the clients that we had been working with previously.

COORDINATION OF CLINICAL SERVICES

The Trauma Clinic has developed a systems and procedure manual that serves as a guideline for every staff member on how the trauma clinic needs to function. The clinical coordinator has a duty to monitor and ensure that all the procedures are adhered to. The monitoring includes four primary roles. The first regards the reception and client care on arrival. This includes how clients are welcomed by the receptionist, how quickly are they attended to, what information they are provided with, the completion of an intake interview with the client, as well as the registration of the intake in both the clients' intake register and on the database.

The second involves the allocation of cases to all clinicians (who include full-time trauma professionals, part-time trauma professionals, sessional counsellors, MA Clinical Psychology

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interns and fourth year social work students on

1. Staff members may have difficulties meeting

block placement) as well as ensuring the clinicians submit their statistics and other assessments. The third involves the logistics of running the clinic,

including chairing the weekly clinical meetings so that the clinical team is able to look into a variety of clinical issues, liaising with external consultants who are contracted to provide supervision and support to the clinic's staff, and coordinating any requests that individuals and organizations make. The forth includes additional work such as coordinating the quarterly newsletter produced by the clinic and dealing with any other concerns that the clinic staff or clients might raise so as to ensure that the image of the clinic continues to be maintained.

CHALLENGES

Reading through the information written above one can easily get an impression that coordinating the clinic is fairly basic and straightforward. There are, however, a number of challenges that the coordinator constantly has to deal with. These include:

1. Clients potentially having to wait for an intake interview because the Intaker may not have anyone to relieve her
2. Possible gaps in the in the answering of the intake form, client intake register or database which may impact on the provision of accurate statistical figures
3. The waiting list may be long because of the inadequate capacity within the clinic. We need to constantly reassure the clients that they will be seen once there are counselling slots available.
4. Some individuals may discourage other potential clients from accessing the trauma clinic services because of their frustrations due to the waiting list. This could adversely affect the image of the clinic
5. A number of training requests to the clinic have been turned down or rerouted to other organizations due to capacity problems. Because of this we may miss out on profiling our training skills and experience as well as earning income for the clinic

certain clinical deadlines due to the amount of work already on their plates. Alternatively they may have to be flexible with their daily routines so that they can deal with emergencies.

WAYS IDENTIFIED TO DEAL WITH THE CHALLENGES

1. Intake and reception relief rosters ensure that there is backup in case there is a walk-in intake and to ensure that clients always have someone at the reception to attend them
2. The annual intake procedure training for new staff members and those responsible intakes assist in ensuring that every staff member understands how an intake interview should be conducted and the essential information that needs to be included in the intake form
3. Intake officers ensure that essential information is recorded in the intake form so as to help the clinic's researchers compile accurate statistics at the end of every month
4. All new clients are informed about the waiting list during intake interviews.
5. The receptionist is responsible for ensuring that all clients on the waiting are contacted telephonically to inform them about the status of their cases
6. The waiting list has been kept to below 20 clients because the Trauma Clinic makes use of MA Clinical Psychology interns, fourth year Social work students and a Sessional Psychologist to help in managing a huge client load.
7. Former sessional workers and other interested external clinicians have been contacted to offer some of their free time to see clients at the Trauma Clinic. This should help free up time for some of the permanent clinicians to attend to training requests
8. Weekly clinical meetings, monthly team and management meetings as well as Monitoring and Evaluation quarterly meetings have formed part of a process to ensure that problems or areas that still require more clarity are addressed

By Boitumelo Kekana: Clinical coordinator

PsySSA Congress resonates with TTP

The 16th Psychological Society of South Africa (PsySSA) congress held in Durban at the International Convention Centre from 03 to 06 August 2010 was a resounding success.

The Trauma and Transition Programme (TTP) was represented by Nomfundo Mogapi (Programme Manager), Monica Bandeira, Dominique Dix-Peek (Researchers), Pravilla Naicker and Modiegi Merafe (Community Facilitators). They all presented papers whose overarching messages found resonance in the PsySSA congress theme: "Probing the Boundaries of South African Psychology"[1].

Indeed, recommendations such as taking the psychology profession to the people and the transformation of psychological services into activism were echoed in the many papers delivered at the congress. TTP has been vindicated! Going the community route is indeed correct, although there are numerous challenges to be negotiated. These include lack of privacy and confidentiality during home visits and difficulty in conversing in an African language.

My highlight at the congress was a presentation entitled "Can knowledge be produced in indigenous African languages? A contribution from the UKZN School of Psychology's multilingualism Project". This presentation showed the results of translated research from English to isiZulu by the University of Kwa-Zulu Natal Masters degree students. This is a model that can and should be used by the profession at large.

By Modiegi Merafe: Community Facilitator

Training on Trauma and Victim Empowerment

In the following article, Sonto Mbatha, the office assistant at the Trauma and Transition Programme (TTP), is interviewed to find out about the training she did in June on trauma and victim empowerment and how she feels that it has affected her.

Photo: Sonto Mbatha: Office Assistant

1. What was the training on?

The training was on victim empowerment and trauma counselling

2. Tell me a little about the training: how long it was and what you feel you gained through the training

The training was held in June. We went on the training for two weeks, full time. I feel that I now have more knowledge and understanding of trauma and victim empowerment.

I also understand myself better. It was an open class and we dealt with personal issues which could be hard but I learnt a lot about myself through it. My own issues were exposed and addressed. I was able to think about events that happened in my past and use these to help me support other people better because I can better recognise their needs through my own self-awareness.

I gained a lot of confidence through the course because I was able to look at my own issues as well as those of the other people who were on the training with me.

I am also more able to separate out different issues such as empathy and sympathy and am more able to use these in my work. I learnt about the different phases that a person will go through after a traumatic experience such as the impact phase, the recoil phase and the reintegration phase, as well as

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[1] For the titles of each presentation see page 5

what happens with loss after a traumatic experience. We discussed how we counsel trauma victims, such as attentive listening, reflection, eye-contact, and asking "why" questions. We also learnt why confidentiality is essential.

3. What were the challenges in the training?

The biggest challenge was hearing other people's stories. They have hurting stories and have gone through many traumatic experiences. But they are still able to cope with their lives. This taught me a lot about their resilience and ability to cope.

4. How do you feel it will help you in the future?

I am excited about moving towards listening to others and supporting them within the trauma clinic. The training opened up the possibility for trauma counselling in TTP. I am now more able to support others and help them with their problems.

By Sonto Mbatha: Office Assistant and Dominique Dix-Peek: Researcher

M&E Corner

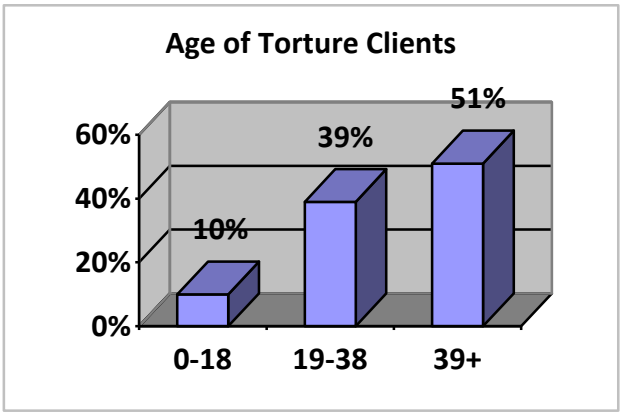
This is an ongoing update of the Monitoring and Evaluation of our individual torture clients at TTP. These include clients carried over from 2009 and new clients in 2010.

The purpose of the M&E is to:

- Measure the impact of our interventions
- Use the information gathered to inform and improve our interventions
- Document our activities in order to look at contextually based model development

The following breakdown includes the torture survivors that we have seen at TTP from January to the end of July 2010.

Demographic information of torture clients

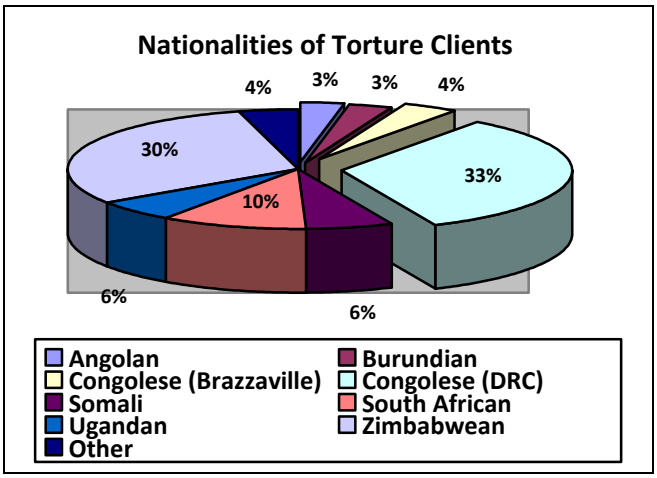


Graph: Breakdown of age of tortured clients seen TTP from January – July 2010

Gender breakdown of Individual Torture Clients from January to July 2010

Total number of clients: 69

- Female: 43
- Male: 26



Graph: Breakdown of nationality of tortured clients seen TTP from January – July 2010

Findings of the demographic information:

The data above indicates that while previous analyses indicated that most of our clients fell between the ages of 19 to 38, in this analysis the majority of our clients (51%) are above 39 years of age. The implications of this finding are to be discussed at our next clinical meeting. Additionally, our clients are primarily refugees or asylum seekers. In this sample, "Other" includes a client from each of the following countries: Ethiopia, Camaroon and Zambia.

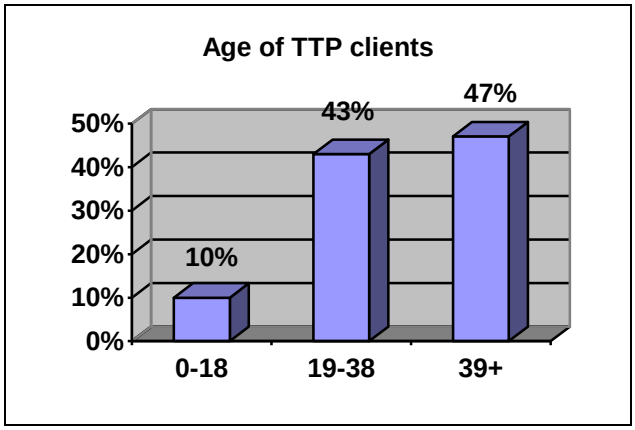
When looking at the gender breakdown of torture clients, like previous analyses, almost two thirds of this sample are women.

By Dominique Dix-peek: Researcher

TTP Intakes in the spotlight

Twice a year, we do an analysis of the intake information for TTP. This differs from the information given above since it includes all clients and is not limited to tortured clients. The information gathered in the TTP intake report informs our practise since, through this information, we are able to gather information about all of our clients, develop treatment plans, introduce clinical techniques, and update or change the clinic when/if it is necessary. The following gives the demographic information for new TTP clients from January to July 2010

Demographic information of TTP clients January – July 2010

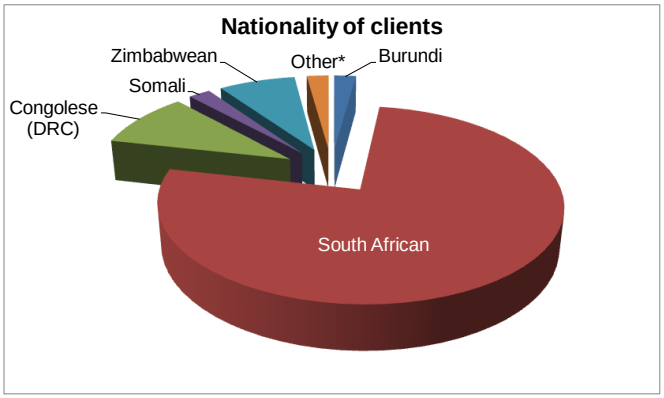


Graph: Breakdown of age of TTP clients seen TTP from January – July 2010

Gender breakdown of TTP Clients from January to July 2010

Total number of clients: 86

- Female: 55
- Male: 31



Graph: Breakdown of nationality of tortured clients seen TTP from January – July 2010

Findings of the demographic information:

The data above indicates that, like the analysis for the torture clients above, most of the clients who have had an intake at TTP this year have been more than 39 years old

Unlike the analysis for torture clients above, the majority of clients who have had an intake at TTP this year have been South African (71%) with the Democratic Republic of Congo (DRC) and Zimbabwe being the second and third highest country population in our sample (9% and 7% respectively). “Other” for this sample includes one client from Greece and another from Angola.

When looking at the gender breakdown of torture clients, like the torture client analysis above, the majority of clients (64%) were women and 36% men.

By Dominique Dix-peek: Researcher

TTP PsySSA Papers 2010

The following gives the titles for the PsySSA papers that were presented by TTP staff at the PsySSA convention in August 2010.

- **Bandeira M & Mogapi N:** From psychologists to activists: Alternative paths to making psychology relevant within the current South African context
- **Naicker P & Merafe M:** Community workers’ reflexivity: Our journey in working with former combatants in Mogale City, Krugersdorp
- **Dix-Peek D & Bandeira M:** Understanding why education and employment do not mediate against PTSD: Exploring their role in the traumatic responses of survivors of torture