



The National Consortium of  
Torture Treatment Programs  
**6<sup>th</sup> Annual Research Symposium**

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*We are glad you came.*

*We would like to stay in touch with you as we work together toward our common goals related to torture – prevention, awareness, research and rehabilitation.*

*Come to the 7th Annual Research Symposium next year. Please let us know what you are doing related to advocacy, education, training and research for torture survivors.*

Visit us online at [www.ncttp.org](http://www.ncttp.org)  
Email us at [info@ncttp.org](mailto:info@ncttp.org)

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**Torture Treatment:  
Clinical, Community & Policy  
Interventions & Outcomes**

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March 5, 2014  
George Washington University  
Washington, DC

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NCTTP Mission Statement:

***The NCTTP exists to advance the knowledge, technical capacity and resources devoted to the care of survivors of torture and to act collectively for the purpose of preventing torture worldwide.***

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## Why a 6th Annual Research Symposium by the National Consortium of Torture Treatment Programs?

No one knows the exact number of torture survivors now living in the United States, but estimates are high. Studies show that 10 – 30% percent of refugees who come to this country show signs of torture (Modvig & Jaranson, 2004). Studies of asylum seekers show higher percentages of torture (Masmas et al, 2008).

The psychological and physical pain of torture survivors is prolonged with recurring nightmares of post traumatic stress disorder, debilitating depression, and poor health, often with hypertension and/or diabetes. The most important services the NCTTP provides are access to treatment for torture survivors and research to show the efficacy of this treatment. Through awareness building, education, training and scientifically proven treatments, health and legal professionals and organizations can significantly extend their efforts to help survivors decrease their pain and lead productive lives.

The need for increased research into treatment outcomes is profound.

### National Consortium of Torture Treatment Programs Summary Table of Papers Presented at the Annual Research Symposiums by Group of Programs 2009 – 2014:

Programs	Number of Papers Presented	Total Number of Papers
NCTTP Data Project	6	6
1 Program	6	6
1 Program	5	5
3 Programs	4	12
5 Programs	3	15
0 Programs	2	
11 Programs	1	11
<b>Total 21 Programs</b>		<b>55</b>

Table prepared by Jose Quiroga MD, February 25, 2014

Poster Presentation by Michael Druschel, medical student, Georgetown University School of Medicine, is available during coffee and lunch breaks in the upstairs lounge area of the auditorium lobby. Coffee is also available in this same area.

## With Appreciation

### NCTTP's Executive Committee

- Lin Piwowarczyk**, President
- Crystal Riley**, Vice-president, Research & Data Committee Chair
- Kathi Anderson**, Secretary
- Pete Dross**, Treasurer
- Ann Marie Winter**, Policy Committee Chair
- Mary Lynn Everson**, Membership Committee Chair
- Karen Hanscom**, IRCT representative
- Kristin Bulin**, At-Large Member
- Jocelyn Romano**, At-Large Member

### George Washington University

- **James Griffith, M.D., Chair, Department of Psychiatry and Behavioral Sciences, psychiatrist for Program for Survivors of Torture and Severe Trauma, Northern Virginia Family Service (NVFS), Falls Church, VA**

### NCTTP Outreach in Washington, DC & Event Day Assistance

- **Advocates for Survivors of Torture & Trauma staff and volunteers, Baltimore, MD; Karen Hanscom, Director**
- **NVFS - Program for Survivors of Torture and Severe Trauma staff and volunteers, Falls Church, VA; Cyndy Dailey, Director**
- **Torture Abolition and Survivors Support Coalition staff and volunteers, Washington, DC; Gizachew Emiru, Director**
- **Center for Victims of Torture, Washington, DC office; Anne Sovcik, Advocacy Advisor**

### Symposium Logistics

- **Ann Lundberg, National Capacity Building, Center for Victims of Torture**

### Symposium Organizer & Master of Ceremonies

- **Jose Quiroga, Medical Director and Cofounder of the Program for Torture Victims in Los Angeles.**

### NCTTP Website, Registration and Program

- **NeoSoft Corp., Bend, Oregon**

### NCTTP's Symposium Planning Committee:

- **Lin Piwowarczyk, Jose Quiroga, Karen Hanscom, Ann Lundberg, Crystal Riley**



**Dedication of Our NCTTP Symposium Program 2014  
To ROBERT W ROBIN 1948 – 2013**

*Rob Robin passed away on December 1, 2013, from heart disease.*

*Son of long-time San Bernardino residents Art and Grace Robin, he graduated from Pacific High in San Bernardino, CA, in 1966. He received a bachelor's in Psychology from UC Berkeley and a PhD in psychology from the University of Papua New Guinea. Rob spent most of his adult life providing mental health care services to indigenous peoples. He provided psychological counseling to Papua New Guineans shortly after their independence in the 1970s. Rob lived on the Hopi reservation in Arizona for many years, managing the tribe's mental health programs. Research was an important part of his work. Rob teamed with researchers at Yale University studying alcoholism among native Alaskans in the Alaskan panhandle. He served as CEO of a non-profit which provides health care services to Native Americans in the Flagstaff, Arizona area. Rob most recently resided in Flagstaff.*

*In honor of the life and work of his wife, Dr. Barbara Chester, who predeceased him, he was instrumental in establishing with the Hopi Foundation "The Barbara Chester Award", an award for outstanding clinicians/practitioners who treat victims of torture, their families, and communities. Since the award was first presented in 2000 to an honoree from Zimbabwe, recipients have come from Honduras, the United States, Turkey, and Rwanda. Two NCTTP members have received "The Barbara Chester Award". Many NCTTP members have participated in conferences sponsored by the Hopi Foundation, and four NCTTP members serve on the selection committee for The Barbara Chester Award, which is a world-wide group of individuals with a substantial lifetime commitment to human rights. Rob's compassion, humanity, and charisma resulted in his making many friends worldwide. Many people will sorely miss his intelligence, humor, and his deep empathy for people. He was one of those rare individuals who had the dedication and strength of character to help disadvantaged groups of people, yet the personal touch to impact many, many individuals. Rob is survived by his sister, Gail Zaritsky of Los Angeles, CA, his brother, Ken Robin of Oakland, CA, nephews and nieces, his Hopi family, and many, many friends worldwide.*

*Contributions to Rob's memory may be made to the Hopi Foundation at [www.hopifoundation/support](http://www.hopifoundation/support).*

Most information is from the San Bernardino Sun, Dec. 11, 2013

## **Torture Treatment: Clinical, Community & Policy Interventions & Outcomes**

### **8:00: Registration**

### **8:30: Introduction**

**Jose Quiroga, M.D., NCTTP Symposium Founder & Organizer;  
Lin Piwowarczyk, M.D., M.P.H., NCTTP President**

### **8:40: Keynote Speaker**

#### **Suffering from the Pain of Others: On Vicarious Traumatization in the Treatment of Torture Survivors**

**Carlos Sluzki, M.D. .**

A psychiatrist, psychoanalyst and family therapist by training, Dr. Sluzki specializes in systemic and narrative approaches to conflict resolution in families, organizations and other larger systems. His focus of interest includes social networks and health, refugees and human rights.

He is Professor of Global and Community Health and of Conflict Analysis and Resolution at George Mason University, as well as Clinical Professor of Psychiatry at George Washington University School of Medicine. He has served as consultant at the Office of the Prosecutor, International Criminal Court as well as at the UNHCR, and is a temporary advisor to the World Health Organization.

Born and raised in Buenos Aires, Argentina, Dr. Sluzki received his medical and psychoanalytic training in Argentina and his family therapy training in the United States. A Guggenheim Fellow, Dr. Sluzki has held faculty leadership positions in medical schools in California and Massachusetts, has been Editor-in-Chief of three professional journals and is a Fellow of the American Psychiatric Association and of the American College of Psychiatrists. He has published extensively, delivered numerous professional presentations, and conducted workshops worldwide.



The NCTTP's 2014 Symposium is Dedicated to  
**ROBERT W ROBIN, 1948 – 2013**

Please see page 26.

## **9:40: NCTTP 2014 Report and an Evaluation of Services in NCTTP Centers**

### **Survivors of Torture in Treatment Programs in the U.S. — Data FY's 2008-2013: Torture, Demographic Characteristics, Pilot Outcome Data**

**Crystal Riley, M.A. and S. Megan Berthold, Ph.D., L.C.S.W. NCCTP's Research & Data Committee**

Crystal Riley is Coordinator of Research & Development, Intercultural Psychiatric Program at the Oregon Health & Science University. She received her MA degree from George Mason University in 1982. With a background in clinical psychology, research, and program development, Ms. Riley over the last 25 years has developed and served as manager of three IPP programs – The Indochinese Socialization Center (1989–2000), Torture Treatment Center of Oregon (2000–2010), and the IPP's Child Psychiatric Program (2002–2011). She has clinical experience with 10 of the 18 different cultures IPP treats and has served as IPP's coordinator of clinical research since 1989. In Oregon, Ms. Riley currently serves on the Cultural Competency Workgroup of Health Share, a new Coordinating Care Organization in the Portland Tri-County area, and the Community Advisory Committee of the Oregon Office of Integrity and Inclusion. Nationally, she serves as vice-president of the National Consortium of Torture Treatment Programs and has been chair of its Research and Data Committee since 2008.

Dr. S. Megan Berthold, Ph.D., L.C.S.W. brings a wealth of experience in the field of social work and has extensive clinical, forensic, social service, and research experience over 25 years with torture survivors from many countries. She worked with Southeast Asian refugees in the U.S. and refugee camps in Thailand and the Philippines before joining the Program for Torture Victims (PTV) staff in 1998. She served as a therapist and the Director of Research and Evaluation for 13 years at PTV. The National Association of Social Workers (NASW) selected Dr. Berthold as the National Social Worker of the Year in 2009 for her work with torture survivors. Dr. Berthold joined the faculty at the University of Connecticut School of Social Work in 2011. She is a Co-Investigator with the RAND Corporation on two NIMH funded studies: a longitudinal study of the health and mental health status of Cambodian refugee adults, and an epidemiological study of the well-being of U.S. born Cambodian adolescents. She has worked with Ms. Riley since 2008 as co-chair of the NCTTP's Research & Data Committee.

Refugee Health and Human Rights about their experience of the marathon bombing and how it affected them. We were concerned in part about the high level of armed security which characterized that time period as many of our patients had been detained in their countries of origin due to their political activity. We will be presenting the results of a chart review of 80 patients seen between April 16 and July 7, 2013 who have histories of torture, displacement, and in some cases other encounters of terrorism in their countries of origin. We will focus on the emotional impact of these recent events as they relate to their previous history of trauma. Key words: refugees, torture, marathon, terrorism.

### **POSTER: Access to a Primary Care Physician and its Effect on the Harvard Trauma Scale in the Treatment of Survivors of Torture.**

**Michael Druschel - Medical Student, Georgetown University School of Medicine; Kate Sugarman, M.D. - Family Medicine Physician at Unity Health; Karen Hanscom, Ph.D. - Executive Director of Advocates for Survivors of Torture and Trauma**

*Michael Druschel is a fourth year medical student from Georgetown University School of Medicine. He plans to pursue a residency next year in rural family medicine. He also has a B.S. in Biomedical Engineering from Case Western Reserve University.*

**Methods:** A cohort analysis was performed on asylum seekers in the District of Columbia, Maryland, and Virginia with the Advocates for Survivors of Torture and Trauma (ASTT). Clients filled out a Harvard Trauma Scale (HTS) form and a Quality of Life form which assessed access to medical care services.

**Findings:** For 126 clients in DC, 53% had access to healthcare at intake and 79% had access at completion of treatment. Mean HTS in DC was 79.3 at intake and a 65.1 at completion. For 288 clients living in VA and MD, access to healthcare was 32% at intake and 81% at completion of treatment. Mean HTS in VA and MD was 62.5 at intake and 32.6 at completion of treatment.

**Interpretations:** Access to healthcare was higher in DC at intake but after treatment from ASTT, access was equivalent. Clients in DC have a higher HTS than in MD and VA. The HTS improved 14 points in DC clients compared to 30 points in MD and VA. Improvement in HTS had a  $p = 1.48 \times 10^{-16}$ .

**Principal Conclusions:** Access to healthcare did not differ significantly based on state of residence. Having a lower initial HTS correlates to more significant improvement during the course of treatment.

**Nathan Bertelsen, M.D., New York University School of Medicine, Department of Internal Medicine, New York University/Bellevue Program for Survivors of Torture**

The past decade has witnessed a surge in research on the debated relationship between Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD), with new demonstrated evidence that severe TBI can be a strong predictive factor in the occurrence of PTSD. Furthermore, the relationships between TBI, PTSD, and post-concussive symptoms, such as headache, memory problems, sleep difficulty and depression, remains incompletely understood. The presence of TBI has been linked to an increased presence of post-concussive symptoms, but the contribution of co-morbid PTSD is unknown.

The purpose of this study is to examine if survivors of torture with a history of moderate to severe TBI are clinically distinct from survivors of torture without a head injury. By comparing these two samples, we will explore how TBI may contribute to poor clinical outcomes of psychological and neurological sequelae, while looking at the compound effect of PTSD. This is the first study to examine the significance of a self-reported history of moderate to severe traumatic brain injury in a sample of refugee survivors of torture.

Intake assessments containing post-concussive symptom data were compared for 85 patients with TBI and 72 patients without TBI within the NYU/Bellevue Program for Survivors of Torture. A total symptom score (scale of 0 to 9) was created by summing the number of reported health complaints. Three primary results were found: (1) Moderate/severe TBI did not lead to more health complaints after adjusting for PTSD. (2) Higher PTSD scores showed a trend toward but did not predict the presence of TBI. (3) Moderate/severe TBI was not associated with worse general health or increased number of medical visits. These results may potentially help guide screening, clinical evaluation, assessment and treatment planning to advance treatment strategies and the development of symptom driven interventions that would address the needs of this high-risk population.

**Impact of the Boston Marathon Bombing and its Aftermath on Refugees and Survivors of Torture**

**Lin Piwowarczyk, M.D., M.P.H.; Dana Rous, L.I.C.S.W.; Anna Mancuso, L.I.C.S.W.; Kathleen Flinton, L.I.C.S.W.; Erica Hastings, M.A.; Leigh Forbush, B.A.; Amy Shepherd, M.P.H.**

On April 15, 2013, Patriots' Day, Boston residents and guests gathered for the 117th running of the Boston Marathon. The explosives planted at the finish line killed three people and injured hundreds of others. The week culminated in a massive manhunt which left one presumed bomber dead and another in custody while a local town grieved the death of one of its policemen. As part of our clinical encounters, the clinical team asked patients of the Boston Center for

**Evaluation Services for Torture Survivors in San Diego**

**James Jaranson, M.D., M.A., M.P.H., Survivors of Torture International, San Diego**

James Jaranson, M.D. currently consults, primarily as a volunteer, in the field of rehabilitation and research for survivors of politically motivated torture and its expression across cultures. He is board certified in psychiatry as well as in public health and general preventive medicine. His education includes medical school, psychiatry residency, an MA in anthropology from the University of Minnesota (UMN), and an MPH from Harvard. For 20 years, he provided psychiatric services for HealthPartners at St. Paul Ramsey Medical Center (Regions Hospital) and as a University of Minnesota faculty member. He was Director of Medical Services at the Center for Victims of Torture in Minneapolis from its inception in 1985 until 2001. In 1984 he founded and directed the International Mental Health Program in the Psychiatry Department of St. Paul-Ramsey Medical Center. In 1998 he was Principal Investigator of the NIMH-funded UMN epidemiology project surveying torture and violence in the Somali and Ethiopian populations in the Twin Cities, which is still active in the data analysis phase. He has co-chaired the Section on the Psychological Consequences of Torture and Persecution of the World Psychiatric Association, is a board member of the Society for the Study of Psychiatry and Culture. He represented the U.S. on the International Rehabilitation Council for Torture Victims (IRCT) from 1992-2001, has an independent expert on the Executive Committee since 2003, and he is a founding member of the IRCT's Scientific Clinical Advisory Group. Dr. Jaranson has chaired the board of directors of Survivors International in San Francisco, served as a board member of the Program for Torture Victims in Los Angeles, and provided consultation and evaluation for Survivors of Torture International in San Diego, where he is Vice-President of the Board of Directors and Chair of the Evaluations Committee. He has published widely on Torture Survivors.

**10:25 to 10:40: Break**

**10:40: NCCTP Centers' Research: Working with Asylum Seekers**

**Access to Counsel for Survivors of Torture in Detention**

**Megan Bremer, J.D., M.A., Staff Attorney, Lutheran Immigration and Refugee Services (LIRS).**

Megan Bremer, J.D. joined Lutheran Immigration and Refugee Service (LIRS) as a staff attorney in August 2010. Megan coordinates the Detained Torture Survivors' Legal Support Network in seven detention facilities

across New Jersey, Arizona and Texas. She also leads the evaluation of the Community Support Initiative, which delivers community-based legal, social and housing services for people who are released from immigration detention while their cases are pending. Prior to joining LIRS, Megan was the managing attorney at the Pennsylvania Immigration Resource Center where she provided legal representation to torture survivors and individuals with severe mental illness in detention. She also served as a Child Protection Consultant with UNICEF in Sudan and as a high school teacher. A graduate of McGill University, Megan holds a juris doctor/master of public health joint degree from Northeastern University School of Law and Tufts University as well as a master of education degree from Harvard University.

### **Perspectives on Social Services Among Female Asylum Seekers in Baltimore Co.**

**Rashmi Jasrasaria, B.A., Medical Student, Stanford University School of Medicine.**

Rashmi Jasrasaria is a second-year medical student at Stanford University School of Medicine, interested in pursuing a career in primary care and women's health. She is from Boxborough, MA and graduated from Harvard College in 2010 with a Bachelor's Degree in Social Studies. For her honors thesis, she investigated the impact of microfinance and group lending models on a community of women living with HIV in northern Tanzania. After graduation, Rashmi conducted population health research at the Institute for Health Metrics and Evaluation at the University of Washington. There, she focused on global contraceptive prevalence and the global burden of anemia and neglected tropical diseases. Since beginning medical school, Rashmi has focused her research on immigrant health and spent her summer in Baltimore, MD, working with female asylum seekers from East Africa and the Middle East. Rashmi plans to combine patient care with community-based advocacy and research in the future.

### **Management for Immigrant Survivors of Torture: An Examination of Health Right International's ASSIST Program**

**Lisa Matos, M.A. Director, Human Rights Clinic, HealthRight International**

Lisa Matos, M.A. is Director of the Human Rights Clinic at HealthRight International. She has been working with immigrant communities and refugee-like populations in different capacities for close to 10 years. She holds a BA in International Relations from the University of Coimbra, Portugal, an MA in Political Science, from Long Island University, and completed graduate studies in Human Rights and Democratization and United Nations Studies. Ms. Matos worked with the United Nations Information Center in Lisbon, Portugal, as a training consultant, with the

evaluation protocol consists of three instruments: the Harvard Trauma Questionnaire (HTQ), the Hopkins Symptom Checklist-25 (HSCL), and the Marjorie Kovler Center Well Being Questionnaire (KWB). These instruments are administered as a part of the intake process (baseline) and re-administered at 6-month intervals (i.e., 6-months, 12-months, 18-months, and 24-months after intake) in order to track participant progress. As of September 30, 2013, a total of 266 outcome re-administration interviews were conducted with 131 individual clients. Evaluation results over the past three years have demonstrated a reduction in anxiety, depression, and trauma symptoms with 89.4% of participants manifesting fewer symptoms after receiving MKC services for 24 months. Further, several psychosocial domains of well-being showed improvement. Moving forward, MKC will also investigate process indicators utilizing a more robust research methodology to identify which aspects of the treatment program work well and which need to be rethought using statistical approaches such as multilevel linear model (MLM) to track within-person change over time.

### **Testing the Relationship between Age of Torture, Avoidance Behavior, and Severity of Trauma Symptoms**

**James Livingston, Ph.D., Senior Staff Psychologist; Sahar Bhaloo, Psy.D., Staff Psychologist, Center for Survivors of Torture, San Jose, CA**

It is believed that trauma in childhood disrupts significant developmental processes (Lyons-Ruth, et al 1999), and there is evidence supporting that avoidant coping interferes with the processing of a trauma (Ullman, S., et al, 2007). It has been posited that the severity of post trauma anxiety symptoms are related both to age at the time of trauma and to the utilization of avoidance for coping. The current study examined the relationship between the age at first torture and the self-reported, degree of avoidance behavior, as measured by the PTSD Checklist. The severity of impairment was measured by the Global Assessment of Functioning, Hopkins Symptom Checklist-25 and the PTSD Checklist. Implications of the results are discussed.

### **Assessment, Severity and Clinical Improvement of Physical Health Complaints Among Refugee Survivors of Torture with Traumatic Brain Injury**

**Alana D'Alfonso, B.A., New York University School of Medicine, Department of Internal Medicine, New York University/Bellevue Program for Survivors of Torture; Eva Keatley, B.S., New York University School of Medicine, Department of Internal Medicine, New York University/Bellevue Program for Survivors of Torture;**

## **Co-morbid Mental and Physical Health and Health Access in Cambodian Refugees in the U.S.**

**S. Megan Berthold, Ph.D., LCSW. & Sengly Kong, Ph.D., Khmer Health Advocates; Richard Mollica, M.D., MAR, Harvard Program in Refugee Trauma; Theanvy Kuoch, M.A., L.P.C., Khmer Health Advocates; Mary Scully, APRN., Khmer Health Advocates; Todd Franke, Ph.D., M.S.W., UCLA, Department of Social Welfare, Affairs Luskin School of Public Affairs**

**Objective:** To identify the extent of physical and mental health problems and healthcare disparities in Cambodian adults residing in Connecticut and Western Massachusetts and explore the relationship between these conditions.

**Methods:** Cross-sectional survey design. Snowball sample of 136 Cambodian refugee adult residents of Connecticut and Western Massachusetts who lived in Cambodia during the Khmer Rouge regime.

**Findings:** 61% were diagnosed with 3 or more physical conditions and nearly three-quarters reported being diagnosed with depression, PTSD or both. In spite of readily accessible health care (e.g., almost all had a primary physician, three-quarters reported little difficulty in paying for care), most rated themselves as primarily in poor health. The majority of their barriers to accessing health care were related to communication problems and lack of transportation. Participants with probable comorbid PTSD and depression had 1.850 times more physical health problems than those without either PTSD or depression ( $p > .001$ ; CI 1.334-2.566).

**Interpretations/Conclusions:** There is a significant relationship between chronic comorbid mental and physical health diseases affecting Cambodian refugees resettled in the United States. PCPs treating Cambodian genocide survivors with physical health conditions should provide integrated mental and physical health care delivered in a language they are able to speak and understand.

## **Efficacy of Treatment for Survivors of Torture**

**Martin Hill, Ph.D., Associate Director, Research and Evaluation; Mary Lynn Everson, M.S., L.C.P.C., Senior Director, Heartland Alliance Marjorie Kovler Center**

Heartland Alliance Marjorie Kovler Center (MKC) has been providing treatment to survivors of torture since 1987. Utilizing a community-based pro bono model of service, MKC serves nearly 350 participants annually representing over 79 countries worldwide. The main goal of treatment evaluation has been to assess participants' functioning using a multi-method approach inclusive of structured clinical interviews, observations, and self-reports. MKC began rigorously evaluating the efficacy of its treatment program in 2010, focusing primarily on outcome measures. Outcome

International Rescue Committee tutoring refugee children, and has worked with detained immigrants. She currently serves in the Center for Victims of Torture's National Capacity Building project Advisory Group and the National Consortium of Torture Treatment Programs' Membership Committee.

## **11:45: NCTTP Centers' Research: Treatment Outcomes**

### **A Translational Study of the Adaptive Functioning of Survivors of Torture: an Agency-University Collaboration**

**Fariyal Ross-Sheriff, Ph.D., Director of Howard University Social Work Doctoral Program; Janice Berry-Edwards, Ph.D., Howard University; Cyndy Dailey, M.P.A., Director of Health and Mental Health Services and Saara Amri, L.P.C., Co-Coordinator, Program for Survivors of Torture and Severe Trauma, Northern Virginia Family Services**

Fariyal Ross-Sheriff, Ph.D., is a graduate professor in Social Work at Howard University. She holds a Ph.D. in psychology from University of Michigan. Her area of specialization is displaced populations - refugees, immigrants, and undocumented migrants, and with Dr. R.A. English, has developed the Masters of Social Work degree specialization in Social Work with Displaced Populations. She has taught in this specialization area for over twenty years. Ross-Sheriff served as the editor-in-chief for *Affilia*, *Journal of Women in Social Work*. She has developed programs and conducted training for social work professionals nationally and internationally on different aspects of adaptation of refugees and immigrants to host societies. Among her many publications are co-edited books: *Mental Health and People of Color: Curriculum Development and Change*, Howard University Press, *Social Work Practice with Asian Americans*, Sage Publications, Inc., and co-authored monographs entitled *Muslim Refugees in the United States: A Guide for Service Providers* and *Al-Ummah: a handbook for the development of Muslim identity for North American Muslim youth*, and sole authored papers on adaptation of refugee and immigrant women to American society.

Janice Berry Edwards, M.S.W., Ph.D., A.C.S.W., L.I.C.S.W., L.C.S.W.-C., B.C.D. is a clinical social worker with degrees from Howard University School of Social Work and the National Catholic School of Social Work, Catholic University. Dr. Edwards is an Assistant Professor in the School of Social Work at Howard University. She is in private practice in Washington, D.C. providing clinical social work psychodynamic and psychoanalytic treatment. Prior to entering Academia, she was the Clinical Director of the Emergency Psychiatric Response Team at the Federal Bureau of Investigation for ten years. She serves on the Board of the Washington

School of Psychiatry in Washington, D.C., and as a consultant to numerous agencies in Washington, D.C. Dr. Edwards has extensive experience in clinical social work practice and she has publications in clinical social work practice and social work education. She is an active member of the National Association of Social Workers, The Greater Washington Society for Clinical Social Work, the Clinical Social Work Association, and the American Association for Psychoanalysis in Clinical Social Work, as well as the Chinese American Psychoanalytic Alliance, and Howard University's Women as Change Agents.

Cyndy Dailey, M.P.A. is the Director of Health and Mental Health Services at Northern Virginia Family Service. With over 25 years at NVFS, Cindy oversees the development and management of services that ensure uninsured and underinsured consumers have access to a full complement of integrated health care services and programming. Programs under her direction include the Program for Survivors of Torture and Severe Trauma, Multicultural Human Services, Accessible Medication Programs, Health and Dental Link Services, and the Health Insurance Marketplace.

Saara Amri, L.P.C. is a doctoral student in counseling at George Mason University and has been working with the refugee and torture survivor population for 12 years. Saara is a licensed bilingual mental health counselor (Arabic/English) and co-coordinator of the Program for Survivors of Torture and Severe Trauma in Falls Church, Virginia. As a mental health counselor, Saara provides individual trauma-informed counseling to immigrant and minority youth and adults. Saara has previously worked as a mental health counselor in both a middle school and high school and has experience working to help bridge the gap between immigrant parents and the school system. As a bilingual counselor, Saara often serves as a liaison between Arab/Muslim immigrant parents and the school system or other providers working with the family including the juvenile justice system.

## **Research Toward Improved Mental Health Outcomes with Karen Refugees**

**Alison Beckman, M.S.W., L.I.C.S.W., Project Manager and Clinical Supervisor, Center for Victims of Torture**

DMs. Beckman has worked at the Center for Victims of Torture in a variety of clinical capacities since 2000. She currently functions as Project Manager and Clinical Supervisor for the Healing Hearts Research Study. Prior to her current role, she provided psychological evaluation and treatment and individual and group services to survivors of torture in Minnesota for over 12 years, managed the Minnesota Training program at CVT, conducted trainings for government and law enforcement officials, worked with CVT's National Capacity Building team, and was a trainer/supervisor in Guinea.

PTSD and Depression. Prevalence rates for torture and war trauma are: primary torture (27%), secondary torture (51%), primary war trauma (86%), secondary war trauma (83%). Unique torture codes included forced portering, landmine sweep, and being forced to bury or sleep next to dead bodies. The CVT Healing Hearts Research Study was developed to investigate and respond to the identified mental health symptoms of Karen refugees. Year one of implementation and study goals will be described.

1 Office of Refugee Resettlement 2013. Refugee Health Technical Assistance Center. Retrieved from: <http://www.refugeehealthta.org>.

## **Children of Iraqi refugees: Exposure to Potential Traumatic Events**

**Cynthia L. Arfken and Luay Haddad: Department of Psychiatry and Behavioral Neurosciences, Wayne State University, Detroit Michigan; Evone Barkho, Bengt B. Arnetz and Hikmet Jamil: Department of Family Medicine and Public Health Sciences, Wayne State University, Detroit, Michigan; Maisa Ziadni and Mark A. Lumley: Department of Psychology, Wayne State University, Detroit, Michigan**

Among adult refugees, higher prevalence of mental disorders has been associated with exposure to more potential traumatic events (PTE) and shorter time since resettlement. We hypothesized that similar associations would occur among children of Iraqi refugees. The children were recruited from an adult Survivors of Torture clinic, a refugee resettlement agency, and the community. The bilingual survey measured child's self-report of PTE, and posttraumatic and depressive symptoms. For this analysis, we used data from children born outside the US (n=174; mean age=12.6, 78.7% Christian). PTE scores were correlated with both posttraumatic and depressive scores. Children recruited from the clinic had higher posttraumatic scores independent of PTE and age. After controlling for time since resettlement, the association was no longer significant; children who had been in the US longer had higher posttraumatic scores. Depression scores were independently associated with posttraumatic scores and longer time in the US. The findings emphasize the potential for posttraumatic and depressive symptoms to emerge after greater time in the US. Programs for children of Iraqi refugees should address their exposure to potential traumatic events even after several years in the US. The findings also underscore that parents' torture experiences may impact their children's mental health.



## **A Translational Study of the Adaptive Functioning of Survivors of Torture: an Agency - University Collaboration**

Fariyal Ross-Sheriff, Ph.D., Director of Howard University Social Work Doctoral Program; Maria Gomes, Ph.D. Assistant Professor, Howard University; Janice Berry-Edwards, Ph.D., Howard University; Cyndy Dailey, Director of Health and Mental Health Services, Northern Virginia Family Service; Saara Amri, L.P.C., Co-Coordinator, Program for Survivors of Torture and Severe Trauma, Northern Virginia Family Service

A translational research study was conducted to better understand the role comprehensive torture treatment services play in changing the functioning of survivors of torture (SOTs). This was a collaborative research partnership between Howard University School of Social Work and Northern Virginia Family Service, a community agency. The research study examined secondary source data on three sub-scales of the Current Adaptive Functioning Index – Cross-Cultural version (CAFI-XC) over four time periods: intake and 3, 6 and 9 months after intake. The three sub-scales of the CAFI are Basic Resources, Mental Health and Cultural Navigation. Data were obtained from 269 client records from 2010-2012. The results of the Within-Subject Repeated ANOVA indicated statistically significant differences across the four time periods on all three scales: Basic Resources  $F= 18.53$ ;  $p<.001$ ; Mental Health  $F=43.16$ ;  $p<.001$ ; and Cultural Navigation  $F=21.91$ ;  $p<.001$ . Results suggest that SOTs made significant progress in their psychosocial well-being, basic needs and safety, and cultural accommodation from intake to 9 months. Limitations of the study suggest the need for an improved study design that includes qualitative methodology and a revision of the CAFI-XC. The study also has implications and recommendations for collaboration between universities and community agencies.

## **Research Toward Improved Mental Health Outcomes with Karen Refugees**

**Alison Beckman, M.S.W., L.I.C.S.W., Project Manager and Clinical Supervisor, Center for Victims of Torture**

Since 2008, the United States has resettled approximately 50,000 Karen refugees.<sup>1</sup> Karen refugees are one of seven ethnic minority groups in Burma that have been severely persecuted by the military government since the pro-democracy uprisings in the late 1980s. This study reports prevalence and types of torture, war trauma, and mental health symptoms for a sample of 179 Karen refugees reporting for their initial public health screening. Experiences were coded using the HURIDOCs Micro-thesauri and categorized as primary or secondary torture and war trauma. Descriptive and correlational analyses were conducted to determine prevalence of mental health distress associated with

## **12:25 to 1:25: Lunch**

### **1:25: Keynote Speaker**

#### **Treating Severe Trauma in Adolescents and Young Adults with Integrative Treatment for Complex Trauma: the Case of Torture**

**John Briere, Ph.D.**

John Briere, Ph.D., is a teacher, clinician, and researcher in psychological trauma, PTSD, interpersonal violence, psychological assessment of posttraumatic states and gender issues. He is author or co-author of over 100 articles and chapters, 10 books, and eight trauma-related psychological tests.

An associate professor of Psychiatry and Psychology at the Keck School of Medicine, University of Southern California and Center Director of the USC Adolescent Trauma Training Center of the National Child Traumatic Stress Network, Dr. Briere consults and teaches in the ER, inpatient psychiatry, and the Burn Center. A past president of the International Society for Traumatic Stress Studies, he is recipient of the Award for Outstanding Contributions to the Science of Trauma Psychology from the American Psychological Association (Div. 56), and designation as Highly Cited Researcher by the Institute for Scientific Information. He received his Ph.D. in Clinical Psychology, from the University of Manitoba and completed a Postdoctoral fellowship in Crisis Resolution at the UCLA School of Medicine (Harbor-UCLA Medical Center).

The University of Southern California Adolescent Trauma Training Center (USC-ATTC) is funded by the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services (SAMHSA) as a Category II center of the National Child Traumatic Stress Network (NCTSN). Dr. Briere's participation in our symposium today was made possible by this grant.

### **2:25: Research with Children: Health Disparities**

#### **Children of Iraqi Refugees: Exposure to Potential Traumatic Events**

**Cynthia L. Arfken, Ph.D., Professor, Department of Psychiatry and Behavioral Neurosciences, Wayne State University, Detroit Michigan**

Cynthia L. Arfken Ph.D. is Professor in the Department of Psychiatry and Behavioral Neurosciences at Wayne State University in Detroit Michigan

(U.S.A.). Her research expertise is on alcohol and drug abuse epidemiology and health service research, especially among Arab Americans. She is the co-director and evaluator for the Arab Survivors of Torture: Healing and Health Trauma Recovery Center of Southeast Michigan. Dr. Arfken received a PhD in chronic disease epidemiology from Yale University and completed a postdoctoral fellowship in alcohol research from the University of California in Berkeley.

### **Co-morbid Mental and Physical Health and Health Access Among Cambodian Refugees in the U.S.**

**S. Megan Berthold, Ph.D., L.C.S.W., University of Connecticut School of Social Work, Khmer Health Advocates**

Dr. Berthold's biography can be found on page 4.

### **3:10 to 3:25: Break**

### **3:25: NCTTP Research Treatment Outcomes: Impacts on Trauma Symptoms, PTSD & TBI**

#### **Efficacy of Treatment for Survivors of Torture**

**Martin Hill, Ph.D., Associate Director, Research and Evaluation; Mary Lynn Everson, M.S., L.C.P.C., Senior Director, Heartland Alliance Marjorie Kovler Center**

Dr. Martin Hill, Ph.D. is the Associate Director, Research and Evaluation at Heartland Alliance Marjorie Kovler Center. Dr. Hill has almost 25 years of applied research experience in various capacities within government, academia, non-profit, and for-profit settings. He has extensive experience in program evaluation, needs assessment, and survey research. Prior to coming to Kovler Center, Dr. Hill was Director of the Carl Frost Center for Social Science Research at Hope College. He received his initial post-graduate research training with the U.S. Department of Justice, Federal Bureau of Prisons where he worked on a national longitudinal study evaluating drug treatment programs in the federal prison system. In addition to working part-time at Kovler Center, he currently holds a Board position with the American Marketing Association where he is Vice President of Market Research. He is also President of his own research and consulting firm VIP Research and Evaluation. Dr. Hill has written numerous research and technical reports, and he continues to provide research expertise in many areas to clients and colleagues nationwide. Dr. Hill holds a Ph.D. from Western Michigan University in sociology, specializing in medical sociology and applied research and evaluation.

Barriers to accessing health care include: cultural misunderstanding, discontinuous services, low health literacy, and lack of insurance.

Factors facilitating integration include: meeting the “right” people early, networking with locals, joining programs that provide individualized support rather than standardized training, and maintaining faith.

Interpretations and Principal Conclusions: Female asylum-seekers harbor unique motivations but face legal, economic, and cultural barriers to achieving health and happiness. Successful community programs must be designed with their perspectives in mind.

### **Survivors of Torture: An Examination of Health Right International's ASSIST Program**

**Kelly Barneche, M.S.S.W., Lisa Matos, M.A.**

The United States government estimates that there are between 400,000 and 500,000 foreign-born survivors of torture living in the U.S.<sup>1</sup>; a significant number enter without legal status and file for asylum or other forms of protection once here, seeking stability and safety from further harm. In addition to having pressing legal needs, survivors report limited access to essential services such as medical and mental health care or case management services. HealthRight International's New York-based Human Rights Clinic (HRC) provides over 400 survivors of torture per year living across 11 states, access to pro bono clinical evaluations to document torture for legal proceedings; approximately 40% of those survivors also access follow-up case management services through the Access to Support and Services for Survivors of Torture (ASSIST) program. Because survivors served through ASSIST are located in various regions of the U.S., case management, including client needs assessments and referrals, occurs remotely, primarily via phone and email. This research seeks to determine whether case management through ASSIST offers survivors the opportunity for improved wellbeing six months after initial contact with the program. Wellbeing is measured utilizing a Survivor of Torture Outcomes Matrix. Findings indicate that clients report improved wellbeing along a number of indicators, such as improved physical health and access to food, suggesting that ASSIST services may positively affect change in survivors' lives.

<sup>1</sup> <http://www.gpo.gov/fdsys/pkg/CRPT-110hrpt103/html/CRPT-110hrpt103-pt1.htm>. Accessed Feb 1 2013.

## **Access to Counsel for Survivors of Torture in Detention**

### **Megan Bremer, J.D., M.A., Staff Attorney, Lutheran Immigration and Refugee Services (LIRS)**

LIRS sub-contracts to five organizations in three geographic hubs to provide legal services to survivors of torture detained in Arizona, Central Texas, and northern New Jersey. These five organizations collect quantitative data on the demographic profile of each survivor that they identify, the services they receive, and the individual outcomes of those services. LIRS is currently analyzing data collected on 500 survivors to examine the correlation between access to counsel and the following factors: a) language; b) gender; c) region where detained; d) time spent in detention; and e) For a smaller subset of survivors, we are analyzing the correlations between access to counsel, access to forensic evaluations, and a court order for protection against removal to the country of origin.

## **Perspectives on Social Services Among Female Asylum Seekers in Baltimore Co.**

**Rashmi Jasrasaria, B.A.<sup>1</sup>, Molly Corbett, M.A.<sup>2</sup>, Janine S. Bruce, M.P.H., Dr.P.H.<sup>3</sup>, Lisa J. Chamberlain, M.D., M.P.H.<sup>4</sup>**

<sup>1</sup> Second-Year Medical Student, Stanford School of Medicine, Stanford, CA

<sup>2</sup> Executive Director, Asylee Women Enterprise, Baltimore County, MD

<sup>3</sup> Program Director, Pediatric Advocacy Program, Stanford School of Medicine, Stanford, CA

<sup>4</sup> Assistant Professor, General Pediatrics; Medical Director, Pediatric Advocacy Program, Stanford School of Medicine, Stanford, CA

**Background:** Female asylum-seekers are a growing population in Baltimore County; however, their experiences in America remain understudied and perspectives on social services remain unknown.

**Methods:** Focus groups and interviews were conducted with members of Asylee Women Enterprise, a non-profit organization for asylum-seeking women in Baltimore County. Focus groups and interviews were audio recorded and transcribed. A representative team performed qualitative theme analysis.

**Findings:** Two 50-minute focus groups and seven 75-minute interviews (N=9, ages 23-59) were conducted July-August 2013. 5 asylum-seekers, 2 asylees, and 2 refugees participated. The following themes emerged:

Motivations in America include: preserving self-efficacy, fulfilling personal aspirations, and providing for others in similar situations.

Challenges in America include: unrealistic expectations, obtaining legal status, finding housing and work, transportation, language, and accessing health care.

Mary Lynn Everson, M.S., L.C.P.C. is senior director of the Marjorie Kovler Center, Heartland Alliance Marjorie Kovler Center in Chicago. Her vision is aligned with the Center's three-part mission. Her clinical focus is on improving access to services and outcomes for torture survivors and their families. Her focus in training is to increase education locally and globally regarding torture treatment. Her advocacy efforts focus on support for torture treatment centers, changes in legislation affecting torture survivors, and ending torture worldwide. Mary Lynn is responsible overall for the growth and continued development of Marjorie Kovler Center as well as for quality management planning for international programming. Mary Lynn has a Master of Science degree in Counseling Psychology from George Williams College and over 30 years experience in community mental health, including 15 years developing and managing trauma treatment programs at Heartland Alliance.

## **Testing the Relationship Between Age of Torture, Avoidance Behavior and Severity of Trauma Symptoms**

**James Livingston, Ph.D., Senior Staff Psychologist; Sahar Bhaloo, Psy.D., Staff Psychologist, Asian Americans for Community Involvement, Center for Survivors of Torture, San Jose, CA**

Dr. James Livingston is a psychologist and the Clinical Services Manager for San Jose's Center for Survivors of Torture, a program of Asian Americans for Community Involvement. He was an Associate Professor at APA accredited, Palo Alto University for 23 years, and for 10 years was a member of the clinical faculty of Stanford University School of Medicine. He is currently an Adjunct Professor at APA accredited, Alliant University in San Francisco.

Sahar Bhaloo, Psy. D. is a Clinical Psychologist specializing in mental health of traumatized and underserved populations, particularly immigrants, refugees, asylees, and survivors of torture and gender-based violence. She has consulted on a needs-assessment conducted in post war Sri Lanka with internally displaced survivors, has collaborated on the creation of a manualized training for local clinicians treating post war trauma in Rwanda, and has helped establish a medical clinic and develop an initiative for treatment of gender-based crimes in the Democratic Republic of Congo. She also has research background and a publication on the study of immigrant Acculturation and Acculturative Stress. Dr. Bhaloo previously served as a mental health program development and clinical sustainability consultant at the International Rescue Committee, provided bi-lingual forensic psychological evaluations, and gave immigration court testimony for asylum claims at the East Bay Sanctuary and with Survivors International – University of San Francisco California. Dr. Bhaloo currently works as Staff Psychologist at the Center for Survivors of Torture at Asian Americans for Community Involvement in San Jose, California. Dr. Bhaloo spent the first

18 years of her life in Cote D'Ivoire West Africa before moving to Canada and then the US to complete her graduate and post-graduate degrees in clinical psychology. Dr. Bhaloo received her Psy.D and her Masters in Counseling from the Adler School of Professional Psychology.

### **Assessment, Severity and Clinical Improvement of Physical Health Complaints Among Refugee Survivors of Torture with Traumatic Brain Injury**

**Alana D'Alfonso, B.A., Student, NYU School of Medicine, Department of Internal Medicine, NYU/Bellevue Program for Survivors of Torture**

Alana was raised in the Philadelphia area. She attended Princeton University, where she majored in Psychology, concentrated in Neuroscience and minored in Global Health and Health Policy. She graduated Summa Cum Laude in 2011 and was the recipient of two thesis prizes (George A. Miller Cognitive Science Award; Global Health and Health Policy Senior Thesis Award) for her work on the cross-modal neuroplasticity of the early visual cortex in the congenitally blind. Following graduation, Alana trained under the Intramural Research Training Award Fellowship at the National Institutes of Health, performing neuroimaging research within the Clinical Epilepsy Section. In Fall 2012, she matriculated at NYU School of Medicine. Under the NYUSOM Health Disparities Fellowship, she has worked with Dr. Nathan Bertelsen in the NYU/Bellevue Program for Survivors of Torture. In the future, Alana hopes to pursue a career focused on health disparities within the fields of Neurology and Global Health.

## **4:30: NCTTP: Experience with Terrorism**

### **Impact of the Boston Marathon Bombing and Its Aftermath on Refugees and Survivors of Torture**

**Linda Piwowarczyk, M.D., M.P.H., Director, Amy Shepherd, M.P.H., Data Coordinator, Boston Center for Health & Human Rights.**

Dr. Piwowarczyk, M.D., M.P.H. Director and Co-Founder of Boston Center for Refugee Health & Human Rights, is board certified in Psychiatry and Internal Medicine. She began working with refugees in 1993, and specializes in the mental health evaluation and treatment of refugees and torture survivors. She has served on the Executive Committee of the National Consortium of Torture Treatment Programs since 2002, and has been its President since 2011. She is a Fellow of the American Psychiatric Association, and recipient of the Sarah Haley Memorial Award for Clinical

3. Modvig J., Jaranson J. A global perspective of torture, political violence, and health. In: Wilson J.P., Drozdek B., eds. *Broken Spirits: The Treatment of Traumatized Asylum Seekers, Refugees, War and Torture Victims*. New York, NY: Brunner-Routledge Press; 2004; 33-52.
4. Kinzie J.D., et al. Prospective one-year treatment outcomes of tortured refugees: a psychiatric approach. *Torture* 2012; 22:1-10.

### **Evaluating Services for Torture Survivors in San Diego**

**Kathi Anderson, M.A., Executive Director; Mahvash Alami, Ph.D., Program Manager; Leilani Amiling, B.A., Data & Office Manager; Jim Jaranson, M.D., M.P.H., M.A., V.P., Board of Directors, Survivors of Torture International, San Diego, CA**

**Background:** Survivors of Torture International (SOTI), has been caring for survivors of politically-motivated torture in San Diego since 1997 but has encountered obstacles to evaluating its services.

**Aims:** To develop a manageable evaluation plan to document the efficacy of treatment.

**Methods:** A multi-tiered approach was created to evaluate all survivors at intake and follow-up yet still meet the differing requirements of multiple funders. ETO, the SOTI database, was modified to include data from multiple instruments and sources The CPMT (Client Progress Monitoring Tool) combines the NCTTP and ORR data points. Ranged Outcomes Reports using the HOMS, MORS, IMR are produced every six months for survivors covered by the county contract. Special projects include a collaboration with CDC to collect medical information for asylum seekers, and a grant-funded follow-up of asylum seekers.

**Results:** Three years of data were analyzed. Ranged outcomes reports showed 77% improvement in functional and 81% in clinical status. Data from 72 CDC reports shows a significant lack of basic medical services for chronic conditions. Asylum seekers showed dramatic improvement once they were granted asylum.

**Conclusion:** Evaluating the efficacy of services for torture survivors can be done in the context of providing clinical services.

#### **References:**

1. Jaranson J., Quiroga J. (2011) Evaluating the services of torture rehabilitation programmes. *Torture* 2011; 21 (2):98- 140.
2. Quiroga, J. & Jaranson, J. M. (2005). Politically-motivated torture and its survivors: A desk study review of the literature. *Torture (Thematic Issue)*, 15(2-3), 1-111.

## Abstracts for NCTTP Presentations

### Survivors of Torture in Treatment Programs in the U. S. – Data FYs 2008 - 2013: Torture, Demographic Characteristics, Pilot Outcome Data

#### National Consortium of Torture Treatment Programs' Data Collection Project

**Background:** Challenges of systematically studying Survivors of Torture are well documented. However, it is imperative that treatment centers implement basic data collection and determine how to effectively perform valid outcome studies. Torture continues and is a public health problem for which evidence-based treatment interventions have not yet been established.

**Aims / Objectives:** Describe and evaluate the National Consortium of Torture Treatment Program's (NCTTP) collaborative approach to collecting descriptive, diagnosis, and beginning outcome data from treatment programs in varied settings across the United States.

**Methods:** The NCTTP's Data Collection Project (DCP) utilized the Engineering Design Process (EDP), appropriate for designing a process and analogous to the scientific method in its specified steps that aim to standardize the approach and to minimize prejudice and bias.

**Results:** The NCTTP's DCP collected data on 8,000 torture survivors treated as new clients in 23 member centers, located in 22 cities in 17 states across the United States for fiscal years 2008 to 2013. Summary data is presented on torture survivor demographics, countries in which torture can be documented, types of torture employed, results of the torture in terms of DSM diagnoses of survivors, and functional outcomes following treatment.

**Conclusions:** Although complicated by varied settings, the need to protect patient confidentiality, and to engage numerous individual staff, the NCTTP's collaborative approach to data collection, demonstrating patience, testing and tracking progress proved successful. Vital benefits of this data collection effort for torture survivors in the United States and around the world is described, challenges of sustaining this effort elucidated, and crucial ingredients for continued success of the project outlined.

We strongly encourage torture treatment centers in other parts of the world to consider data collection collaboration, and we hope that the information provided here will be helpful.

#### References:

1. Jaranson J. M., Quiroga J. Evaluating the services of torture rehabilitations programmes: History and recommendations. *Torture* 2011; 21:98-140.
2. Montgomery E., Patel N. Torture rehabilitation reflections on treatment outcome studies. *Torture* 2011; 21:141-5

Excellence from the International Society for Traumatic Stress Studies, and Local Legends Award from the National Library of Medicine that honors female physicians.

Amy Shepherd, M.P.H. is the Data Coordinator at Boston Center for Refugee Health & Human Rights. There she performs various activities including: patient and provider care coordination, development and outreach, research, grant writing and publication efforts, program evaluation, and data management. Amy first started working with refugees and survivors of torture in 2005 as a volunteer at Gulf Coast Jewish Family & Community Services in Florida. She has spent the last 10 years working in public health and anthropology with a focus on reducing health disparities in immigrant and refugee populations. She received her Masters in Public Health, Urban Health, from Northeastern University in Boston, MA. She has a strong background in research and program evaluation from prior positions at Dana-Farber Cancer Institute, Children's Hospital Boston, and Harvard Medical School.

### 4:50: Review and Closing

#### Jose Quiroga, M.D. and Lin Piwowarczyk, M.D., M.P.H.

Dr. Jose Quiroga, M.D. is medical director and cofounder of the Program for Torture Victims in Los Angeles. An authority on torture and trauma issues, he has worked in the rehabilitation of torture victims for more than 35 years. Arriving in America after the Pinochet military coup in Chile forced him to flee his native country, Dr. Quiroga has been Assistant Professor at UCLA in the School of Medicine and Public Health, has served as Associate Director of Preventive Cardiology at UCLA, and is former Vice President of the International Rehabilitation Council for Victims of Torture based in Copenhagen. Dr. Quiroga currently serves on the Local and National Board of the Physicians for Social Responsibility-Los Angeles. Dr. Quiroga has published on public health, human rights and torture.

Dr. Piwowarczyk's biography can be found on page 12.

## Torture Treatment: Clinical, Community & Policy Interventions & Outcomes

Time	Activity
8:00	Registration NCTTP Volunteers
8:30	Introduction Jose Quiroga, MD, Organizer; Lin Piowarczyk, MD, MPH, NCTTP president
8:40 – 9:40	Keynote Speaker <i>Carlos Sluzki, MD: Suffering From The Pain Of Others: On Vicarious Traumatization in the Treatment of Torture Survivors</i>
9:40 – 10:25	NCTTP <u>2014 Report</u> & an Evaluation of Services in NCTTP Center NCTTP Research & Data Committee: Crystal Riley, MA, Chair; S. Megan Berthold, PhD, LCSW, Co-Chair. <i>Survivors of Torture in Treatment Programs in the U. S. – Data FYs 2008 - 2013: Torture, Demographic Characteristics, Pilot Outcome Data.</i> James Jaranson, MD, MA, MPH, Survivors of Torture International, San Diego, CA. <i>Evaluating Services for Torture Survivors in San Diego.</i>
10:25 – 10:40	Coffee Break 10:25 – 10:40
10:40 – 11:45	NCTTP Centers' Research: Megan Bremer, JD, MA, Staff Attorney, Lutheran Immigration and Refugee Services (LIRS). <i>Access to Counsel for Survivors of Torture in Detention.</i> Rashmi Jasrasaria, BA, Medical Student, Stanford University School of Medicine <i>Perspectives on Social Services Among Female Asylum Seekers in Baltimore Co.</i> Lisa Matos, MA, Director, Human Rights Clinic, HealthRight International. Case Management for Immigrant Survivors of Torture: An Examination of Health Right International's ASSIST Program.
11:45 – 12:25	NCTTP Centers' Research - Treatment Outcomes Fariyal Ross-Sheriff, PhD, Director of Howard University Social Work Doctoral Program; Janice Berry-Edwards, PhD, Howard University; Cyndy Dailey, MPA, Director of Health and Mental Health Services, and Saara Amri, LPC, Co-Coordinator, Program for Survivors of Torture and Severe Trauma, Northern Virginia Family Services. <i>A Translational Study of the Adaptive Functioning of Survivors of Torture: an Agency - University Collaboration.</i> Alison Beckman, MSW, LICSW, Project Manager and Clinical Supervisor, Center for Victims of Torture. <i>Research Toward Improved Mental Health Outcomes with Karen Refugees.</i>
12:25 – 1:25	Lunch Break 12:25 – 1:25
1:25 – 2:25	Keynote Speaker <u>John Briere, PhD: Treating Severe Trauma in Adolescents and Young Adults with Integrative Treatment for Complex Trauma: The Case of Torture</u>
2:25 – 3:10	Research with Children - Health Disparities Cynthia L. Arfken, PhD, Professor, Department of Psychiatry and Behavioral Neurosciences, Wayne State University, Detroit Michigan. <i>Children of Iraqi Refugees: Exposure to Potential Traumatic Events.</i> S. Megan Berthold, PhD, LCSW, University of Conn School of Social Work, Khmer Health Advocates. <i>Co-morbid Mental and Physical Health and Health Access Among Cambodian Refugees in the U.S.</i>
3:10 – 3:25	Coffee Break 3:10 – 3:25
3:25 – 4:30	NCTTP Research Treatment Outcomes Impacts on Trauma Symptoms PTSD & TBI Martin Hill, PhD, Associate Director, Research and Evaluation; Mary Lynn Everson, MS, LCPC, Senior Director, Heartland Alliance Marjorie Kovler Center. <i>Efficacy of Treatment for Survivors of Torture.</i> James Livingston, PhD, Senior Staff Psychologist; Sahar Bhaloo, PsyD, Staff Psychologist, Asian Americans for Community Involvement, Center for Survivors of Torture, San Jose, CA. <i>Testing the Relationship Between Age of Torture, Avoidance Behavior, and Severity of Trauma Symptoms.</i> Alana D'Alfonso, BA, Student, NYU School of Medicine, Department of Internal Medicine, NYU/Bellevue Program for Survivors of Torture. <i>Assessment, Severity and Clinical Improvement of PTSD and other Psychological and Neurological Trauma Among Refugee Survivors of Torture with Traumatic Brain Injury.</i>
4:30 – 4:50	NCTTP Experience with Terrorism Linda Piowarczyk, MD, MPH, Director, Amy Shepherd, MPH, Data Coordinator, Boston Center for Health & Human Rights. <i>Impact of the Boston Marathon Bombing and its Aftermath on Refugees and Survivors of Torture.</i>
4:50	Review / Closing Jose Quiroga, MD, & Lin Piowarczyk, MD, MPH