

METS

A Method for the Empowerment of Trauma and Torture Survivors



Guidebook



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1. General information

METS stands for ‘Method for the Empowerment of Trauma Survivors.’ This method was developed within the framework of a project funded by the *European Commission*. Eight European organizations with experience in supporting trauma and torture survivors collaborated to develop a method with **a strong focus on empowerment**. The method is **deliverable in multiple contexts** as a flexible toolkit. Another important feature of METS is **its transferability to other professionals** working with torture survivors. Such professionals do not need to be highly qualified specialists (such as psychiatrists or psychotherapists). Mental health or psycho-social professionals like social workers, psychologists, behavioural therapists, physiotherapists, etc. are qualified and capable of delivering the approach, as long as they are familiar with supporting trauma and torture survivors.

1.1 Theoretical background: Recovery-Oriented Care

METS is based on the recovery-oriented treatment methods ‘Comprehensive Approach to Rehabilitation’ (CARE) and “Acceptance and Commitment Therapy” (ACT), and on the experiences of eight European partner organizations working in the field of empowerment of trauma and torture survivors.

The ‘CHIME framework of recovery’ (Leamy et al., 2011) was used as an empirical base for developing METS sessions. CHIME is an acronym composed of the first letters of the words *Connectedness, Hope, Identity, Meaning* and *Empowerment*. Based on the clinical experience of trauma and torture rehabilitation professionals and input from two focusgroups with beneficiaries, two additional constructs were identified as central to the recovery process: Recognition and Safety. The framework used for the METS method is therefore called CHIME+RS. Each of these constructs, is considered ‘a pillar’ in METS.

1.2 Goals

METS takes a perspective on empowerment as a process of *psycho-social* change, resulting in an increase of experienced control, agency or self-efficacy. The method impacts the subjective feeling in beneficiaries. It aims to establish a change from *not only* being and feeling a victim of degrading and painful experiences, to having an increased awareness of *still* being a valuable human being with one’s own identity, competencies and potential.

1.3 Features

METS can either be used as a ‘stand-alone’ approach or as an ‘add-on’ method applied before, after or parallel to other treatment approaches. METS is flexible with respect to the treatment timeframe, number of sessions, session sequence, and treatment modality (individual vs. group, and open vs. closed groups). Per CHIMERS pillar two sessions were defined, each comprising several exercises. It will take a minimum of 9 sessions (including introduction and closing session) to address all pillars at least once. It is strongly advised to keep to the order and to the set of practices within each session. It is possible, however, to alter, skip or switch practices to better attune to the potential of the beneficiaries. Pillars may be addressed multiple times without limitation, and there is no need to address pillars that do not focus on existing needs of beneficiaries. The order of the pillars is free, the choice of pillar always depends on beneficiaries’ preferences.

1.4 Limitations

- METS is not a 'quick fix' or simple solution to a complex problem; it is one of a number of distinct approaches to support trauma and torture survivors.
- METS cannot replace existing (long-term) interventions that may still be required to deal with the psychological distress (e.g., psychotrauma) or issues which are specific for torture survivors or refugees in general. It cannot replace services such as medical care, legal aid, social work, etc.
- METS does not address psychotrauma in the sense of trauma-focused therapy. Coping with past experiences is an important element of the approach, but sessions do not focus on the content of traumatic experiences.

2. People

2.1 Professionals

Requirements to deliver METS:

- A professional has received METS training by a METS trainer.
- A METS professional is a counsellor; this implies a level of qualification, for example as a social worker, psychologist, etc. METS providers do not need to be: (a.) specialists [e.g., psychotherapists], or (b.) psychotraumatology experts.
- A METS professional has substantial experience and skills in supporting trauma and torture survivors. She/he is sensitive to their needs and specific issues like mistrust, response to triggers and, more in general: to PTSD-symptomatology.
- If METS is delivered in a group setting:
 - The METS professional is experienced in group dynamics / working in groups;
 - Each group session will ideally be delivered by two METS professionals.
- Supervision and peer supervision are highly recommended.

2.2 Beneficiaries

METS is designed for various trauma and torture survivor populations in different local contexts.

According to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (UNCAT) (Art.1), torture is considered as any mental and/or physical severe pain or suffering, or any other forms of aggravated and deliberate cruel, inhuman or degrading treatment or punishment, where:

- the person involved, or acquiescing, in such acts is a public official, or someone acting in an official capacity; or
- the act is intentionally inflicted on a person for one of the following purposes:
 - obtaining from that person or a third person information or a confession;
 - punishing him/her for an act s/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 or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.

Based on the clinical experience of the designers, the following populations can also be included as potential beneficiaries of METS:

- survivors of gender-based violence for which local context provides insufficient protection and support;
- survivors of secondary torture.

2.3 Inclusion

As organizations all work in different contexts, there may be various ways how to best reach out and identify trauma and torture survivors eligible for METS.

Suggestions are:

- Screen people with questionnaires and interviews when they arrive at a rehabilitation centre;
- Collaborate with migration authorities to identify trauma and torture survivors;

- Use a flexible approach to identify survivors during exercises or to allow survivors time to open up about trauma and torture experiences;
- Organize an information meeting where people can sign up. Be clear about whom this method is intended for.

When a beneficiary is interested, consider whether METS is suitable by conducting an individual interview to provide information and address the following topics:

- Identify current needs and if these needs can be met using METS;
- Provide information on METS;
- Probe the motivation for participation. This is an important parameter: ideally the potential beneficiary is willing to commit to the process of taking control (where possible) over his or her life;
- Identify possible obstacles to the completion of METS.
- Make a thorough assessment, based on the collected information, of the beneficiary's needs and motivation. Consider carefully as to whether METS is an offer that would meet these needs.
- Decide together with the beneficiary if METS is indicated.

Important notes

- The selection process should determine whether METS delivers the appropriate care required. Professionals need to address any potential concerns regarding under-treatment (risk: relapse, crisis), or over-treatment (risk: pathologizing instead of empowering).
- When METS is offered in a group, it is important to include people who can benefit and function in this type of setting. Socializing in a group may help improve well-being. For beneficiaries in a group, participation implies communicating about current difficulties.
- To avoid exclusion of 'difficult' beneficiaries, one could use the group as a source, for example by mixing these beneficiaries with beneficiaries who have had more (positive) group experience. This way, possible hesitations or doubts in the initial stages may be balanced. Another option is to offer beneficiaries the opportunity to discuss the content of METS with beneficiaries who already completed the program.
- It is advised not to include family members in the same METS group.

2.4 Binders

The use of '**Binders**' is essential to ensure acceptance of METS and continued participation in METS. The binder can be selected based on past experiences, shared interest, or the performance of a shared task or act. It should be empowering, build self-esteem, and/or create a sense of community.

Following are some recommendations for the delivery of METS to groups, taking the specific dynamics of trauma and torture survivors into account.

▪ **Acknowledge homogeneity**

Acknowledge the "shared experiences", in terms of personality, age, severity of symptoms and culture as well as gender (e.g. survivor of sexual forms of torture, and survivors of torture in prison contexts).

▪ **Be aware of the personal connections in the group**

Some of the beneficiaries may have close interactions with some more than with others. Professionals should ensure that all beneficiaries are treated equally by the professionals themselves and the group members them and. A 'talking stone' can be used in order to make sure every beneficiary gets time to speak out, and to stimulate expression without interruptions.

- **Create group cohesion**

Use 1.) *collective group activities*, like visiting cultural events, and 2.) *ceremonial elements*, like handing a diploma at the end, have each beneficiary provide a presentation on lessons learned, or create 3.) *responsibility roles*, like one beneficiary leads the physical exercise, another takes care of the drinks, etc..

- **Reflect**

Set time aside at the end of the session for discussion on how the session went and time to discuss any difficulties or complaints beneficiaries might have.

- **Use the group as a resource**

Invite group members to exchange experiences, tell stories about how they reacted in a similar situation, give advice to other beneficiaries, give feedback to other beneficiaries. Let them act as role models for each other, focusing on success stories.

- **Provide snacks & drinks**

Providing snacks and drinks can contribute to the atmosphere of the group and is recommended when possible.

- **Sensitivity**

Survivors of torture are generally particularly 'sensitive' to the following topics that may emerge in group dynamics in different shapes: Control, Power, Dignity and Shame. Be aware that discussing these topics may bring about a measure of emotional overload for many beneficiaries. Facilitate an open discussion, ensure that beneficiaries behave respectfully in view of members' sensitivity. In particular, survivors of torture may have a great need of being in control of situations they are living in. Pay attention to this aspect in leading the group: allow group members to keep partial control and conduct the group with a democratic style of leadership.

3. Making it work

3.1 Building the METS program

- The timeframe for one group session is approximately 2.5 hours. The practices for the group take 2 hours, the remaining 30 minutes should be used to facilitate the group process (break, discussion, questions, etc.).
- The timeframe for individual sessions is approximately 1 hour.
- Print the materials so beneficiaries have access to the exercises.
- Beneficiaries can use a toolkit that is composed of the printed materials that the professional(s) hand(ed) out, and which they can keep after the METS if they want to. METS always starts with an introductory session and ends with a closing session.
- Due to the fact that there are seven pillars with two sessions each plus an introductory and a closing session, the total number of sessions is 16. To provide all pillars at least once you will need a minimum number of 9 sessions (incl. introductory and closing session. Sessions can vary in frequency. This decision can be made based on the duration of stay of the beneficiaries, possibilities within the organization or other factors.

3.2 Preparations

- Study all the different pillars
- Decide which practices within a given session are suitable and feasible for the beneficiaries in question [e.g., consider potential age, physical, cultural restrictions]. It may be necessary to alter/switch some practices depending on the group or individual. Make sure you do this for every pillar so you can start with each session promptly.
- Make sure that you have the necessary print-outs for each pillar available or make arrangements to copy them quickly.
- If you need materials for some practices, make sure that you have these available.
- Make sure you have the CHIMERS Topic Selection pictures ready for each session.
- Prepare an *Attendance List*.
- Arrange for an interpreter if necessary.
- Be aware of the importance of *time-management* in performing a session.
- Be aware of illiteracy and introduce the option of drawing instead of writing when suitable.

3.3 Building a session

Start

Each session preferably starts with:

1. A *Brief Physical Exercise*. The professional(s) and/or beneficiaries can choose one from Appendix 2.
2. A *Topic Selection* is completed to decide which pillar will be addressed. Or, at the end of the session, a *Topic selection* is completed to decide which pillar will be addressed in the next session.
3. Recommended: Evaluate the *Action Plan* of the prior session (if applicable).

End

It is highly recommended to conclude each session with the formulation of an *Action Plan* for implementing the addressed pillar in daily life.

3.4 Topic Selection

A *Topic Selection* will be performed at the beginning or at the end of each session, to assess which pillar best addresses current needs.

- It is an ongoing process during METS.

- It is used to determine beneficiaries' needs and expectations and 'connect' beneficiaries' needs/expectations to the METS pillars.
- It has a structured format which consists of neutral open questions that do not impose any therapist preference.
- It lasts between 10-15 minutes.
- Visual pictures, each one representing a METS pillar, are used to connect the beneficiary needs to the METS pillars.
- METS professionals are free to use their own pictures that are suitable for your beneficiaries
- In the first session extra attention is given to explain the CHIMERS framework and topic selection.

Note: If it is more suitable, you can perform the Topic Selection at the end of a session instead of the beginning, to plan the pillar of the upcoming session

3.5 Topic Selection procedure

Step 1. Create an open atmosphere.

- You could ask neutral and open questions such as:
 - Could you share a nice moment from this last week?
 - Could you share a success from last week?
 - What helped you to deal with your troubles last week?
 - What did you do last week that was interesting, nice or felt good?

Note: Be aware that when you ask open questions about last week there may be a tendency to focus on problems and stressors. Try to re-direct the focus back to the Topic Selection.

Step 2. Topic (Pillar) Selection:

- After receiving input from all beneficiaries you introduce the CHIMERS visual pictures.
- Put all the pictures on the table or on the floor.
- Ask the group to come to a decision about which pillar to address.
- Focus on finding mutual ground, making sure no beneficiaries are or feel 'overruled'.
- Give compliments for sharing concerns, compromising, staying respectful, etc.
- This exercise can be used to build group cohesion and provide information about group dynamics, strengths and ways to interact.
- If the group is unable to reach consensus for topic (pillar) selection, or the decision causes too much strife, let each beneficiary vote on their preferred pillar and select the pillar that was most often voted for.
- The group can also decide to save a certain pillar for a next time. Check during the next Topic Selection if it remains the pillar of choice. If so, proceed with that pillar after discussing what makes this pillar important for the beneficiaries. If not, decide on a different pillar.

Step 3: Session Selection

Based on the information provided:

- Select from the chosen pillar the session that addresses the needs of the beneficiaries best.
- Allow the group to select the preferred session.

Note: Based on the information given, you may already have an idea the preferred session of the selected pillar to address. In that case you could check this with the group and move to that session. Especially when the Topic Selection itself has already taken a lot of time, this could help to speed the process.

4. Important notes

4.1. Ethical considerations: What should be taken into account?

Adversities following life-threatening experiences such as torture or other severe human rights violations, like having to flee and living in exile, but also consequences on the cognitive, social, physical, and neurobiological levels – are as influential as these traumatic experiences themselves. Therefore, the post-traumatic state is never ‘post’ but ongoing, and possibly even a cumulative process. The needs for empowerment are therefore extremely high.

Torture and psychotrauma violate a sense of continuity in a way that cannot be denied in any supportive response provided. Any group activity – especially if it aims to be empowering – must ensure that professionals facilitating the group have the capacity to contain and address a traumatic reaction that could be triggered when issues like connectedness, hopes, safety, etc. are addressed. Additionally, professionals should be aware of the legally and socially disempowering situation as well as other excluding social issues that prevail in the daily lives of METS beneficiaries.

Discussing themes and subjects related to empowerment can only be done in a safe and containing environment. The option of legal support is another important factor contributing to empowerment (e.g., help in breaking or undoing impunity and promoting recognition of justice). Indeed it is of crucial importance to understand the sense of discontinuity and broken identity as consequences of trauma. That is why, if situated in a safe space, collective group activities seem to be very effective and the best bonding agent. As an example, practical experiences from the torture rehabilitation centres involved in developing METS show that creative/art groups are by themselves empowering because they (re)establish a feeling of self-organization or self-esteem – especially significant here is its participatory character.

Survivors of torture have often experienced extreme violations of their (intimate) life spheres and may, additionally, be vulnerable to further violations. Any intervention needs to recognize this risk and take protective action. Short-term empowerment approaches should not only be included in a broader and secure life perspective and/or (treatment) setting but also demand a high standard of authenticity and context-specific knowledge about the target group. On top of that: transparent information, an explanation of the activities of METS, should take place, including a thorough exploration of the type of empowerment a beneficiary seeks for her/himself.

4.2 Problems that may occur: What to do?

Possible group dynamics problems:

The beneficiaries don't listen to each other.

To handle this problem, a talking stone, ball or other object, can be used to make sure every beneficiary gets time to speak, and to stimulate expression without interruptions.

The group chooses the same pillar more than two times.

There are a few ways to deal with this. First, look for alternative ways to assess the need behind the group choice. Since all pillars are connected, it is possible that beneficiaries could also use the input from another pillar to address their needs. Second, maybe you were unable to do all the practices in the previous sessions; you can use those the remaining practices to build a new session.

Emotional overstimulation:

Beneficiaries become emotionally overwhelmed or destabilized. Beneficiaries may have experienced traumatic episodes and their current situation can be challenging. There is a risk that practices are emotionally overwhelming or destabilizing. Some general tips to deal with situations in which this occurs are listed below. You can use/add these to the procedures that you already have. Keep in mind that these represent just examples and not a complete listing. The best way to act depends on the persons involved and the specific situation. Your professional knowledge, experience, team and intuition are tools you can use to choose the appropriate response on overwhelmed/destabilized beneficiaries.

Beneficiary is overwhelmed (Signs)

The signs of emotional overstimulation differ from person to person. Most persons show different behaviour when they are overwhelmed, compared to their usual disposition. Some examples are: loss of focus, change of mood, restlessness, reacting sensitive/being over-emotional, unusual quietness, forgetfulness, cravings, numbness, head/stomach/back/neck-aches, demoralization, jumping to conclusions. *Take into account that these examples can also be signs of other problems.*

■ Tips

The best way to react differs from person to person. Some options that can be useful in the heat of the moment are:

- mention what you notice in the beneficiary and check if he/she is overwhelmed;
- draw the person's attention to the 'here and now'. For example, grounding exercises: help the person become aware of the actual environment and how his/her body touches the seat and the floor;
- create hope/meaning, for example by making a plan for what to do in the coming days, or by bringing back empowering memories or stories;
- connect with the beneficiary, for example by validating the expression of being overwhelmed that the person shows or by mentioning that you see that the beneficiary is struggling.

■ Don'ts

- Do not let the beneficiary go away when he or she is still overwhelmed.
- Do not proceed with the exercise if it is overwhelming beneficiaries.
- Do not try to force the beneficiary to disclose her or his feelings.

■ 'After-care' options

Inform social contacts of the beneficiary's situation. Discuss this with the beneficiary first. If this is impossible, consider that it might damage your relationship with the beneficiary.

Make a plan on what to do when emotional overstimulation reoccurs in daily life.

Beneficiary is destabilized (Signs)

The signs of being destabilized differ from person to person. Some examples are: extreme emotions/emotional outbursts, or the opposite reaction: extreme numbness, flash-backs, dissociation, self/other-harming plans or behaviour, increase of negative thinking, unrealistic thoughts/observations. *Take into account that these examples can also be signs of other problems.*

- Tips

The best way to react differs from person to person. Some options that can be useful are:

- draw the person's attention to the 'here and now'. For example, grounding exercises: help the person become aware of the actual environment and how his/her body touches the seat and the floor;
- create a feeling of safety;
- acknowledge the emotional state of the beneficiary by mentioning it;
- give hope and positivity;
- Do not hesitate to ask help from a colleague if you do not know how to handle the situation yourself!

- Don'ts

- Do not leave the beneficiary alone or let him/her going home alone in a state of destabilization.
- Do not proceed with the exercise when it destabilizes beneficiaries.
- Do not try to force the beneficiary to disclose her or his feelings.

- 'After-care' options

- Inform social contacts of the beneficiary's situation. Discuss this with the beneficiary first. If this is impossible, consider that it might damage your relationship with the beneficiary.
- Make a plan on what to do when destabilization reoccurs in daily life reoccurs in daily life.
- Check if the beneficiary feels safe enough to bridge the time between today and the next session, if not make a plan how to reach this safety.

