



# Refugee Therapy Centre

2014 – 2015 Annual Report

Registered Charity: 1085922

Company Number 3895072



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## Message from Jeremy Corbyn, MP and RTC Patron



**The Refugee Therapy Centre has demonstrated an impressive ability to survive and indeed to thrive in your fantastic building in Lees Place, thanks to Aida's vision and the support of many others who have worked to make the vision a reality.**

**With the new xenophobia across Europe and the tragedy of boatloads of migrants drowning in the Mediterranean there is ever more need for advocacy and support for the victims of abuse and oppression.**

**The world's media have at last begun to recognise the horror of asylum seekers marooned on boats, and more recently the plight of Rohingya people from Burma. These human tragedies are human made and can be human resolved.**

**We stand to support our communities in north London and the work of the Refugee Therapy Centre is needed more than ever. I remain proud to serve as your patron and wish you all the best for the coming year.**



**Report  
from the  
RTC Chair  
of  
Trustees,  
Dr Micol  
Ascoli**

2015 marks my third year as Chair of the Trustees, as well as the 16th year of the Refugee Therapy Centre.

The Refugee Therapy Centre is an intercultural psychoanalytic therapy centre for traumatised refugees, absolutely unique in its own kind. We grew from a small group of enthusiastic idealists, dreaming of making a difference in this world in a small room, to one of the leading organisations in this field.

I began preparing for this report by reading my previous one of 2014. I found myself in an initial state of excited expectancy to give you some good news. Ten lines into the reading, I realised none of the problems I highlighted last year has got any better. Then I was caught by a weird, unusual thought: is the world getting worse?

Last year I talked about the serious financial challenges for the Centre, the climate where healthcare organisations are operating, our successful struggle to keep high standards in teaching, training, clinical work and research and to continue to provide therapy, advocacy, practical support and mentorship to those affected by persecution, human rights violation, trauma, losses and hardship.

If anything, in my mind things in our world have got even worse now. Just think about the explosive situation in the Middle East, the humanitarian crisis in the Mediterranean, the wide spreading phenomenon of religious radicalisation, the features of the political debate around those issues, the recent response of the electorate: all seems to contribute to a rather bleak forecast for the future, as western governments get caught in procedural discussions and fail to give a strong, concerted response to these events.

According to Amnesty International's latest report, human rights violations and the death penalty continue to be on the rise. I am not too sure it is right or ethical to choose a particular case to mention here, as every human life is equal in dignity and rights; having said that, the case of Raif Badawy, the young father imprisoned and tortured in Saudi Arabia for expressing his liberal opinions, is emblematic of yet another threats to human rights: the risk of limiting freedom of expression in the name of offended religious sentiments.

And just when I say this, I begin to feel guilty for my initial discouragement. As I said last year, we are not alone in our values and hopes.

Despite the decrease of funding, we have increased our academic activities and partnerships. Probably the best achievement this year is the partnership with Queen Mary University of London, where we have started a Professional Doctorate in Intercultural Psychoanalytic Psychotherapy. This represents the ultimate recognition of the academic authority of the Centre in this field, something we are very proud of. We are also going to be represented at the Fourth World Congress of Cultural Psychiatry in Mexico, in October, an international conference organized by the World Association of Cultural Psychiatry, the most important scientific society in the field, who thought it right to invite the Centre to participate.

From the clinical point of view, we have also started new innovative groups, such as the one for LGBTs and a men's group. This highlights one of the greatest qualities of the centre: the creativity of the therapists and their absolute lack of fear of innovation, something which always runs the risk of being labelled as wild and unorthodox in the psychoanalytic field. We continue on the path we have always followed: learning from our patients, adjusting theories and practices to the characteristics of the intercultural gap between Western theories and non Western patients.

The staff of the centre did all this despite significant cuts in our funding, affecting their morale but not their motivation to continue to be willing to make a difference in the lives of our patients, based on the ethical stance that a better world is always possible if we want it.

And yet, once again, the Refugee Therapy Centre responds to hardship in its own peculiar style: that of resilience, motivation, strength, innovation and creativity, i.e. the very principles and the very human qualities on which we base all treatments to our patients, indeed the qualities we have learnt from them all.

Allow me to express my deepest gratefulness to the whole staff of the Refugee Therapy Centre for this lesson of humanity, resilience, strength and hope.

## Message from the Clinical Director and CEO, Aida Alayarian



***Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty. (The Universal Declaration of Human Rights- Article 2).***

### Thank you

The successes outlined in the above report would not have been possible without the ongoing support and hard work of many committed and generous individuals who work or volunteer at and/or are connected with the Centre at different levels.

I would like to extend my gratitude to our funders both statutory and voluntary trusts as well as foundations for their trust in our work and for their generous support which continues to make our

work possible.

I wish to thank my fellow Trustees Micol Ascoli, John Denford, Josephine Klein, and Lennox Thomas, who have served the charity throughout this year, providing invaluable support, consultation, organisational monitoring, regular evaluations of the service we provide and good governance, ensuring the compliance to our organisational constitutions and charitable regulations. I would like to extend special thanks to all our patrons, particularly Jeremy Corbyn MP, Professor Eva Hoffman, and Professor Roland Littlewood for their continued support whenever and wherever.

I wish to extend my compliments to all members of staff for their tremendous dedication, allowing us to thrive even when we were up against many difficulties in the current climate of change and financial difficulties. The work of the RTC is supported by over 90 volunteers who act as therapists, supervisors and mentors. I would like to express my sincere gratitude to the staff and volunteers for continuously endeavouring to cultivate a caring community within the Centre while providing the foundational services that are essential to meeting the needs of the people who come to us for help. I am infinitely grateful to all those who so full-heartedly join us to support our work. I am confident that with RTC's strong team, in combination with the generous external support we receive, that a promising future lies ahead, if we can maintain sufficient funding. I understand the significant commitment to work to serve children, young people and their families and I am full of gratitude to staff who prepare to meet these needs, so gracefully and without complaint. I trust these kinds of commitments are rare to achieve and I feel privileged to be able to work with and have responsibility to lead such a wonderful team. I sincerely appreciate their outstanding work and for every day I learn from my colleagues how not to lose sight of peoples' needs and the best way of serving them. I am thankful to them for bringing this aspect of our work to life in all they do for those we seek to serve.

I would like to express my special thank and gratitude to the Training Committee members and our student representatives who have made a much valued contribution towards the training. I would like to extend my very deep gratitude to our visiting Lecturers, and I owe great appreciation to Lennox Thomas, Dilys Daws, Micol Ascoli, Nerma Biscevic, Ngah Zahari, Roland Littlewood, Jo-Anne Carlyle, Lionel Bailly, Kevin Power, Mary Lynn Ellis, Heather Townsend, Bob Hinshelwood, Isobel Urquhart, Jo-anne Carlyle, Geoff Ferguson, Paul Atkinson, Karl Figlio and Chris Evans for all their hard work and commitment to providing quality lectures and instructions for learning to the students.

The Refugee Therapy Centre continues to provide therapeutic interventions to aid refugees and asylum seekers' rehabilitation in the UK by fostering and developing a therapeutic culture that restores connections with people who have endured persecution, imprisonment, torture and other = human right violations and displacement. At the RTC, we prioritise people who are destitute, refugees and asylum seekers with less than 10 years in the UK, and young people, children and their families. RTC has a unique approach to its development and implementation of intercultural psychoanalytic psychotherapy. At RTC, we integrate a human rights approach into the services we deliver for refugees and asylum seekers, by identifying a layer of resilience often not recognised during therapy, establishing therapeutic relationships that assume equality between patient and therapist and by understanding and working with the socio-cultural circumstances of refugees and asylum seekers.

Our core service is specialist psychotherapy and associated treatments, based on an assessment of the needs of individuals and families. Our approach to psychotherapy is based on the idea that:

- Our services are inspired by feedback from the people we serve.
- Maintaining a dominant idea of childhood as a universalised and (paradoxically) very individualised construct that is built on notions of vulnerability and incompetence has led to interventions that, unintentionally, undermine children's resilience and denigrate their capacity.

Focussing on children and adults' resilience, aspiration and capacity - rather than focussing on deficits- while working to reconstruct and restore a social identity and a sense of normality.

Our approach to human rights is supported by our devotion to use negative experiences to create a positive outcome. *In our view*, if patients (both children and adults) are to be helped to overcome highly stressful experiences, their views and perspectives need to be treated as a source of learning and strength, not a weakness. Arguing for a view of people's potential resourcefulness is not to sanction their exposure to adversity, or to deny that some children, and indeed adults, may be rendered very vulnerable.

Our approach questions normative ideas about childhood weakness. We question whether a focus on children's vulnerabilities is the most effective way of supporting self-esteem and self-efficacy in adverse circumstances. In this sense:

- ✦ Our service is not led by stereotypical notions of social norms, values, dynamics and power structures.
- ✦ We focus on the need to contextualise and foresee suitability of our services for people we set ourselves to serve, and to give greater attention to ethnographic needs of people we are serving.
- ✦ This is to assure greater resiliency and sustainability and closer social and cultural adaptation for the community we serve.

***“Any law that degrades human personality is unjust” Martin Luther King***

At the RTC we are proud to have been able to fill some of these gaps over the past fifteen years by providing much needed intercultural and bilingual services to refugees and asylum seekers who have endured trauma. During the last fifteen years, the work of the RTC has created an evidence base and framed the principles that have shaped the progress in the mental health of people we serve. I am proud to have witnessed the Centre's growth into something much more than the provision of support and services. Through clinical interventions, research, policy analysis, community support workers community, group work, mentoring, parenting workshops and training we witness powerful demonstrations of change in our patients. We feel we are changing the course of history, and indeed setting ourselves a path that resonates with best values. Having said this, we have a long way to go before a mental health service for refugee and asylum seekers can meet the needs. The foundation of mental health for refugees and asylum seekers, black and ethnic minorities, sexual minorities as well as people on low incomes, single parents and marginalised members of society can only starts through addressing the inequality and lack of fairness.

**Partnership and Collaboration** in promoting mental health and contributing to filling the gap, RTC liaises and works with a range of charities and similar organisations in the field of human rights and those involved in community engagement. Examples of these organisations include: the Traumatic Stress Clinic, Freedom from Torture, the Refugee Council, The Tavistock Clinic. Internationally we work with the European Alliance, World Association of Cultural Psychiatry



(WACP) and the International Rehabilitation Council for Torture Victims (IRCT), who represents over 140 refugee and human rights based organisations.

We also work with a number of refugee community organisations and attend local forum meetings; these include the Hackney and the Islington Refugee Forum, Women's Refugee Association, Daymer Turkish and Kurdish Community Centre, Halkevi Kurdish and Turkish Community Centre, The Iranian Community Centre and Somali groups in the local area. We network with these organisations through a range of events, meetings and forums and through direct client referrals. In addition, RTC organises events to mark the importance of Human Rights Day (10th December) and other days such International Women's Day (8<sup>th</sup> March), European Week against Racism (21<sup>st</sup> May), World Refugee Day (20th June) and the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment (26th June).

Our policy development is focussed in areas associated with refugees and human rights, intercultural psychoanalytic psychotherapy, resilience and community engagement. We work with a range of regional, national and international networks in support of this activity and trust that communication between agencies and productive partnerships between refugee communities is essential to mobilising change. Examples of our networks include: The Refugee Therapy Practitioners Forum, Psychologists working with Refugees and Asylum Seekers (PsyRAS), United Kingdom Council of Psychotherapy (UKCP) – Council for Psychoanalysis and Jungian Analysis (CPJA), European Alliance, World Association of Cultural Psychiatry (WACP) and the International Rehabilitation Council for Torture Victims (IRCT). We take an active role in policy debates through these networks and by attending conferences and symposia. In addition, we work to influence central government in particular the Home Office, we are engaged in a research project and we are corporate members of the National Asylum Stakeholder Forum where items associated with improving the immigration and asylum system are discussed.

### **The Support Workers Project**

The core activity at the Centre is to provide psychological support, however a significant proportion of clients do have practical issues that need to be addressed. The long-running Support Workers Project is a response to these practical needs. Employment for example usually is not addressed with refugee and asylum seekers patients, and therefore support for employability is limited dealing with surface symptoms as opposed to deep rooted issues such as those associated with Post Traumatic Stress. Following a series of staff and clinical meetings at the Centre the issue of both men and women employability has been discussed as an item to be addressed. The work of the Support Workers team over twelve years highlights our clients' psychological and psychosocial needs. Losing the human capacity for this service due to a lack of funding has been one of the most difficult situations for the RTC during the last financial year.

### Workforce competencies and supervision

The workforce competencies for therapeutic services at the RTC are of a high quality inclusive of accreditation, professional qualifications and professional memberships for the clinical staff as well as regular safe guarding training and other training related to the profession. Indemnity and enhanced DBS checks are in place for the whole workforce, clinicians and administrative staff alike. Regular supervision sessions and clinical and staff meetings guarantee a high standard of clinical expertise.

## **Equality**

The Centre has high regards for equal opportunity and, in action, is inclusive of women, refugees and other black and ethnic minorities, people with disabilities and people with different sexual orientations. Selection criteria for staff and volunteers and the recruitment process are transparent and fair, based on the candidate's qualifications in line with the requirements of the job. Managers and supervisors work on a level with all staff, volunteers and trainees, showing equal respect to all. There is a pleasant working environment and people's hours can be flexible when their personal circumstances change.

## **Staff training**

Training needs for all staff are identified and agreed on at the appraisal meetings. We regularly update staff training in areas such as Child Protection and mental health. RTC supports skills development for all its staff and volunteers. We have a staff training policy and all staff members are able to participate in internal or external training programmes.

## **Financial review**

RTC is governed by a Board of Trustees and a Management Committee who are aware of the principles and reporting requirements associated with Public Benefit as laid out in the Charities Act 2006. The Trustees of RTC also act as directors of the Company for the purposes of the Companies Act and trustees for Charity Act purposes; submit their annual report and the financial statements for the year ending 31 March. Our annual report and financial statements comply with current statutory requirements, the requirements of the Company's governing document and the provisions of the Statement of Recommended Practice (SORP) Accounting and Reporting by Charities.

## **Risk management**

RTC Trustees and Directors formally reviewed the risks, establishing a system to mitigate risks at the last strategic away day in 2010 (these are held every 5 years), and the decision will be reviewed, monitored and evaluated by the Governance Committee on an annual basis. The Trustees address how major risks are considered and mitigated.

## **Accreditation & Training**

Refugee Therapy Centre carries accreditation through its workforce competency. RTC is a training organisation member of the United Kingdom Council of Psychotherapy (UKCP) – Council for Psychoanalysis and Jungian Analysis (CPJA) College. Successful completion of our full MA programme in Intercultural Psychoanalytic Psychotherapy leads to eligibility for registration with the UKCP – CPJA. The MA programme provides individuals with the opportunity to acquire the skills, knowledge and experience necessary to practice as an independent Intercultural Psychoanalytic Psychotherapist, including skills necessary for work within different services, e.g.

the NHS and voluntary organisations. Successful candidate can also independently register with The British Association for Counselling & Psychotherapy (BACP). We are proud to offer a Professional Doctorate in Intercultural Psychoanalytic Psychotherapy in collaboration with the

Queen Mary University of London. This is an exciting and innovative three-year programme of full time or six years part time study. The programme aims to adapt and provide innovation psychological interventions to people with histories of trauma and violence, taking account of the needs for an intercultural focus of psychoanalytic psychotherapy. The degree has a substantial taught and research component (50% each), and required supervised clinical practice, as well as personal experience of therapy. It will provide an opportunity for research trained senior clinicians to work in evidence based methods in unique and challenging settings. The course will lead to a Doctorate Degree of Queen Mary University of London and is delivered in partnership with the Refugee Therapy Centre.

## **Campaigning**

Our campaigning work is focussed on supporting those who face human rights violations and persecution. We engage with the UK government, local MPs and journalists to highlight the need for change. Our work involves speaking and presenting at events and symposia to highlight the need for alternative approaches to working therapeutically with refugees and asylum seekers. We advocate for change of clinical and theoretical development items associated with intercultural psychoanalytic psychotherapeutic interventions alongside working to identify resilience as a factor in working with the trauma associated with torture and other forms of human rights violations. We also are contributing to the field by writing articles in Journals and media debates that are presented in psychoanalytic and psychotherapeutic publications as a means of promoting the need for cultural sensitive interventions that support individuals' human rights.

## **Research**

Our research work draws on our clinical expertise and excellence and is led, as with other aspects of our work, through client evaluation and outcome. We may for instance during the therapeutic process identify the need to develop new ways for client intervention or gaps in knowledge that would benefit not only those particular clients but agencies working in areas affected by human rights. Currently we are running research on Trauma, Torture and Dissociations: an on-going clinical research into the effects of trauma and types of dissociations. The main research question for our work on resilience is: *'Why is it that some people respond to trauma with a successful act of dissociation, leaving the organisation of their world reasonably intact, while others experience fragmentation of the self and of their perception of the world?'*

Our methodology involves observing cases to identify causal factors associated with the pragmatic phenomenon in a flexible, but rigorous manner – systematically documenting any changes and the pattern of change made in patients, i.e.: the change that comes immediately after an interpretation or in the form of a dream in the following sessions.

We have identified four key factors:

1. Sense of self
2. Psychic space
3. A listening other
4. Dissociation

And in our work we constantly examine to see how the connections between these - make the person resilient. For example the notion of a '**listening other**', is connected with having a '**psychic space**' – and with **psychic space** comes a '**sense of self**'.

Our work on fostering resilience is informed by promoting self-esteem and opening up positive opportunities and by using innate self-righting mechanism to transform and change. Fu we focus on reducing the personal impact of risk experiences and negative chain reactions; opening up positive cognitive processing of negative experiences; to build an ability to form relationships with social competence and to develop a sense of self and autonomy; and to build psychic space to plan and hope with a sense of purpose and future.

### **Monitoring and Evaluation**

We measure the progress by monitoring delivery outcomes through regular monitoring of data collection that is gathered from clients, interviews, steering committees, focus groups, and feedback questionnaire forms. Our clients are asked to give feedback on their experience of the quality of services provided and whether the service received is appropriate to their needs. Our clients are also asked suggestions and comments for service improvement. We gather information regarding the number of clients referred and assessed; the number of therapeutic interventions provided; as well as client attendance via attendance logs and records kept on the Centre's database. In addition a written Closing Summary is submitted from therapists to ensure the treatment has been effectively followed through, which is kept in a main file. Results of this process are analysed in a strictly confidential manner by the Clinical Director. The results are shared and discussed with the managers and staff members concerned (lessons learned – what has been successful and what are the challenges to overcome) and where possible the planning and implementation process is modified according to the feedback received. In terms of the monitoring and evaluation associated with change in patients we are serving we identify the following:

- Increased confidence and self-esteem
- Improved concentration and attention
- Making of new friends and integration
- Reduction in feelings of anxiety and loneliness
- Increase in positive hopes and aspirations for the future
- Increased ability to use English in daily life
- Learning how to access statutory and voluntary services
- Engagement with education, training and employment, paid and voluntary
- Reduction in feelings of isolation, marginalisation or anger due to possible perceived prejudice and racism

We gather the evidence of the effects of the therapeutic intervention through patients improvement, with the majority reporting either no, or significantly reduced, clinical symptoms of depression, anxiety, post traumatic stressors and other psychosocial stresses such as social exclusion, unemployment, homelessness, immigration matters, lack of English language and

cultural alienations that are preventing people to work and settle in their new environment. In addition we conduct and collect in-house designed comprehensive assessment forms, including PHQ9 and GAD7. The PHQ9 helps to facilitate the recognition of common mental health stresses patients are presenting, including depression. Its regular review over time is helpful to monitor changes in patients. GAD-7 is helpful to identify anxiety, panic, social anxiety and post-traumatic stress disorder.

For over 16 years the Refugee Therapy Centre has been the source for the provision of intercultural therapeutic interventions in London and beyond. Led by the renowned expert in the field, RTC offers refugees, asylum seekers and destitute space to think and to find possible solution for psychological stressors they are under due to the past experiences, indeed the anxiety and uncertainty about the immigration and other matters in the new environment. The resilience focus approach we employ in our clinical intervention focuses on positive, not deficit, allowing people to gain or regain resiliency and feel in control of the new life and providing and learn tools to manage life in the new environment.

Our group works provided various ways and level for psychological recovery for those experiencing anxiety and stress-related difficulties and involves the active participation of patients (and their parents, in the case of children) in the process of recovery.

The intercultural therapeutic intervention and motivational and resilience base approach utilizes to help modify thought patterns, carefully expose patients to situations which have been creating fear, which is results-oriented, which enables people to experience success more quickly. The intercultural practice gives us the flexibility to focus the intervention where patients need it most. For instance, i anxiety has diminished the person ability to participate in typical daily activities. Our therapists will conduct sessions in way patients feel at ease to look at the cause of the anxiety. By systematically and carefully talking about the painful or fearful situations, we work to reduce the discomfort and symptoms patients feel.

The future plans for the RTC are to:

- Continue to deliver our core services to refugees and asylum seekers who have been tortured and suffered other forms of human rights abuses; and to increase our delivery levels to accommodate the growing need evidenced by our recent statistics

- To further develop a resilience-orientated model of assessment and treatment specifically for traumatised refugees and asylum seekers based on the Connor-Davidson Resilience Scale (CD-RISC - 2010) and our developed theory of resilience and dissociation (A. Alayarian 2007, 2008, 2011, 2015) as a means of increasing understanding of how and in what ways resilience methods can increase psychological well-being. The work will use resilience as a way of assisting patients and therapists to find ways of supporting recovery from trauma. The method focuses on dealing with past traumas as well as with current difficulties associated with exile and resettlement including poverty, discrimination, isolation and exploitation. It will rebuild confidence and increase understanding of how and in what ways resilience methods can increase psychological well-being so those affected by torture will thrive as new and active members of society.

To increase access to refugee and Black and ethnic minority students through the provision of Intercultural Psychoanalytic Psychotherapy education and training.

### Achievements and performance

Sadly, the numbers are almost less than half as compared to last year. This is due to the loss of funding and mainly commissioning.

Summary of identifying activities undertaken to further our charitable purposes for the public benefit from 1 April 2014 to 31 March 2015, we have offered 6,573 sessions to 557 clients from 45 countries.

Of these 49.91% were male and 50.08% female.

Total referrals - 557

Of these, number of clients offered psychotherapy & counselling - 212

No. offered Support Outreach Community Development - 38

No. offered Mentoring - 75

No. Individual offered therapy - 181

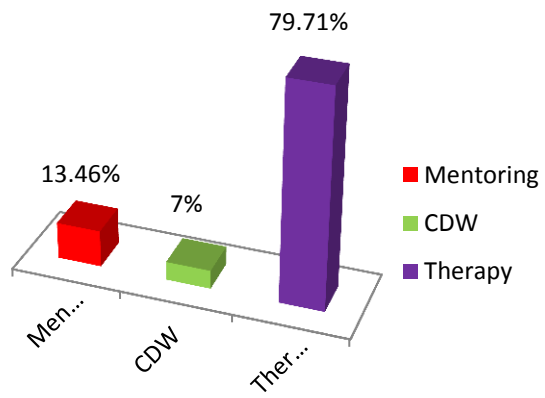
No. Group offered group Therapy - 51

During the year, we had the capacity to offer services in fourteen languages, including: Albanian, Arabic, Dari, English, Farsi, French, Italian, Serbo-Croat, Spanish, and Turkish.

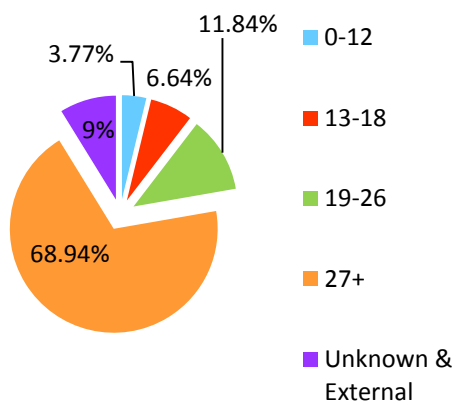
Group work with both women and men in different languages has continued, helping our clients work through issues of cultural alienation, social isolation, anxiety and depression and thus forming an important part of the work of the Centre.



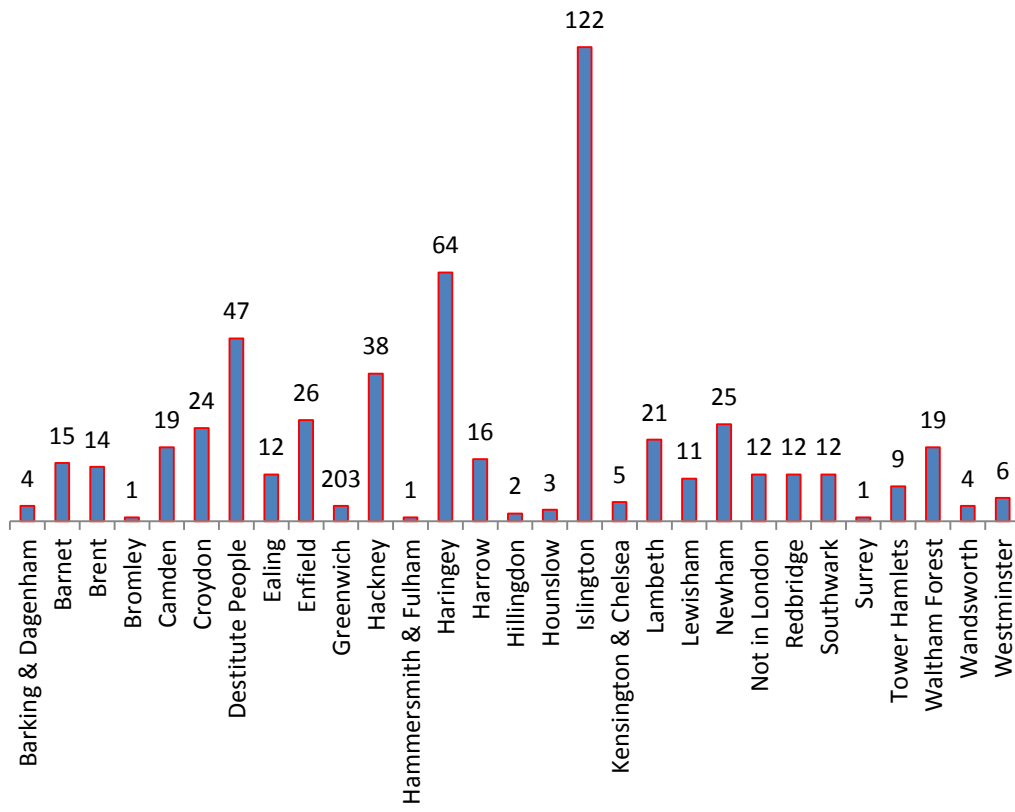
## Services Provided



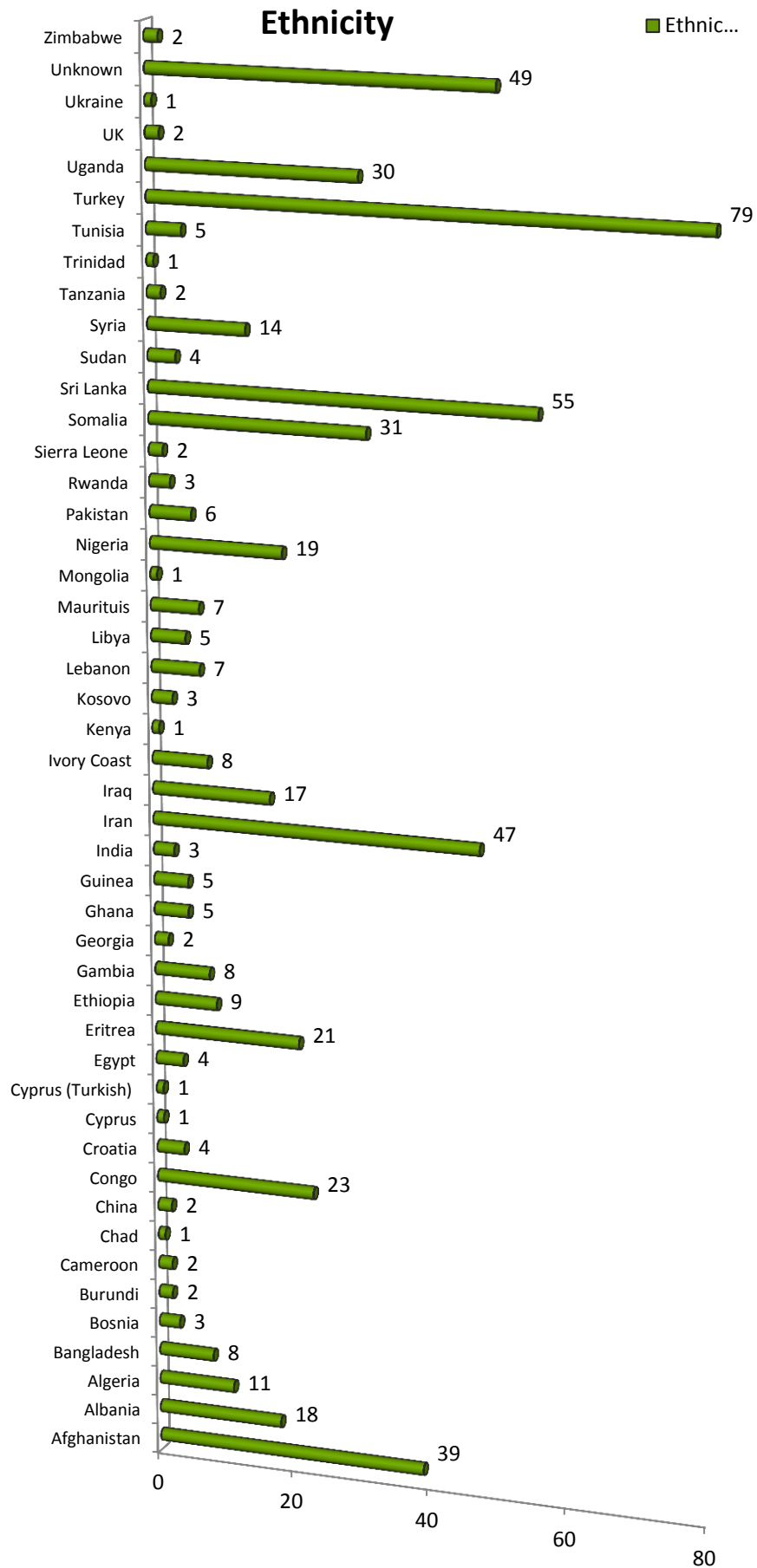
## Ages



■ Boroughs









*Staff and volunteers of the Refugee Therapy Centre at Refugee Week.*



**RESEARCH** We are conducting a research study at the Refugee Therapy Centre to find out if intercultural therapy, focusing on the resilience quality, is helpful for people that have experienced trauma. It is common for people who have endured a traumatic experience as the result of persecution, imprisonment, torture and other forms of human rights violation to suffer psychologically.

Dr Aida Alayarian has over the last 20 years been working with theories of object relations to identify how and in what ways resilience can be used to increase psychological well-being. This work alongside the practice generated at Refugee Therapy Centre recognises a layer of trauma where resilience can be located and identifies the necessity of focussing on people's narrative and life experiences as a whole and of understanding that psychological well-being is not always developmental but can also be affected by external socio-cultural factors.

Recognising and working with psychological resilience has been shown to have a positive impact on those suffering PTSD and their families including:

significantly reduced clinical symptoms of depression, anxiety and PTSD, increases in confidence and self-esteem, ability to relate to peers, and a reduction in psychosocial stresses such as social exclusion, unemployment, homelessness, immigration matters, lack of English language and cultural alienation

The research will re-develop, pilot and disseminate a psychological resilience based assessment tool. The tool will be re-developed to measure stress coping ability including generalised anxiety disorder and PTSD and, as a treatment for anxiety, depression, and stress reactions. The re-development will produce a new rating scale to assess resilience for refugees and asylum seekers, comprising of 25 items, rated on a 5-point scale (0-4), with higher scores reflecting greater resilience.

**Pain** never really goes away. You just elevate and get used to it by growing stronger.

**TRAINING** We are proud to offer a Professional Doctorate in Intercultural Psychoanalytic Psychotherapy in collaboration with the Queen Mary University of London.

This is an exciting and innovative three-year programme of full time or six years part time study. The programme aims to adapt and provide innovation psychological interventions to people with histories of trauma and violence, taking account of the needs for an intercultural focus of psychoanalytic psychotherapy. The degree has a substantial taught and research component (50% each), and required supervised clinical practice, as well as personal experience of therapy. It will provide an opportunity for research trained senior clinicians to work in evidence based methods in unique and challenging settings.

Over 90 per cent of the people we serve have either been tortured or have been affected through family association. Some have lived with the stress and fear of war, whilst others have witnessed violence and appalling atrocities against members of their family or community. Some may have been arrested, tortured or raped, and children as young as eight years have been used as soldiers. All the people we serve have to deal with displacement from their home and familiar environment and with the severe disruption of their normal routines of life.

Forced migration and resettlement for some people may entail loss of social roles, status and support networks, and recently arrived refugees and asylum seekers are among the most vulnerable people in society. Already dealing with trauma, displacement and uncertainty, many of our clienteles are faced with difficulties regarding integration, housing, work, education and accessing services. Poverty related problems are exacerbated for

refugees, asylum seekers and destitute. Factors include isolation, insecurity during and after the asylum process, lack of means and tangible opportunities to build up any capital to assist a better settlement.

In addition to practical difficulties arising from their displacement, the people we work with are faced with a wide range of emotional issues such as bereavement, separation, traumatic memories, loneliness and loss of identity. These practical and emotional problems are further aggravated by barriers of language and unfamiliar culture which can lead to anxiety, depression and psychological difficulties. If emotional problems persist over the longer term, people may be prevented from functioning properly in society and, at worst, their lives and, occasionally, the lives of others may be threatened. Some individuals may not be familiar with rehabilitation services and concepts of counselling and psychotherapy, and have limited access to mental health, educational, welfare and health services.



It is with pride that we can announce the Centre's fourth major publication: **'Handbook of Working with Children, Trauma and Resilience: An Intercultural Psychoanalytic view'**.

The aim of this book is to look at the impact of torture on children's psychological development and the effect it has on their growth into an adult personality. RTC Clinical Director, Aida Alayarian discusses this through the lens of psychoanalysis and hopes to develop a much needed agenda for future lines of research on the relationship between children and young people's exposure to torture and other human rights violations, and the impact of these on the development of psychopathology and, indeed, the impacts on society as a whole.

Those interested in purchasing the book can contact the Centre for details at

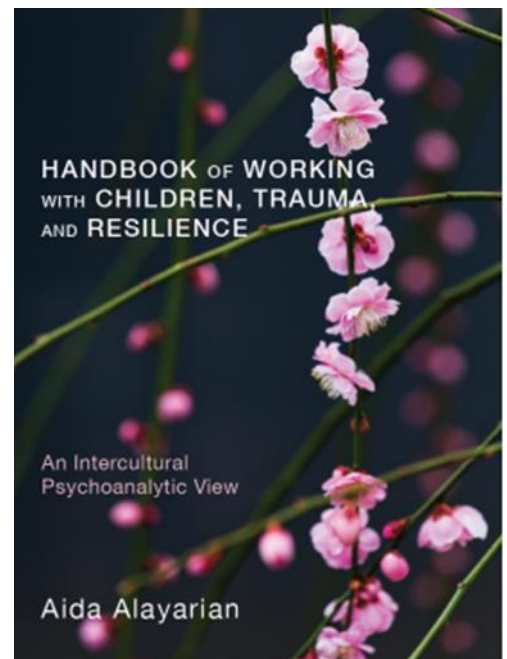
[info@refugeetherapy.org.uk](mailto:info@refugeetherapy.org.uk)

or purchase it directly from the Karnac website:

<http://www.karnacbooks.com/>.

This is an important work and one which will contribute to psychoanalytic thought concerning the psychological experiences of children of refugees and unaccompanied minors.

Throughout the book, clinical vignettes and case studies are presented and discussed. These invigorate and stir the diversity of the experiences of unaccompanied minors and children of refugees while also demonstrating the impact of appropriate therapeutic intervention. They further explore a resilience-focused approach to working with children of refugees or unaccompanied minors. The aim of this book, therefore, is to specifically look at and seriously contemplate the torture of children, with specific focus on its psychological impact, but also looking at the legality of the situation and international conventions, and regulations for prevention and protection.



## Words from the staff



### **Bilge Sahin, Community Support Worker**

Many people are leaving their home country behind with the hope of having a better life. Also, many people are running away from their home country in order to find security and the possibility to continue their lives. However, what they leave behind - memories, experiences, trouble – can be heavy baggage. Refugee Therapy Centre helps them easing into a new life. As I have started to work at Refugee Therapy Centre, I both saw the despair and hope to live new lives. As I come from the same country as the people I work with, I could often feel deeply what they must have been through. As a Turkish support worker my job here is to be people's voices that come here to get support. Providing therapy sessions in people's own languages is a brilliant project and I am very grateful to be a part of it.

### **Seemeen Sakharkar, mentor**

Volunteering at the Centre has been an invaluable experience. Working so closely and personally with individuals has been both enlightening and rewarding. Having the honour of forming a bond with the people we work with, despite often having communication barriers, is a completely unique opportunity which has allowed me to independently find solutions to problems I may not have come across otherwise. I would strongly recommend the Centre to prospective volunteers as it is fulfilling and worthwhile.



### **Nerma Biscevic, Clinical Coordinator**

I am a Bosnian speaking therapist. This has been another busy year during which I have continued to co-ordinate clinical work at the Centre and offer therapeutic help to clients in individual and group settings. My other responsibilities include providing supervision to clinicians, support workers and mentors. As part of our training programme I have been delivering lectures and facilitating student seminars.

Our clients come from a variety of linguistic, cultural and political backgrounds. Their experiences have a significant psychosocial impact on many levels ranging from and including loss of home and loved ones, separation, culture shock, language barrier and breakdown of family structures which all create overwhelming psychological distress. The complicated and complex

asylum system is difficult to negotiate and difficult at times to make sense of the process. The denial to work creates a sense of worthlessness and feeling of helplessness. Many clients have experienced significant trauma, persecution and torture including sexual violence. Not surprisingly, past experiences are often too painful to think about. The overwhelming preoccupation of waiting time to hear from the Home Office creates fear and anxiety for the future. As a result, most clients find it emotionally difficult to manage the present. Homelessness and limited resources to meet basic needs significantly challenge living a dignified life and having a sense of worth. Negative stereotyping by social media creates a sense of rejection, fear of being attacked and not welcomed.

Understandably, having a therapeutic relationship and space where a person can feel understood, supported and empowered to deal with their difficulties is important and we continue to provide our service despite unfortunate funding restrictions.

### **Hannah Mownah, mentor**

The Refugee Therapy Centre does a fantastic job in meeting the needs of some of the most vulnerable people in our society. In the last year I have volunteered as a mentor for two young clients and it has been incredibly rewarding to see the positive impact on their confidence. The weekly sessions have given us the opportunity to build a rapport and focus on providing support in a trusted and stable environment. It is a privilege to be part of a team that makes such a difference.

### **Marilia Gougoulaki, Mentor**



Mentoring at the Centre has been a wonderful experience for me. In helping my clients work on their academic and emotional difficulties, I came to understand the value of warmth, communication and support for young people's futures. I have watched the children I see steadily improve with tremendous pride, and have noticed them growing more confident with each session. Beyond academic achievement, the mentoring programme shows children in need of kindness and warmth that there are supportive people in their lives whom they can trust; I am sure this trust will prove invaluable for their emotional development. Throughout this year, I have seen the mentoring project make real differences in the lives of children who often lack emotional containment in their day-to-day life. All in all, I am grateful to have had the chance to work at the Centre, and to have been a witness to the children's incredible capacity for progress.

### **Chip Ponsford, Counsellor / Psychotherapist**

I have been working at the Centre for four months and I have felt very welcomed and supported. The atmosphere feels good humoured and respectful. I have learned a great deal in my work with clients. It is a privilege to be able to offer people who have often experienced such horror, contact with a welcoming human soul.





### **Ghadah AL-Nasseri, Community Support Worker**

I have finished my Master's in Human Rights Law and am working as a community support worker at Refugee Therapy Centre. I provide consecutive interpreting to meet the cultural and linguistic needs of the refugees and asylum seekers who are experiencing mental health difficulties. I offer guidance to the refugees and asylum seekers to access social services, housing, legal, education and debt issues.



### **Kiymet Omur Bivolaku, Counsellor**

As a counsellor who has been involved with the Refugee Therapy Centre for many years, I feel proud and privileged to be part of the Centre which continues to be totally dedicated, committed and work very hard year after year, well past its decade now, and provide a vital service to people from a wide variety of cultural and linguistic backgrounds and needs. Our work certainly is challenging, as it is rewarding and a teacher at the same time. We never cease to learn and be amazed by the human resilience and strength we encounter in our work with our clients.

I am very grateful to all and everyone who have contributed throughout the years to make this very important and vital work at our Centre possible. I look forward to many more years to a steady service that is unique and much needed in a dynamic and ever changing world.

### **Rahel Goenner, Student MA Course**

This is my third year of being involved with the RTC, being one of the students on the MA course on Intercultural Psychoanalytic Psychotherapy. The last year has been in particular transformative for me as I began my clinical work and had the opportunity to work in a placement at the RTC, which is giving me real experience and insight in to this challenging and rewarding work. I have also benefited to have supervision and be guided while making first steps in this sometimes daunting field of work, which I am very grateful for. I would like to thank all the staff and leadership at the RTC for all their efforts and support.

### **Parisa, Mentor**



This is my fourth year mentoring for the Refugee Therapy Centre and my time here has been truly rewarding. Every client that mentors have is different and we tailor our sessions to what each individual client needs. Mentors help people overcome language barriers and support those who feel isolated. In particular, mentors are helpful for children and young people in supporting them with their school work and navigating the education system.

To illustrate the work that mentors do I shall discuss my work with S, an 8 year old boy who was born in the UK, whose parents speak limited English

I have been working with S for a year now. When I first met S, he was struggling to keep up in school as well as making friends and had disruptive behaviour in class. His mother was always concerned by this, but did not know what to do. She could not help him with his schoolwork and seemed to feel isolated and distrustful of others. S would complain that he never got to play with his mother and yearned to be able to do this. During sessions our focus has been on going through homework and keeping his concentration up by giving him breaks and time to express himself. As time went on, his mother began to become more interested in what we were doing in sessions together and I kept her informed of his progress; we began being more of a partnership and she became more trusting. It was clear that our sessions had become a point in which they anchored their week and the regularity gave them some stability.

A few months ago S was hit by a car and his leg was put in a caste. Despite not being able to go to school very much during the time he was healing, they were still coming for mentoring sessions on time every week. It was clear that this accident had brought the family together, they were smiling a lot more and S told me they had started going on family outings and began playing together again. Despite missing school, his grades began to go up and his teachers were reporting that he was paying more attention in school. His mother spoke to me before one session and told me how pleased she is and that she feels that I am doing really good work with him. Although she put the improvements down to the work I was doing with him, it is important not to understate the changes she had made and the partnership we had formed.

### **Rita Nemeth, Administrative Assistant**

I joined the RTC in October 2014 as the Administrative Assistant as well as the Mentoring Project Administrator. I have thoroughly enjoyed my time at the RTC since I have been here. As part of the Mentoring Project I had to coordinate mentor timetables in accordance with the mentees' busy schedule. I must say it was not always easy, however, it is fantastic to hear the happy voice of the parents when I am able to tell them that we can offer mentoring to their children at their suitable time.

I am glad that I could be involved with the Mentoring Project as it is very rewarding.

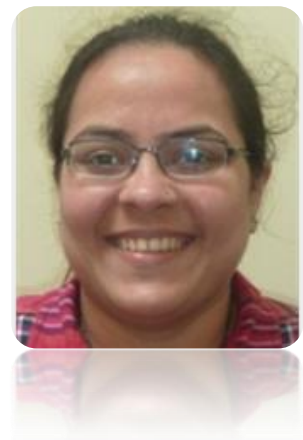
It is a great privilege to be able to work for the Refugee Therapy Centre and as the Administrative Assistant I am glad that I can help the smooth running of the Centre.





**Shweta Sayed - Administrative Assistant**

This has been another exciting and transformative year at RTC. This year brought several new developments and responsibilities. Along with being the Centre & Course administrator, I took over the challenging responsibility of handling the accounts as well. Taking these responsibilities have given me a rich and dynamic experience during the time of being part of the Centre, which has helped me learn and grow not only on a professional level but on a personal level as well. I am grateful to have the opportunity to work with such respectful, hardworking and compassionate people serving the community and look forward to seeing the ways in which RTC is further able to achieve its worthwhile aims.



**Shahrzad Khamoush - Counsellor**

We seem to be busier than ever, with increasing demands for psychological help; which is mainly as a result of the injustice, and violation of human rights around the world, and to some extent, our clients' experiences in the UK. In a paralleled process, ironically, the centre is also experiencing similar dilemmas and hardship as our client group.



I am at the centre two days a week from April this year, and I would like to show my appreciation to the office staff and my colleagues' hard work, who all, so dedicatedly embrace the challenges faced on daily basis.

### **Paul Atkinson - Psychotherapist**

It is a privilege to work as a member of the Refugee Therapy Centre's staff. The Centre is working with one of the most important communities in the UK - people whose welfare directly reflects the health of our society's humanitarian values. Working with our clients is always profoundly moving and rewarding. The Centre brings together an inspiring wealth of experience, skill and commitment to the work with clients, across a wide range of services of administrative support, advice, education, and psychotherapy. Teaching the students on the training course has been a great pleasure. The students are a group of bright, enthusiastic and caring professionals, 'suffering' the rigours of a thorough education in the theory and practice of multi-cultural psychoanalytic psychotherapy. I applaud their dedication.



### **Lennox Thomas – Consultant Psychotherapist**

It has been an eventful year when we have given some thought to trauma and its long term effects on those who use our service. My work has been with men who have presented their distress in two main ways. One group continue to have severe bodily symptoms, bodily pain, and parts of the body where they sustained prolonged beatings or violation. They are hoping to find the right medicine or correct medical procedure. The other group might have also presented with physical symptoms but had become depressed and fear that they might never recover from their state of distress. In order to survive from day to day both types of client rely on anti-psychotic or anti-depressants. These different symptoms present questions about how an appropriate therapeutic service can be provided to patients. It is useful that the Centre is involved in ongoing research on trauma and resilience so that we will be able to learn about different interventions. Whilst we can generally recognise trauma, individual cases have different pathways and each their own unique treatment.

**REFUGEE THERAPY CENTRE**  
**STATEMENT OF FINANCIAL ACTIVITIES**  
**(Including Income and Expenditure Account)**  
**FOR THE YEAR ENDED 31 MARCH 2015**

		Unrestricted Funds	Restricted Funds	Capital Funds	Total Funds	Total Funds
		2015	2015	2015	2015	2014
	Notes	£	£	£	£	£
<b>Incoming Resources</b>						
<b>Incoming resources from generated funds</b>						
<b>Voluntary income</b>						
Grants, donations and legacies	2	107,616	70,493	-	178,109	185,690
Volunteer time		193,150	-	-	193,150	193,150
Activities for generating funds		96	-	-	96	35
Bank interest receivable		6,173	-	-	6,173	151
<b>Incoming Resources from Charitable Activities</b>	3	113,503	-	-	113,503	189,283
<b>Total incoming resources</b>		<u>420,538</u>	<u>70,493</u>	<u>-</u>	<u>491,031</u>	<u>568,309</u>
<b>Resources Expended</b>						
<b>Cost of generating funds</b>						
<i>Costs of generating voluntary income</i>		19,066	-	-	19,066	25,557
<b>Charitable Activities</b>						
<i>Therapy</i>		322,817	70,493	-	393,310	410,573
Governance costs		27,651	-	-	27,651	36,862
<b>Total resources expended</b>	4	<u>369,534</u>	<u>70,493</u>	<u>-</u>	<u>440,027</u>	<u>472,992</u>
<b>Net incoming / outgoing resources before transfers</b>		51,004	-	-	51,004	95,317
<b>Reconciliation of Funds</b>						
Total Funds brought forward		380,867	-	1,713,053	2,073,920	1,978,603
<b>Total Funds carried forward</b>		<u>411,871</u>	<u>-</u>	<u>1,713,053</u>	<u>2,124,924</u>	<u>2,073,920</u>

The Statement of Financial Activities includes all gains and losses in the year. All incoming resources expended derive from continuing activities.

The notes on pages 11 to 19 form part of these financial statements.



## **Refugees by Martha Sprackland**

I sit on my coat  
and think about home:  
the warm cosy glow of the fire,  
the smell of home baked bread...  
I brush tears to the grass.  
A small child wanders over,  
sits down with a bump.  
I glance at him,  
and he gazes at me intently.  
A sharp, blue gaze,  
I offer him a piece of bread  
and he takes it. A flicker of a smile.  
I put my arm around his skinny shoulders.  
Silently, together, we sit, and think, and cry.

