Activities of the CRTV Mobile Teams

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Abstract

The post-war period of transition in former Yugoslavia is characterised by an increase of socially vulnerable and deprived categories of population and a vast number of refugees. Among them there are many people who have been victims of torture and war-related trauma - they are the target client group of the Centre for Rehabilitation of Torture Victims - IAN Belgrade (CRTV). Most of them do not have basic social insurance, live in extremely precarious material conditions, have significant health and psychological problems and most often do not know what kind of assistance they can receive in CRTV. The most vulnerable clients are not in a position to seek help for themselves, or have access to such help. This has lead to the idea to make the basic medical, psychological and legal assistance, provided by CRTV experts, available also to those who do not know about the Centre or are not able to come to it. Therefore the CRTV has organised mobile teams that go directly to the clients and provide services in the field. Here we have described the work of mobile teams, current experience and future plans.

INTRODUCTION

The concept of fieldwork was initiated over a hundred years ago and meant the mobility of experts and accessibility of their services in a non-institutional framework.

In American papers (Korchin, 1976) we find the information that Lighner Witmer established in 1896 a clinic that provided expert psychological assistance to children. A mobile team of experts had travelled throughout the United States and demonstrated their method of work. This was the first mobile psychological clinic in the world.

In the period after the Second World War the number of psychiatric patients increased dramatically. Due to lack of space, professionals and staff, psychiatric institutions were unable to provide adequate assistance to all those who needed it. This generated the necessity for expert fieldwork, which meant creating mobile assistance teams.

Korchin (1976) writes about the third phase in development of clinical psychology that he calls communal clinical psychology or community psychology. The new territorial scheme reduces the hard isolation and discrimination of patients. It is interesting to note that this type of psychology was first generated in practice, while the theoretical concept corresponding to such activity was created subsequently.

Latest researches in our country and in the world have confirmed the importance of this type of work. Lujic and Vlajkovic (2000) in their programme of psychosocial support to refugees have described the mobile team as one of the more effective types of assistance. They state that these teams aim at reaching the inhabitants of the remote refugee collective centres, as well as local population living far from large settlements, and provide them with psychosocial support.

Kohn, Goldsmith and Sedgwick (2002) have concluded that treatment given by the multi-disciplinary mobile team leads to a significant decrease of psychiatric inability in mentally ill elderly patients who are tied to their homes or bed-ridden. Results of this research indicate that the more intensive individual treatment and frequent home visits by the mobile team correlate with the ability of the patient to more actively participate in the life of the community.

Laval, Villard and Comandini (2003) have pointed to the role of professionals that are frequently neglected in their work within institutions. Participation in a mobile team provides them with an opportunity to find new aspects and dimensions of their professional mission. Choosing such an interdisciplinary approach to work contributes to the cooperation of various qualities, whereas the dynamics of such cooperation guarantees a holistic approach to the patient and his/her physical, mental, social and emotional suffering. They specifically focus on the scope of activities of the psychologist, which is expanded by way of allowing psychologists to intervene not only on their patients, but also on the medical staff responsible for patient care.

Cornelius, Llewellyn, Simson and associates (2003) have explained the reasons for establishing mobile teams in terms of specific circumstances of the African American urban population, for which this field service is destined. Due to racial discrimination, they live in very precarious conditions of poverty, destitution and unemployment, accompanied by the lack of health and social insurance. Because of the evident similarity in social structure we could draw a parallel between this American population and the refugee population in former Yugoslavia. The authors stress the advantages of mobile service that enables provision of assistance to these clients, regardless of the said difficult circumstances. Traditional service provision ensured by the state is very often unable to meet various needs of this population, so that new programmes (that include mobile teams) become irreplaceable in resolving a variety of problems due to their flexibility and adaptability. Earlier experiences of professional assistance provision in the field indicate the advantages of such type of work in the situation of post-war transition.

ACCOMMODATION AND SOCIAL STATUS OF CRTV CLIENTS

Clients of the *Centre for Rehabilitation of Torture Victims - IAN Belgrade* (CRTV) are people who have been exposed to psychophysical torture related to war and detention in prisons and camps. At the same time, our clients are all others who have experienced traumatic events during the war. Since most of torture and war-related trauma victims also have refugee status, it natural that the Centre should focus largely on areas and institutions where refugees are more concentrated.

Refugees usually reside in collective centres and private accommodation (with cousins, friends, as subtenants, etc.). An important element they all have in common is that they have been uprooted from the physical and psychic environment and deprived of former close support and resources beyond their immediate families. Lack of privacy, limited relations with the surrounding world, forcible idleness and aimlessness, monotonous passage of time, traumatic memories, uncertain future, lack of control over their own destiny, loss of trust, hope and faith, as well as the feeling of powerlessness, characterise their everyday life. Most of them are inclined to passively surrender or to forcibly rely on institutional support, which only fosters and deepens their feelings of helplessness and passivity. Right to equal opportunities for local population and refugees alike, as well as to the full satisfaction of basic needs, is hampered by many obstacles. Refugees have less opportunity than the local population to use available resources and hence the need for them to be accepted and assisted by members of their new community to overcome difficulties they are facing. Therefore the necessity to provide all existing types of assistance to those who are in difficulties but are unable to come to the Centre for various reasons became evident. That is why regular field visits are organised to the places where these people reside.

Key characteristics of our clients are the following:

- Inadequate and insufficient information about their rights and possibilities for the assistance offered to them;
- Extremely poor material situation, with emphasis on existential and financial vulnerability and deprivation, which leads to increased difficulties in basic survival and upkeep of families;
- Lack of basic social insurance, which is the consequence of unemployment and the unresolved legal status;
- High degree of health risk (illness, disability, poor psychophysical state), frequently caused by war suffering and atrocities they have experienced.

ESTABLISHMENT AND COMPOSITION OF CRTV MOBILE TEAMS

The following activities preceded the creation of mobile teams' programme:

- Collection of necessary information was done in several ways: through professional contacts with local trustees of the Commissariat for Refugees; through cooperation with other humanitarian organisations; through specially designed record files; through personal contact with refugees. This way we have obtained information about what type of assistance the refugees consider most useful and from which experts they expect to receive it, what they have done so far with regard to resolving their problems (positive and negative experiences), information about their ideas and capacities for resolving these problems.

- By conducting and evaluating the above activities we have reached the key problems characteristic of our target group and on the basis of this we identified key persons who would carry out the programme, as well as developed the activity plan and set the priorities.

The designed mobile teams programme, was further modified by monitoring the work of first field teams and by evaluation of their effectiveness. With the view of improving future implementation we have ensured the consistency of time, place and individuals who would provide assistance, as well as the atmosphere of understanding and acceptance. According to need, for the purposes of timely response, assessment visits are organised to evaluate the situation and needs of clients, as well as follow up on achieved effects.

Basic CRTV mobile team consists of five members: a psychologist, a psychiatrist, a general practitioner physician, a lawyer and a driver. This usual composition is mainly intended for initial visits to certain field units and can later be changed depending on concrete needs of the target group, which determine what should be achieved during the following meetings. The team composition is determined by the types of services we wish to provide in the field, since the mobile unit is in fact a cross-section of comprehensive services IAN generally provides to its target groups.

Concrete types of services provided by specific experts represent key resources of the organisation, which also enable the provision of professional assistance to clients in the field. Basic services offered in the field by mobile team members are the following:

- Provision of basic information about the types of assistance available in IAN;
- Psychological evaluation (assessing the psychological state of an individual in order to determine adequate type of assistance);
- Psychological assistance (forms of individual and group psychotherapy and supportive counselling);
- Medical assistance (general medical examination, with possibilities of subsequent specialised examination in the "Median" clinic);
- Legal services (discussions with the lawyer and consultations aimed at legal problems of the refugee population).
- Referring clients who require it to further treatment in the CRTV and other institutions, as well as creating preconditions to pursue this treatment (e.g. paying their travel costs).

Regular team composition can be expanded or reduced depending on the aim of the field visit. Similarly, future assistance in the field becomes more specific, directed towards the needs of individual clients and organised around their most acute and important problems.

ACTIVITIES OF THE MOBILE TEAM: BASIC AND SPECIFIC TASKS

Each member of the mobile team, as a chosen expert, has his/her own specific tasks that are in accordance with requirements of their professions and aims that should be achieved in the field.

The psychiatrist is in charge of establishing first contact and conducting the initial interview with the clients. While taking the personal anamnesis, considering the client's needs, the psychiatrists makes an effort to motivate him/her to continue working on himself/herself and conducts some forms of psychotherapy that are possible to apply in the field work conditions. If the client is in an acutely difficult psychic state or crisis, the psychiatrist conducts a brief individual support therapy, aimed at appeasing the client and point out his/her positive potentials for facing and overcoming the problem. During subsequent visits to the same field unit, the psychiatrist provides therapeutic support that is usually conducted through a form of group therapy (or sociotherapy), whereas in exceptional cases individual psychotherapy can also be applied.

Group work is very popular in the field for a variety of reasons. Technical convenience for organising group work comes from a larger number of clients being present in one place. Homogeneity of the group is reflected in the fact that all its members have similar experiences of war and exile they have survived, and are at the same time in an

equally difficult life situation, faced with mainly the same kinds of problems. This unified psychological milieu, shared by a larger number of people, enables facing the problems on group level and the use of a therapeutic process relying on group dynamics for the purpose of recovery and psychological rehabilitation. Experiences gained in the group are then transferred to social relations in everyday life. Expression of emotional contents, supplemented by information and cognitive processing by the therapist, quickens the structuring of the psychological chaos generated after the traumatic event.

The psychologist in the field gives clients basic information about the types of assistance offered by the CRTV. Usually the psychologist conducts an initial testing by way of a standard battery of tests questionnaires, the results of which provide data on current psychological status of the individual and are used when assessing the kind of therapy and type of treatment most suitable for the individual client. The psychologist also has the task to identify extremely vulnerable persons, assess their needs for psychic intervention and provide assistance in moments of crisis in the form of psychological counselling and support therapy. The aim is to assist clients to understand their problem through clarifying the direct relationship between the state they are in and the stressful events in their lives, which the clients usually do not perceive. Similarly, it is important to give them an opportunity to freely and openly say and demonstrate all they have experienced, so that they could be liberated from painful and apprehensive feelings. This way they have a possibility to tackle the issues they find interesting, concerning or upsetting and to strengthen their own adaptive mechanisms. The most frequently used interventions are the empathic listening, reflecting emotions and contents, encouraging to express feelings, reminding the client of his/her positive experiences and successes, giving supportive suggestions, exploring alternatives in approaching and resolving the problem. Another task of the psychologist is to observe the conducted forms of group therapy, with adequate registering of group dynamics and therapeutic process.

The lawyer also has specific tasks to perform. Firstly he/she collects basic data on legal problems of clients in the field. There are several areas within which our legal service works. The first area involves obtaining statements from people who have suffered some form of torture: these statements are used in the process of filing criminal charges against the perpetrators. They are also used in filing lawsuits in civil proceeding for compensation of damages, which is the basic legal remedy to provide compensation for the torture victim by the responsible state. If charges or lawsuits are filed in further proceedings, our lawyers provide pro bono in-court representation for our clients until the final ruling of the court, as well as during the process of execution of court decisions. While taking statements, the lawyer also informs his/her clients about what type of evidence they need to obtain in order to file the lawsuit, as well as about all other relevant legal issues. The statements obtained from clients in the field are entered into a unified database on torture victims, representing a testimony on the experienced torture and can be used for various purposes. The other area of legal activity is related to voluntary return of refugees to other parts of former Yugoslavia, those they have been exiled from. Related to this, the lawyer registers interested clients, takes their personal data and fills in the forms needed for provision of documents (issuing birth certificates and citizenship certificates for refugees from Croatia).

The lawyer also refers the clients to other agencies able to provide more concrete assistance in organising the return process. Third area of activity for lawyers is provision of legal advice with regard to property and tenancy rights that need to be resolved, as well as general information from other legal domains. Data on clients interested in integration with local inhabitants in the places of current residence are also collected during field visits.

The general practitioner, as a member of the mobile team, has the task of conducting basic medical examinations and suggesting an adequate type of treatment, as well as to prescribe appropriate pharmacotherapy. He/she recommends further medical treatment and refers to specialist medical examinations if he/she should assess that such examinations are necessary.

PROBLEMS OF FIELD WORK

Despite carefully planned activities of the mobile team in the provision of assistance to clients, there are occasional problems that have a negative impact on the overall effectiveness and indicate potential need for change and adaptation to specific situations and beneficiary groups.

Poor technical conditions most frequently have a negative impact on the team's work. The usual problem of this kind is the lack of space, due to which a large number of clients and assistance providers are cramped in a single room. In addition, it often happens that the premises available are cold, stuffy, poorly lit and noisy, which significantly disrupts the basic conditions needed for counselling work and medical examinations, also leading to reduced motivation and participation of clients.

Sometimes it happens that the clients are late, do not arrive at the set time, enter completely uninformed about what is going on and initiate totally unrelated discussions, ask various questions and thereby obstruct the conduct of planned activities and decrease the quality of the work itself.

The needs and expectations of beneficiaries often differ from our possibilities and from what we are able to provide. For instance, client regularly request material assistance. It happens that even when they get precise information about the types of assistance offered by IAN, they misinterpret what they had heard. Therefore, when they hear about medical assistance, they expect to inevitably receive medication and drugs. The greatest problem of the legal service in the field is the technical impossibility of drafting written documents requested by the clients on the spot (lack of lap-top computers). Some clients expect instant therapy from the psychologist, including the quick resolution of problems they have. At the attempt of psychologist to direct such clients to working on themselves, the clients usually respond by turning to outside contents, where they often see the only cause of their own problems. Thereby they manifest reduced motivation for psychological work and the impossibility to deal with their internal contents.

Mobile team members constantly try to overcome the above-mentioned problems and adapt to new situations. They usually discuss among themselves the professional dilemmas and unforeseen developments in the implementation of activities, trying to reduce the disruption of work to a minimum by their timely and adequate reactions.

IMPLEMENTED INTERVENTIONS OF THE CRTV MOBILE TEAM

In the course of the work so far we have been making two types of field visits, depending on the location of clients, who live either in private accommodation or in collective centres. The first type of accommodation entails home visits by the mobile team where individual discussions and examinations are held. With clients in collective centres we organise both the individual and various types of group work in their common premises. For these purposes we often use the offices of local associations that usually gather our potential clientele.

We have conducted home visits in Belgrade, Obrenovac, Bujanovac, Vranje, Aleksinac, Subotica, Novi Slankamen, Backa Topola, Mladenovac, Sopot, Bela Palanka and Putinci. The overall number of torture victims to whom we have provided assistance in their homes is 53.

We have also visited collective centres in Vrnjacka Banja (2 visits), Stanišinci, Cortanovci, Leskovac, on Lake Vlasina, Surdulica, Banja Koviljaca, Bujanovac, Novi Slankamen, Vranje, Aleksinac (2 visits), Backa Topola, Blace, Avala (2 visits), Kladovo (3 visits), Deliblato, Požega (2 visits), Užice, Perucac (3 visits), Bajina Bašta, Rtanj, Donja Kamenica, Knjaževac, Pirot and Bela Palanka. We have provided 471 clients in collective centres with our assistance.

We have cooperated with various associations in Subotica ("Otpor" - "Resistance"), Arandelovac ("Association of Disabled War Veterans"), Belgrade ("Association of Disabled War Veterans"), Bijeljina and Bratunac in Bosnia ("Association of Camp Detainees"), Hrtkovci (Culture Centre), Novi Banovci (branch of the "Association of Camp Detainees"), Slankamen (local community premises), Beška (Culture Centre), Bajina Bašta (Danish Refugee Council premises). In these towns we provided services to 184 clients.

While assessing the needs in some of the collective centres visited, as a response to acute problems of torture victims, we have organised psychotherapy groups. The groups were organised in Cortanovci (8 sessions, 20-30 group participants), Deliblato (10 sessions, 7-15 groups participants), Beška (10 sessions, 6-12 group participants). Still ongoing are the groups in Hrtkovci (30 sessions to date, with 15-22 clients in the group), Slankamen (13 sessions to date, with 12-26 group participants), Bjeljina (6 sessions to date, with 13-15

group members). We have also planned to visit and organise a group in Bratunac [1]. The overall number of psychotherapy group beneficiaries is 120.

CHARACTERISTICS OF ASSISTANCE PROVISION TO CRTV CLIENTS IN FIELD CONDITIONS

The first impression in contact with clients who have been provided with assistance relates to their specific psychological status. They are in a passive and marginalized position of helplessness, confused and hurt by violent and unexpected changes with which they are unable to cope by themselves. They have a feeling of anxiety and do not know how to express their difficulties. Emotional uneasiness linked with painful and terrifying experiences is an important limiting factor and is manifested by social withdrawal and psychological numbness. Prolonged stress after the event, preoccupations with painful memories and important losses have an adverse effect on their adaptation. They often feel depersonalised and insecure with a sense of their own value shaken, isolated from the environment and existing systems of institutional support. Adverse development conditions and chronically negative experiences are the undesirable risks with possible long-term consequences.

It became evident that the level of social integration between the newly arrived and the local population depends largely upon the area where they are settled, mutual similarities in mentality, as well as on the proximity of war activities. The said factors influence the better understanding of problems specific for the refugee population by the local inhabitants. The effects of self-isolation of the local community and the rigid position of the newcomers are reflected in the failure to recognise and find adequate responses to unfavourable events, which significantly reduces the refugees' ability to adapt. On the other hand, in cases where they live in a favourable environment, our work was greatly facilitated and our interventions gained their full importance.

People residing in collective centres are in a particularly difficult situation. Common characteristic of all forms of collective accommodation is that they were intended for rapid reception and short-term placement of refugees, but due to unfavourable general circumstances, many of them have remained there for almost ten years. The severity of psychological disorders can only partly be explained by the inadequate living conditions in collective centres, whereas in most cases it is caused by the characteristics of the refugee population that has found shelter in them. These persons had been relying on help from others even before exile, due to old age, illness, poor material status, reduced contacts with close relatives, lesser resourcefulness and poor education. Placement in collective centres has brought them into a situation where they were deprived of work and social engagement, which additionally increases their passivity and dependence on others. Similarity of their mutual experiences has only intensified reactions of helplessness and lack of prospects,

1 The given data relate to the overall number of visits until 1st April 2003

which has contributed to even higher dissatisfaction, increased fear, deepening depression and growing hatred and anger, most frequently directed towards themselves or their closest environment.

By recognising the dynamics of the overall situation and providing support, one assists their adaptation and fitting into the new environment. Attention is paid to the needs of every client, as we advocate for an individualised approach, appropriate in specific circumstances. The right understanding of the effects of long-term emotional traumas and openness of all mobile team members has in time enabled the participants in groups to express their needs more freely. We have supported a positive approach to self and others, realistic self-assessment and encouragement to think about habits that inhibit them. Thereby their helplessness and the feeling of being "marked" are reduced and the possibility is created for moving away from rigid and passive roles and becoming ready for change.

FINAL CONSIDERATIONS AND FUTURE PLAN OF WORK

With regard to the above-described approach to working with this specific group of clients, it is important to stress the noted effects of previous practice, as well as conclusions derived from this, which could be considered as guidelines for future work.

The most frequent problems mentioned by our clients relate to the material and existential difficulties (inadequate accommodation and harsh living conditions), poor health (inaccessibility of expensive drugs and appropriate medical care), and psychological problems (symptoms of post-traumatic stress disorder, sleeping problems, symptoms of depression and anxiety, interpersonal sensitivity, hostility, psychosomatic reactions). Those with poorly developed introspective abilities often find the causes of their problems only in unfortunate external circumstances. To all attempts to direct them towards working on themselves, they respond by turning exclusively to external contents. They assess the quality of assistance provided mainly through subjective experience of being accepted and interpersonal relations in the new environment, less through realistic parameters. At first the basic question that the clients were willing to respond was the one about quality of life. Simultaneously with gradual psychological changes they have developed the ability to deal with issues of reorganising their own lives.

Group psychotherapy work has proven to be fully justified in working with clients who have the capacity for psychological work. As an activity that has shown in practice to be the most appropriate in field conditions, group psychotherapy was applied continually over a longer period of time. The most important step in achieving a therapeutic change was taking on the responsibility for self and one's own future life. As a result of this the client began to set themselves realistic and achievable aims and develop future life plans. This has influenced the development of the sense of meaning in their lives, the lack of which was a part of the typical symptomatology.

Experience has shown that the expertise of professionals in the field can build upon basic activities of official institutions responsible for refugee issues. The aim is to

regularly pursue the activities initiated in the field, which have become continual due to their effectiveness, in certain areas. They can serve as an example for relevant structures how to utilise their capacities in the best possible way. An idea for others who will in future be dealing with this set of problems is to pursue further the practice of organising regular gatherings and structuring leisure time around common activities, which has proven as very important for increased social adaptation in the course of our work so far. Therefore we would like to stress the necessity of professional cooperation at all levels, since this can lead to full effects in realising the common vision in the long term.

Working in the field is characterised by a range of specificities in comparison with regular activities in the CRTV. Conditions under which it is performed are unique and can often be an aggravating factor for achieving the set goals. Therefore evaluation was introduced as an inherent part of our work and planned programme to indicate the effectiveness of action and a potential need for changing and adapting the plan to given situations and beneficiary groups. We have defined the evaluation criteria for the assistance provided according to set aims, through observation and assessment of behaviour, emotions, viewpoints and potentials. In the work procedure we have applied the process and final evaluation that follows up on the presence of symptoms and adaptation flows (through a battery of tests at the beginning, after three months and after twelve months of treatment). It can be said that the evaluation itself is a preparatory measure that has aided in the development of a long-term plan, which includes a strategy of the complete scale of interventions for the most adequate assistance to clients. For instance, this is how we noticed which types of individual psychotherapy are most effective in concrete circumstances, as well as registered the need for group work.

Practice has shown that, regardless of how detailed and precise the plan for field visit can be in advance, the situation on the spot is often different and unpredictable. Therefore the team in the field is guided by the basic principle of adapting to the current situation and circumstances and tries to give their maximum in the conditions such as they are. Rigid respect for norm stipulated for a "protected" situation of institutional provision of services to clients would be too artificial and therefore less successful during field visits. When thinking about further work, the principle of compromise presents itself as the key motto of action and achieving maximum results in the future.

The needs of clients in the field have influenced the modification and expansion of the activity contents, as a response to most urgent problems. For example, during previous visits we have noted that the most frequent problem of clients is the precarious material situation. This has motivated us to work with other humanitarian agencies in order to ensure necessary assistance in terms of food and hygiene parcels. Such actions are also planned in the coming period, with the aim to unite in one place all types of assistance needed by our clients, as the overall strategy for the future.