INTERVIEW with STARTTS Executive Director

In the following interview STARTTS Executive Director, Jorge Aroche, discusses the first 10 years of the service and plans for the future.

Q. What are the biggest challenges that STARTTS has faced over the last 10 years?

It's not easy to tell you what the biggest challenges have been because STARTTS' history has been a succession of challenges. We have hardly had a time when we could say that there was a routine.

From the beginning, just establishing the service and demonstrating the need for it was an enormous challenge. Establishing the contacts, liaising with the communities and getting their trust was the next part of the challenge.

There was the whole issue of refocusing the service so that we could work in a holistic fashion. This involved expanding from what was initially quite a clinically focused service towards a more balanced service as recommended in Janice Reid's report. The report emphasised that there needed to be holistic care of torture survivors and service providers needed to look at the confluence of problems effecting torture survivors at different levels from the individual to the family. Essentially, that was quite a challenge because it started happening slowly from my point of view.

I was hired to work in community development and also to play a clinical role. Promoting the community development aspect and working to expand the focus of the service was quite challenging and something that could only be done slowly. Many people were instrumental in promoting the transition and ensuring its success. Margaret [STARTTS former Executive Director] was certainly one of the main drivers for this transition.

There were fears at the time that by adopting an approach that integrated community development and clinical service provision we may be leaving the clinical aspect of the service behind and so there was some resistance and ongoing discussion on the issue.

One of the ongoing challenges the services faces are that the population we work with will continue to change. Ten years ago we were working with Indo-Chinese people and Spanish speakers from Latin America. These groups are very low now in terms of new arrivals and refugees from the former Yugoslavia and the Middle East make up the largest group. It is very likely that situation will continue to change as events around the world change. There's a need to continue to develop relationships with those communities as they arrive so we can meet their needs.

Q. What has it been like for you working in an organisation in a constant state of change?

It suited me to a T. I can't imagine myself working for very long in an organisation that was static. I suppose it could get quite boring.

I think that although we have been changing and adapting to circumstances there has always been a sense of purpose in the organisation. I think that's the reason why so many staff have stayed on. We had some staff leaving but nowhere near the normal attrition rate in a service of this kind.

The change in staff has been more through new staff joining the service. I think that's partially explained by the fact that there has been that sense of purpose and continual change so they don't need to change jobs to be ►

1997

STARTTS commenced an outreach service from Marrickville Community Health Centre

The first national conference for all Australian services for torture and trauma services was held.

1998

The STARTTS Early Intervention and Case Management (EICM) program was launched by the Federal Minister for Immigration and Multicultural Affairs, the Hon. Phillip Ruddock. An office for EICM staff was opened in Auburn.

STARTTS counsellor Rise Becker and youth worker Gary Cachia presented with Awards for Excellence from the Transcultural Mental Health Centre

Implementation of the Refugee Comprehensive Assessment Tool (R-CAT) commenced. STARTTS and EICM staff use the R-CAT to systematically collect and record information about clients that can be used for treatment and research purposes.

STARTTS outreach services extended to refugees on the Northern Beaches and Gosford.

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doing different things.

Certainly from the point of view of the work it makes it a lot harder because there's no time to sit down and relax and develop a routine and work from nine to five. There's always been the need to put in the extra hours of work or extra involvement to make things possible and ensure the survival of what we do.

Q. What do you see as the major achievements of the service?

There have been a lot. Certainly being able to meet those initial challenges of establishing the services development and connection with the communities has been an enormous achievement.

A very big challenge was changing the focus of the service again to include the early intervention program and to do that without major problems. We have not encountered any major strife and I think that's because of the way we were able to handle that change. I think that in establishing the early intervention program we have been able to successfully engage the important stakeholders to assist us to introduce a very significant change and support it. Getting the proposal through the management committee, getting staff to be part of it and then establishing the service has been an enormous achievement.

There were other things like *The Families in Cultural Transition* program that were great. *The Eye of the Needle* was the first training program for people working with torture and trauma survivors that had a structure. Now it's due for an update but when we did it, it was really at the cutting edge and was the first train the trainer package in this field.

The development of a model that incorporates a holistic approach and provides a rationale for it and a way of implementation has also been a big achievement. In fact, the model has now been applied in many other services throughout Australia and also overseas and that I think is a significant achievement.

Just the sheer amount and depth of the clinical work that has been done in the service is remarkable. The developments in group work and the developments in the way that we have been doing systematic consultations with refugee communities for the last ten years. Things like that we take for granted now but it took a lot to get off the ground.

The establishment of the outreach program and the development of an outreach model that projects our services and ensures access to torture and trauma survivors throughout NSW is something that we are still engaged in but it is definitely an achievement.

I am sure that I am overlooking many more achievements because one thing with achievements is that once you have met the challenges and achieved what you set out to do then you move on to the next thing and it is easy to take them for granted.

Like this building, STARTTS three year old headquarters in Carramar. It was a major achievement at the time. Our accommodation was absolutely appalling for the first few years of the service.

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Things like maintaining the morale of the service and developing a culture that emphasises working together, cohesiveness and maintaining the commitment of people who join the service. I think those things again, are also often taken for granted by us.

So many people from outside ask if our burnout rate is very high.

Although we talk a lot about burnout, and that's an intrinsic part of preventing it, our statistics show that the amount of people taking sick leave and the amount of people that leave the service because they can't cope with the stress is negligible.

This is an enormous achievement in a service that deals with horror. Considering all the literature on vicarious traumatisation and the dangers of it I think we've done a magnificent job in this area. It's a success that's very easy to overlook.

Q. What plans do you have for STARTTS in 1999. In particular, what ideas do you have about the establishment of a tele-psychiatry service for regional areas?

Some of the challenges we still face as a service are to extend access to torture and trauma survivors throughout New South Wales. Once refugees arrive in Australia they become Australian residents so there is no way to differentiate between those who are refugees and those who are not from census statistics. You can make inferences, for example, that most people who were born in Cambodia and speak Khmer have come here as refugees, but when you talk about the Chinese community, the Vietnamese community or the Spanish speaking community it gets very hard to know who may or may not have arrived as a refugee or from refugee like situations.

When you have a community with a thousand people in one place and a thousand people in another place, it's very difficult to estimate what proportion of refugees may be in a particular place.

Finding ways to extend our services to all regions in New South Wales also presents an enormous challenge. In rural New South Wales we are facing very small numbers of refugees in different areas. At the same time these refugees are more likely to be isolated and have very limited access to ethno-specific services and interpreters. We are still looking at different possible avenues to address this problem.

One response we have made is to train people in regional centres and rural areas to work with torture and trauma survivors but that may not be enough in certain cases, particularly where language is a problem. This is where the idea of using the tele-psychiatry approach came from.

We could make use of the much better, much more accessible technology we have now to have a tele-video conference and provide supervision to counsellors working with refugees in places far away from Sydney and in certain instances, see clients by using that medium. I think that may contribute to making the New South Wales coverage more realistic.

There are a lot of issues we need

to deal with still. We don't know how people are going to feel having a counselling session looking into a screen with a camera focused on them. It may very well be like using an interpreter where people forget the interpreter is there or, in this case the actual television, and be able to form a good relationship with the person on the other side of the screen. We don't know how appropriate and effective this may be and we would need to develop protocols to ensure the medium is used sensitively and effectively.

The medium also has to be reliable to use in a situation like this. The last thing you want is the camera cutting out at a crucial stage of the interview. So there needs to be a lot more investigation into the idea.

We would also need to develop protocols regarding the type of support people need to have at the other end. Like should they have someone with them? It's something we are going to explore.

Q. What plans do you have to introduce a specialist clinic for refugee children?

In general we are moving to the point where we are becoming a centre of expertise with a responsibility to export this expertise to other people and train them to work more effectively with torture and trauma survivors.

That goes side by side with the continuation of direct service provision in order to sustain the ongoing development of expertise. We need to add to our present services by expanding our role in supporting, training and providing supervision and consultation to other services so they can work more effectively with refugees.The other area we need to expand as an expert service is the different specialty areas that haven't been sufficiently addressed and certainly children is one of those areas. Traditionally, adults comprise the population that got the most attention from service providers in the torture and trauma area.

In the last few years we have begun to realise that children show symptoms and experience problems at school and in other settings that may be related to both their own traumatic experiences and also the

impact of the traumatic experiences of their parents and their ability to be able to parent.

We have been working with children through our youth program and doing an increasing amount of individual work with children, learning all the time, but the model we work on needs to be further developed. The development of a children's clinic which enables us to focuses more on the issues affecting children and develop a model for working with children is a very important area and it's something that I'd like to see happen over the next year or so.

Q. What other areas of work need to be further developed?

In the next year or two we also need to start focussing more on the aged and look at the impact of the confluence between the aging process and the previous trauma that has been sustained. This is something that people are dealing with in the European communities that came after the war, the people who were effected by the Holocaust and other atrocities in the second world war, for example the Jewish community or the Polish community.

Many of these communities have been telling us that aged people who have undergone trauma and are affected by age related illnesses may begin to be less focused on the present and a lot more focused on the past. Of course when that happens they will encounter those traumatic memories and they will have less resources to cope with the impact of those memories. There are a lot of issues about prevention and management of the potential impact of the aging process on torture and trauma survivors.

We need to do a lot of work and research in this area and work collaboratively with people and organisations with expertise in this area. Over the next few years more and more of our client group who came 20 or 30 years ago as refugees will be entering old age and we need to start developing the tools and the expertise to be able to assist them and resource their families and age care services to meet this challenge.

There are many other areas of specialisation that we need to develop, of course, and many other challenges to face.■