



STARTTS

REACHING NEW HEIGHTS

Hard work, commitment and inspiration made STARTTS what it is today: a leader in the treatment and rehabilitation of torture and trauma survivors. JORGE AROCHE, STARTTS Executive Director and MARIANO COELLO, its Clinical and Research Coordinator spoke to OLGA YOLDI about the past, present and future.

OY: You both have seen the organisation grow significantly in the last few decades. What was it like working at STARTTS in the early days?

JA: When I joined there were five staff members operating from a small house in Fairfield. Today there are about 100. Twenty years ago STARTTS was indeed a very new service, starting to work in a very new area of psychology (the treatment of post traumatic stress disorder). I remember that Mariano and I tried to find literature on the subject but managed to find only seven articles. At that time we were still learning about the best treatment approaches and were keen to explore the best ways to work with refugee communities and provide a good service. We wanted to find out how best to talk about trauma to our clients and address the constellation of symptoms they were presenting to us.

I imagine at the time there were very few organisations in the world working in this field. Who were your mentors?

JA: Not only there were few organizations working in this field, but most were working in quite different contexts and circumstances. Rather than finding a mentor, it was a case of picking up various bits and pieces of knowl-

edge from different sources, and learning from both the successes and failures of colleagues from around the world.

MC: The International Rehabilitation Council for Torture Victims (IRCT), an international umbrella organisation associated with the rehabilitation centre from Denmark, the London Foundation for Victims of Torture, and PHAROS in Holland were the most developed at the time, but there were also small organisations in other countries as well. We had contact with psychologists who were working in this field in countries, such as Chile, particularly with Elizabeth Lira, who had written an article about new therapies, such as Narrative and Exposure Therapies. She wrote it under a different name because it was too risky to have her name published during the Pinochet dictatorship.

JA: It was therapy underground. Then we discovered the writings of Ignacio Martin Baro. He was a scholar, social psychologist, philosopher and Jesuit priest who was killed by the Salvadoran Army. He wrote a series of articles about the effects of what he called 'state terrorism' on societies. He developed what is called 'liberation psychology'. His writings had

a huge influence in STARTTS philosophical framework and associated service provision model.

MC: Elizabeth Lira came to Australia to facilitate a workshop on how to work with refugee survivors of trauma and torture. We felt at the time that everyone was tentative about how to proceed. Nobody really knew much. We didn't have a clear idea either. One must take into account that refugees came from so many different linguistic backgrounds, from such a vast array of cultures and worldviews, so we were not totally clear what methodologies would work or how to best apply them. However, we kept on trying different approaches and many times we got good results.

JA: We consulted with people in countries where therapy was being applied, such as Denmark, Holland and at the London Foundation. There were some psychiatrists in the US and Canada working with clients in private practice. But in most of those countries they took a medical approach. Also, the emphasis back then was on individual therapy.

MC: There were also psychologists and health workers in countries where there was political repression. They were aware of the problems and issues presented by clients that had been tortured but they were working underground, others were more open but discreet about their work.

JA: Our approach was different from the beginning, partly because of the way STARTTS was set up. Because of the influence of workers from the same communities our clients came from, because of progressive Australian policies such as multiculturalism, the emphasis on resettling refugees on a permanent basis and encouraging them to take up Australia citizenship, made it possible for us to use more effective intervention models.

STARTTS worked closely with refugee communities, particularly from Latin America and South East Asia at the time, and became familiar with their perspectives on life, their culture and with the symptoms and problems they were presenting to the health system that were associated with traumatic experiences,



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with torture in particular. There was a lot of emphasis on learning from refugees how to make our interventions meaningful and consonant with their world views in terms of their current priorities in the context of the resettlement process.

How was STARTTS set up?

JA: We were both involved with the pre-history of STARTTS. At the time we were both working with Latin American refugees in different capacities. Many of them had been tortured and were experiencing various difficulties associated with these experiences. But the health system seemed ill equipped to deal effectively with these problems. Their symptoms were often misdiagnosed, not well treated or even dismissed. Often well-meaning health professionals were at a loss as to how to deal with these issues, and overwhelmed by the sheer complexity of the problems and the different worldviews people brought with them. It was not only the diversity of cultures but also the range of experiences they had endured.

Similar problems were being experienced by the Vietnamese, Laotian and Khmer communities. All this was putting great pressure on the NSW Department of Health and some bureaucrats started talks about how to address these issues.

Before STARTTS was set up a network of Spanish speaking psychologists was formed, sponsored by SLASA¹ and we were both involved in it. SLASA¹ managed to gain some funding to provide a small service, while lobbying for a proper service to be developed.

MC: Some of the ideas were taken up by the Department of Health. St Vincent De Paul and the Immigration Department also took an interest and sponsored a conference where for the first time different government departments and NGOs

met to discuss issues about torture and trauma.

JA: The Department of Health, through the South Western Sydney Area Health Board commissioned a report whose main author was Janice Reid. She interviewed refugees; she looked at what was happening overseas and at the initial work done in Australia. More importantly, she produced a report that incorporated a plan for the type of organisation that should be established. She proposed a flexible service that was to be integrated in the community, and would be in direct contact with stakeholders. It was a significant departure from the medical model, which was used at the time by other services around the world.

The report emphasized that the service needed to be flexible in order to adapt to the situation of the communities it served. It should consult with refugees about the kind of services they needed and should have a degree of independence from the health system. The new service should not be just another unit within mainstream health but should have its own identity. It also had to be physically separated from a hospital. These recommendations were taken up by the Health Department, and STARTTS was set up with a unique hybrid governance system, still part of the health system and South West Sydney Area Health Service but managed by an advisory committee reporting to the NSW Minister for Health.

STARTTS would never have developed the way it has without this autonomy. This made an enormous difference.

MC: While in other countries the service had been initiated by doctors, here it was a combined initiative by bureaucrats, doctors, psychiatrists, psychologists and social workers, so the whole endeavour had a different flavour. It was much more

multidisciplinary in its approach. All views about how to tackle the issues presented by clients were welcomed, explored, and integrated, and there was a lot of discussion about how to deal with specific problems most effectively. So I would say that we developed a more holistic approach. From that notion Jorge and I developed a more systemic model that integrated clinical and community development approaches and was published in 1994. It has become synonymous with “the STARTTS model”.

JA: The other important difference to the other centres at the time was our philosophy of service. From the beginning STARTTS hired staff that spoke the main languages of clients and were from the same cultural backgrounds, so they were familiar with the culture of the client groups. That was really different from other services in other countries. In fact, in some of the early articles you find, the authors recommend against employing staff from the same background as clients, as this could pose problems because they might have survived similar experiences.

MC: Which is true. Even now we continue to hear this at different conferences. In some countries access to interpreters by clients is not that easy, so refugees only receive treatment when they can speak the language of the country of settlement.

I guess in many ways we have been precursors in this field, but the service was set up at a particular time in history, when the Australian government embraced a philosophy of service that included multiculturalism, access and equity policies, affirmative action etc. So our service reflected that unique philosophy which fitted well with our values, ideas and intentions. As far as I know there is no country in the world that offers an interpreting service 24 hours a day seven days a week, with so many languages.

So yes, it was timely; the social and political conditions at the time did in fact facilitate the establishment of STARTTS. From the early days we had an open policy that ensured clients participated and communities were consulted on all aspects of service delivery and in the direction of the organisation.

Did similar organisations in other countries learn from you?

MC: Yes, we did participate in international conferences, where we made presentations about our systemic model. The model was first presented at the IV Conference of the International Society for Health and Human Rights, in Manila, 1994.

JA: The systemic approach takes into consideration the complex problems that we are dealing with. These include the effects of trauma on the individual as well as the effects of being in exile, and of resettling in a new culture. There is also the complex interface of these issues with the problems normally experienced at different life stages. Refugees also get sick; they also experience barriers finding a job. They also experience generational problems.

MC: This means that you cannot only restrict your intervention to the individual since the problems are not only with the individual. You have to work with the community, and that brings a new dimension to our work. That is why we use community development strategies to assist communities to develop structures that can sustain and support clients that have been traumatised, because the environment where survivors heal is also important. The recovery environment must be appropriate.

The systemic approach also involves education for other service providers, working with the media, and our publication *Refugee Transitions*. Clients also suffer from what happens overseas. The ongoing trauma and fear for relatives left behind in a conflict continues to distress refugees.

We also need to take into consideration the social and political context in which torture happens. We need to gain an understanding of all those dimensions and how they interface with one another, so that we can “unpack” the problem and find the most propitious points to intervene effectively to assist clients regain control of their lives.

How would you define the vision that has guided the organisation?

MC: We haven’t stopped thinking. We have been flexible, but we have also been critical with ourselves. We have

tried not to get bogged down with the dynamics of clients and perpetrators which can be destructive. We have moved forward in spite of the odds because of our firm commitment to provide a good service to clients. This has also been a challenge.

JA: There are many visions. There is still enormous scope in this field. Fortunately we have been able to attract committed individuals that work in something they believe in. But it hasn’t been just good fortune. We’ve been careful to attract people that are committed to the values of STARTTS. They tend to give a lot more than what is expected of them, in terms of hours, dedication, ideas and commitment. As a result there has been a lot of creativity, a lot of effort invested in continuously improving the service, bending backwards to identify the needs of clients and address the problems. We have a policy of drawing into the service the languages and skills that are relevant, and we keep the communication open to include the ideas and perspectives of staff and clients. There has also been a commitment to consult with communities. So in other words, we aim to maximise our resources and achieve the best possible outcomes. We are committed to growth, innovation, and continuous improvement.

We are aware of current research in this field. We have been keeping in touch with the latest developments in psychology and therapeutic methods, and with research into the biology of trauma. We are particularly interested in advancements in the area of physiology and brain physiology in the context of trauma and what that means for the different treatment approaches, as well as for understanding what we are trying to do with the different methodologies we use. Ultimately, while our clients come from different cultures and all have different ways of understanding and communicating stress and the sequelae of trauma, we all have the same physiology, the same brain. So we are now better able to understand how trauma affects people at the brain level, and as a result we are in a better position to apply this knowledge to the different therapeutic approaches that we use.

The vision behind what STARTTS today is a commitment to excellence.

What have the challenges been?

JA: Many. Ongoing. Like in any service, there is a constant need to balance the demand for services, the capacity to supply those services and the funds needed to keep them viable, so we are continuously juggling different needs.

This is not the only service that faces this dilemma. A challenge we always face is the continuous change of client groups. Initially we worked with groups from Latin American and South East Asia, then with refugees from the Middle East, Asia, South Asia, former Yugoslavia, Africa and now with clients from Iraq, Iran, Afghanistan and Tibet. We really need to learn how best to communicate with these diverse groups, to understand their cultures and their problems. Most importantly we also need to know how to package our interventions so that they match their world views.

Another challenge is the growth of the service. In 1997, when I became Executive Director, there were 17 staff members. Now there are over 100. This growth means that we need to change our structure and learn different ways to manage the organisation and communicate. The growth of the service itself poses other challenges in terms of numbers as well as in the scope of the service. Increasingly we are becoming a state-wide service in earnest. We've been working in Coffs Harbour and Newcastle but now we are considering establishing smaller outposts in other regional areas to work with communities that are spread out geographically.

Another challenge is finding the time to keep in touch with advances in the trauma field in general and to ensure our staff is able to access this knowledge so that our clients can benefit from it. We do so by reading articles, attending conferences, and communicating with an international network of practitioners in this field, and by placing a high emphasis (and resources) on the ongoing training of staff. That is important because it is easy to become isolated in a specialised field. So contact with similar national organisations such as the national Forum of Australian Services for Survivors of Torture and Trauma (FASST) has been crucial in ensuring we are able to exchange ideas, materials, ways of working, and have a joint approach to negotiations with the

Commonwealth government. Keeping in touch and being informed is crucial; otherwise you can waste a lot of energy reinventing the wheel.

How do you see the future?

JA: In a few weeks time we will know if we have succeeded in our efforts to review our governance, so that STARTTS can be a separate entity, which will give us a lot more scope to extend those services that have the potential to grow. There are new and innovative ways in which we can assist torture and trauma survivors. There are a lot opportunities in terms of developing the service, such as using more sophisticated therapeutic approaches like Neurofeedback, but we also need to package the activities we do at a community level. Lately we have been working a lot with schools and young people. We intend to continue this work. There is also a lot of scope in training. As STARTTS grows and masters its service-provision model, we have a responsibility to share our knowledge with others, here as well as overseas. We don't want it to remain within the confines of STARTTS. We want that knowledge to be made available to people outside the service.

There is potential for us to venture into many exciting projects in the future. There are so many ways in which we could continue to develop and consolidate what has already been done. Our experience continues to confirm our views that resources spent ensuring that refugees are able to deal with the trauma related issues that affect their health, their resettlement and limit their opportunities to participate in the Australian society, are one of the best investments a society can make.

How would you describe the experience of working with STARTTS all these years?

JA: It has meant much hard work but it has also been a privilege. I am here because I am committed to my work and I believe in what STARTTS does. STARTTS is not only a workplace but an entity that is congruent with my values, with those things I believe in. It's been a privilege to work with the type of people that work here: staff, clients, and partner organisations. The work continues to be exciting. STARTTS has given me access to great

people and to opportunities, although the nature of the work we do is quite bleak. Working with STARTTS you get to know the underbelly of the world, the part of the world we wish didn't exist. You also see the opposite, you see hope, the promise of things to come, the optimism of people who have experienced the worst, the very worst the world has to offer, but despite that they have been able to regain control of their lives and find hope, optimism and often great wisdom. That teaches you about the best of human nature. There are obviously those who are still struggling with the aftermath of trauma, and they have taught me a lot too. All this work can be done because of a team that is supportive and committed.

MC: I have personally learned a lot about cultural differences, religions, different ways of understanding life and what healing truly means: what trauma does to people, and the interface of all those dimensions. It is the beauty and complexity that attracts me to this job. It is the interconnection of many unique dimensions such as human rights, political conflict, psychology, sociology and human development, as well as the anthropological and ethnographic characteristics of each group. For me this work has been a very enriching experience at many levels. Not only from having accompanied many people on their journeys towards recovery but also because it has been a source of continuous learning.

You must have seen many people who have been damaged?

JA: Yes, and that continues to be a challenge. Our question will continue to be: How can we develop better ways to help these people? You never get over those experiences, but people need to regain control of their lives, find themselves again, find hope, enjoyment and be able to give back to society. When it happens it is so inspiring. It is a great experience. I feel lucky to be part of their healing process. Reclaiming one's life after torture is an amazing achievement because torture is the most dehumanising experience.

¹ Spanish and Latin American Association for Social Assistance (SLASA)