



Making referrals to Companion House

March 2014

Making a referral to Companion House

This presentation is designed to provide information to service providers about how to refer a client to Companion House

Aims of the presentation

To support you to:

- develop your skills in **identifying survivors** of torture and traumatic events who may benefit from specialist torture and trauma interventions
- develop your skills in **explaining torture and trauma services** to clients
- understand **how to make a referral** to Companion House

Presentation overview

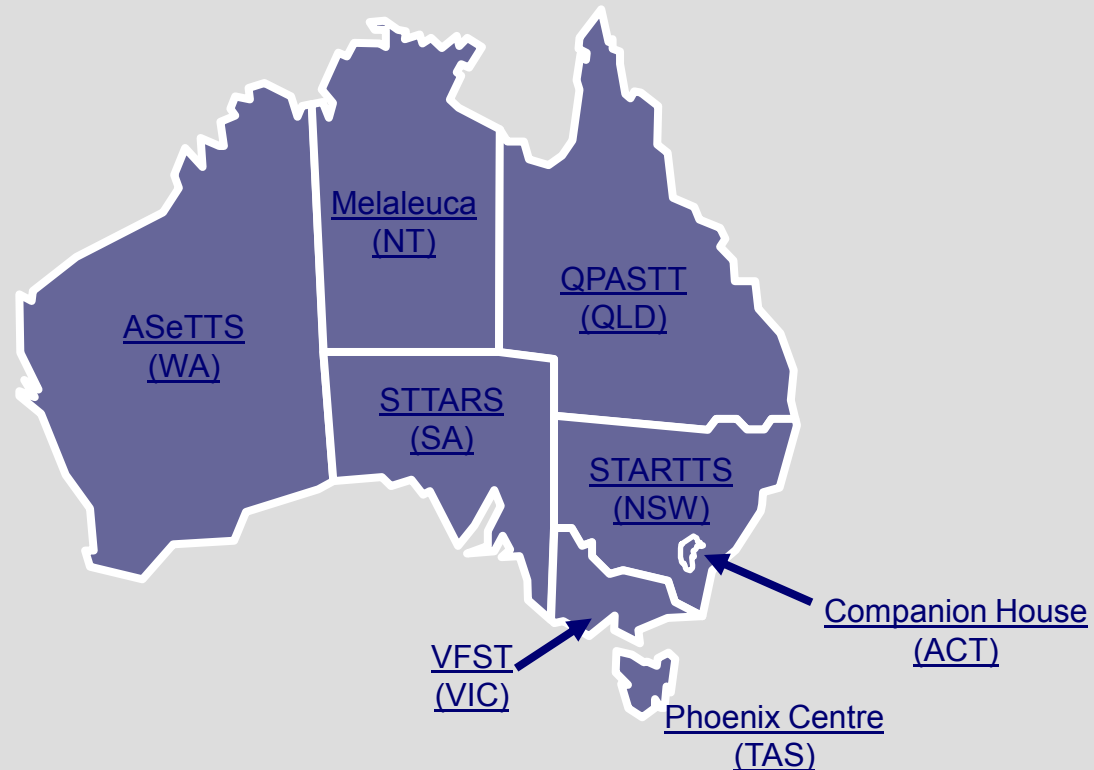
- Companion House: who we are and what we do
- Who is eligible for our services?
- Effects of torture and other traumatic experiences
- How and when to refer
- Referral scenarios
- Discussing a referral with a client
- Ensuring client consent for referral
- Alternative referral pathways
- Client voices

Introduction

- Companion House aims to ensure that mainstream health and related services are accessible to refugees and that high need torture and trauma survivors receive specialist interventions, including counselling.
- Clients can be referred into Companion House at any time they are ready for counselling or other interventions (whether they are newly arrived or have been in Australia for many years)
- Interventions may be short, medium or long-term – appropriate intervention/s will be determined by the counsellor and client depending on the client's needs and process of recovery.
- Referrals are formally assessed and if accepted, clients may be seen immediately or put on a managed wait list.
- Anyone can refer someone to Companion House (eg HSS providers, schools, GPs or the client themselves)
- Companion House services are funded by Commonwealth, State and Local Governments as well as philanthropic bodies and donations.

National network

- Companion House is a member of the Forum of Australian Services for Survivors of Torture and Trauma (FASSTT)
- There is a FASSTT agency in each state/territory of Australia (so clients who move interstate can still receive torture and trauma services)



Our services

Our services use professional interpreters when needed and are:

- Free
- Confidential
- Voluntary

About Companion House

- Companion House works with people who have sought refuge in Australia from persecution, torture and war related trauma.
- We work with people who are newly arrived and longer term settlers.
- We work with adults, young people and children. Most of the people we work with are asylum seekers or from a refugee background.
- We are a non-profit community based organisation.

Our range of services

We:

- **Provide services** to survivors of torture and traumatic events including individual and family counselling, group work, and advocacy.
- Provide **training, consultancy and capacity building** for service providers working with survivors of torture and traumatic events.
- Develop **resources** to increase understanding about the needs of survivors among health and welfare professionals, government and the wider community.
- Work with **communities** which include those of a refugee background, schools, and the wider Australian community to meet the needs of survivors.
- Work with State and Commonwealth governments to ensure that relevant **policies** are sensitive to the needs of survivors.
- Work with international movements towards the **elimination of torture and trauma**.
- Conduct and contribute to **research**.

Companion House Programs

We:

- provide counselling
- have a medical service for refugees in their first 12 months in Australia and asylum seekers
- provide complementary therapies to treat physical pain and emotional distress
- work with asylum seeker and refugee communities to promote health, make cultural transitions, find solutions to community issues and strengthen community groups and structures
- provide training and professional development focused on refugee issues, working with survivors of torture and trauma and cultural diversity
- provide immigration advice services to eligible clients

Client eligibility

- The following people are eligible to access our services:

Those who:

- have a refugee (or refugee-like) background; AND
- a history of torture and/or other traumatic events prior to arrival in Australia; AND
- are experiencing psychological or psychosocial difficulties believed to be associated with their experience of torture and traumatic events; AND
- consent to receive our services.

Torture - the legal definition

- Torture is defined by Article 1 of the United Nations Convention Against Torture and Cruel or Degrading Treatment as:

“... any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.”

Torture

- Torture is an act that involves extreme humiliation and can range in severity from mild to extreme physical brutality.
- The intention is to cause severe pain and suffering and instil fear in the victim, their family and their community.
- Torture is used as a weapon of political and social control (sometimes under the pretext of extracting information).

Traumatic events

An event or events involving actual or threatened death or serious injury, or a threat to the physical integrity of self or others and the person's response to the event involves intense fear, helplessness or horror*

Such events clearly include torture and other events e.g. witnessing harm inflicted on your children is used as a form of torture
examples of traumatic events: kidnappings, bomb blasts, severe hardships and threats endured during flight

* Adapted from the definition of traumatic events listed under Posttraumatic Stress Disorder in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV)

Trauma

- We use the term 'trauma' to refer to the pain, distress, suffering and other physical, psychological or social consequences that our clients experience prior to, or arising from, their forced-migration journey.
- It can result from an actual experience such as war or civil conflict but can also be caused by witnessing or hearing about a traumatic event.

Refugee – the legal definition

- Article 1 of the United Nations Refugee Convention defines a refugee as someone who:
 - “owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.”

Refugee-like background

- In relation to FASSTT agencies, this term includes people who have experienced events in other countries similar to those experienced by refugees (as defined in the previous slide) but who have come to Australia under different circumstances and on different visas. This may include holders of Special Humanitarian Program visas; holders of Family Reunion, Business or other Migration Program visas; and those who have come to Australia with or without a visa and/or travel documents and have sought asylum in Australia after arrival.

Effects of torture and other traumatic experiences

- The following slides list some common physical and psychological signs and symptoms of torture and other traumatic experiences.
- If you notice that your client is showing (or they/their parents disclose to you) one or more of these effects then you should consider referring them to us.
- Traumatic experiences can affect children, adolescents and adults in different ways.
- Children and adolescents may exhibit different signs, and/or disclose different symptoms, at different developmental stages. Cues might, for example, more often be non-verbal.

Signs to look for in adults

These can be observed or disclosed

- Sleeping problems
- Headaches
- Stomach aches or other bodily pains
- Reluctance to talk about past experiences
- Becoming very demanding
- Stealing or hoarding of food, books or clothing
- Accident-prone
- Evidence of self-harm, such as scarring
- Expressing hopelessness or guilt
- Excessive tiredness
- Appearing very sad
- Eating too little or too much
- Increased or decreased weight
- Aggressive behaviour
- Excessive shyness or avoiding other people
- Overly protective of children
- Irritability or outbursts of anger
- Poor memory or poor concentration (or “vaguening out”)
- Becoming easily upset
- Nightmares
- Appearing fearful
- Appearing very tense
- Shortness of breath, or rapid breathing or heart rate when not exercising.

Signs to look for in children

These can be observed/disclosed by the child or their parent/carer

- Sleeping problems
- Headaches
- Stomach aches
- Demanding
- Stealing or hoarding of food, books and clothing
- Clumsiness
- Accidents
- Self-harm
- Tiredness
- Irritability
- In play, acting out bad experiences (including drawing them)
- Acting younger or older than their age
- 'Fussy eating'
- Increased or decreased weight
- Bedwetting
- Aggression
- Shyness or withdrawal
- 'Clinginess' to parents or teachers
- Very distressed when separated from parents
- Overly protective of parents
- Tantrums
- Daydreaming
- Poor concentration
- Easily upset
- Nightmares
- Not attending school

If you are uncertain, the following **STRONGLY** suggest the need for a referral :

- If the signs and symptoms are distressing and believed to be associated with client's past experiences of torture and trauma, and are :
 - **persistent**
 - **intense**
 - **clustered**
- when clients present with fear/threats of harm to self or others.

Note: If the client is in crisis they should be referred to a crisis mental health team / emergency department (000)

Exploring if referral is appropriate

If you are concerned about your client's psychological well being and you think this might be connected to past trauma you could ask the following questions to determine if a referral to Companion House is appropriate – the questions only require a yes/no answer:

I am aware that before coming to Australia you may have experienced some terrible events. You don't have to tell me about this but I feel there might be something upsetting you about the past. Is it OK if I ask you a few questions?

- Do you have bad dreams or keep remembering things that happened in the past (as if a past experience is happening), or thoughts about them when you do not want to?
- Do you try hard not to think about the past or go out of your way to avoid situations that remind you of this?
- Do you constantly worry that something bad might happen, or are you easily frightened by noises (eg. phone, door bell, etc.)?
- Do you feel uninterested in other people, places, or activities?

Are any of the above impacting on your current everyday life? If so, it can be helpful to talk to a person trained and experienced in working with such situations. Would you like to talk about this with someone at Companion House?

Deciding to make a referral

What is required of you:

- Awareness of the physical and psychological effects of torture and other traumatic experiences.
- Actively identifying potential clients for our services
- Discussing with clients what you've observed and introducing how our services could assist
- Providing us with some information about the person/family referred and what might be some of their issues/concerns (this assists in engagement in the assessment process when we contact them)

What is not required of you:

- Comprehensive detail or exploration of pre-arrival history
- Any disclosures (unless spontaneous) of torture or trauma
- Asking detailed questions about any of the indicators – these are more based on what you've observed in your interactions or what the client has told you

Responding to disclosures

If someone discloses that they have had traumatic experiences, the following strategies are recommended:

- **Do** acknowledge the person's experience and associated pain by saying, for example, 'That's a terrible experience you've been through'
- **Do** listen without judgement (then the person may accept their own feelings as understandable to others)
- **Do** provide an environment that provides safety to the person both externally and internally
- **Do** reassure the person that many people who have experienced traumatic events have feelings like these and have been able to get help
- **Don't** try to 'fix' the situation by offering false reassurances that 'everything will be better now', but **do** indicate that with time and appropriate support improvement can be achieved
- **Do** explain to the person how you are able to assist them (for example by referring them to an organisation who can assist them)

Discussing a referral

Provide some feedback about what you have noticed. For example:

- “It is difficult to settle in Australia with little children and you are the sole parent (or whatever the case may be). Children need extra assistance settling into school, dealing with all the changes they face.”
- “You have mentioned some worries which are important to deal with.”
- “All the changes you have been through and the difficult experiences you have had before arriving in Australia can affect settlement in a new country.”
- “Things can be more difficult than expected. Not all worries stop when you arrive in a new country.”

Discussing a referral (continued)

Provide information to the client about Companion House as a service which can assist people with the problems / difficulties which people face when arriving in a new country. Some of those difficulties are the result of previous experiences. For example, you could say:

- “Companion House is a service which has worked with people who have come to Australia who have been in a similar situation to you. They offer assistance for individuals and families. They can provide assistance for (choose the most suitable for the client’s situation of the following):
 - Feelings of nervousness
 - Feelings of sadness
 - Difficulties with sleeping
 - Coping with everyday problems
 - Trouble with learning or remembering, or thinking too much
 - Not feeling like you want to be around other people
 - Not feeling that there is any future
 - Family difficulties or conflicts in families and/or
 - Children and/or young people finding it difficult to settle into a new country or school (or getting to used to all the changes they face)

Seeking consent

- It is essential that anyone you refer to Companion House first consents to the referral
- If necessary, ensure you use a professional interpreter to seek consent

For example, you could say to clients:

- “I can contact Companion House and they will contact you to arrange a time to see you. Do you want me to do that?”

Consent (cont...)

Ensure that the client understands that:

- Companion House services are free
- Companion House services are confidential
- Companion House will arrange an interpreter if needed (and the client can specify their preference for on-site or telephone interpreter and the interpreter's gender)
- they don't have to accept the referral and they can change their mind at any time if they decide they don't want the service
- they don't have to talk about anything they don't want to talk about
- if they don't want the service now, a referral can be made later at any time (including self-referral) (you can give the client [information on how to contact Companion House](#))

Referral scenario 1

The following example would be appropriate for referral to
Companion House

- Married man (rest of the family still back in home country)
- Arrived in Australia in February 2011
- Presenting issues: sleeping difficulties, nightmares, flashbacks, sadness, isolated, intrusive thoughts
- While talking he disclosed:
 - he is thinking a lot about past traumatic experiences, having nightmares 2 or 3 times a week
 - his main concern is his family back in his home country, and his mind (he feels he can't stop thinking about past experiences)
 - he talked to his GP and was referred to a psychiatrist. He is on medication, which has helped, but he is still feeling distressed by his thoughts and memories. He would like to talk to someone about his symptoms.

Referral scenario 2

The following example would
NOT be appropriate for referral to Companion House

- Single man
- Arrived in Australia May 2011
- Presenting issues: does not like current accommodation and is angry about this
- While talking he disclosed:
 - he is living in a neighborhood in which he feels isolated
 - he is sharing the house with a friend with a disability
 - they were given 1 fridge, 1 TV, 1 washing machine and he is wondering what he will do when he moves to another house without his friend
 - he wants to find a job
 - Main concerns:
 - issues with accommodation and wants to find a job

Referring to Companion House

Please contact us if you would like to make a referral to Companion House. You can contact us by phone (02) 6251 4550 or email:

- Medical service
Practice Nurse (email: lisa.clements@companionhouse.org.au)
- Counselling service (adults & children)
Counselling Team Leader (email: deborah.nelson@companionhouse.org.au)
- Immigration Advice and Application Assistance Scheme (IAAAS)
IAAAS coordinator (email: loan.freeman@companionhouse.org.au)
- Training and professional development
Training Team Leader (email: glenn.flanagan@companionhouse.org.au)
- Complementary Therapy
Reception (email: info@companionhouse.org.au)

What happens when you refer someone to Companion House?

ADULTS:

- The counselling team leader will contact the referrer once the referral is received.
- The client will be contacted within 2 weeks of the referral to arrange an intake appointment. Referrals to other services can occur at this point as needed.
- The client may then be placed on a waiting list to be allocated as soon as possible for counselling.

CHILDREN:

- The senior children's counsellor will contact the referrer if there is consent from the child's carer (this can be verbal). The counsellor will then contact the adult carer.
- This can lead to the child going on a waitlist for the school holiday assessment program or to a visit with the carer and child in their home.

Note: If you are unsure if a referral is appropriate please just call and talk with us.

Alternative possible referrals

- General Practitioners
- If suicidal or acutely mentally unwell refer to:
 - Mental Health ACT or call The Crisis Assessment and Treatment Team (CATT)

–
1 800 629 354

Remember

- If you are unsure whether your referral is appropriate, just call us on

(02) 6251 4550

Clients' voices

“When I first arrived my memories were strong. I’ve learned not to forget, but to deal with those memories.”

Clients' voices

“I was so afraid I would never be able to talk to anyone about what had happened. I felt so alone. But then you came and you listened without fear or judgement and you didn't turn away”.

Clients' voices

“I was tortured for many years and spent two years in prison. I watched my friends be tortured and executed. When I came to Australia I felt guilty for being here and I did not trust anyone ... I got counselling and went to a support group ... In the group I met people from other places who had been through the same experiences. I never thought I could trust a stranger, but I did. Now I feel something released from my body and I feel happier and more comfortable.”