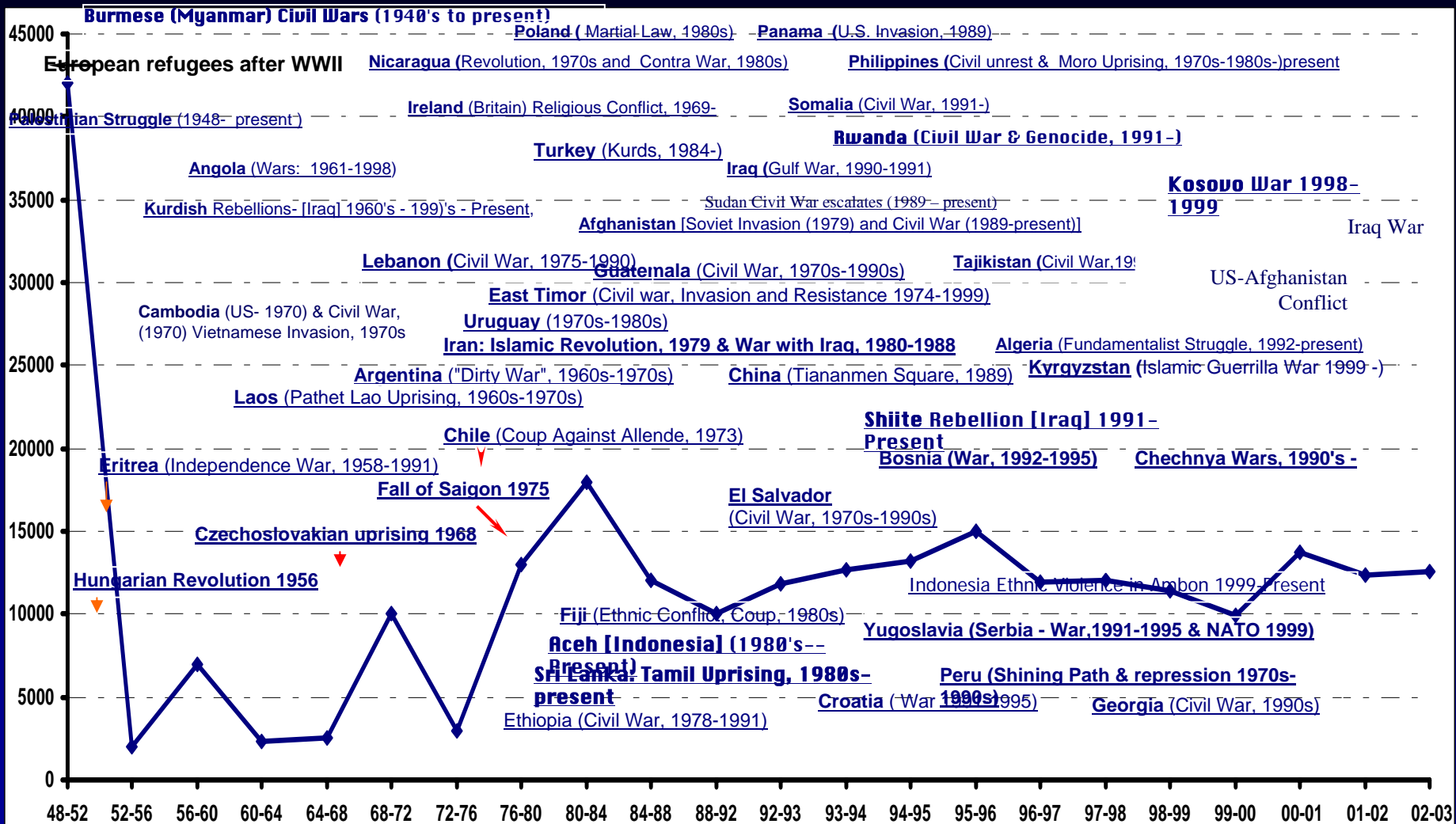


*Service for the  
Treatment  
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Torture and  
Trauma  
Survivors*

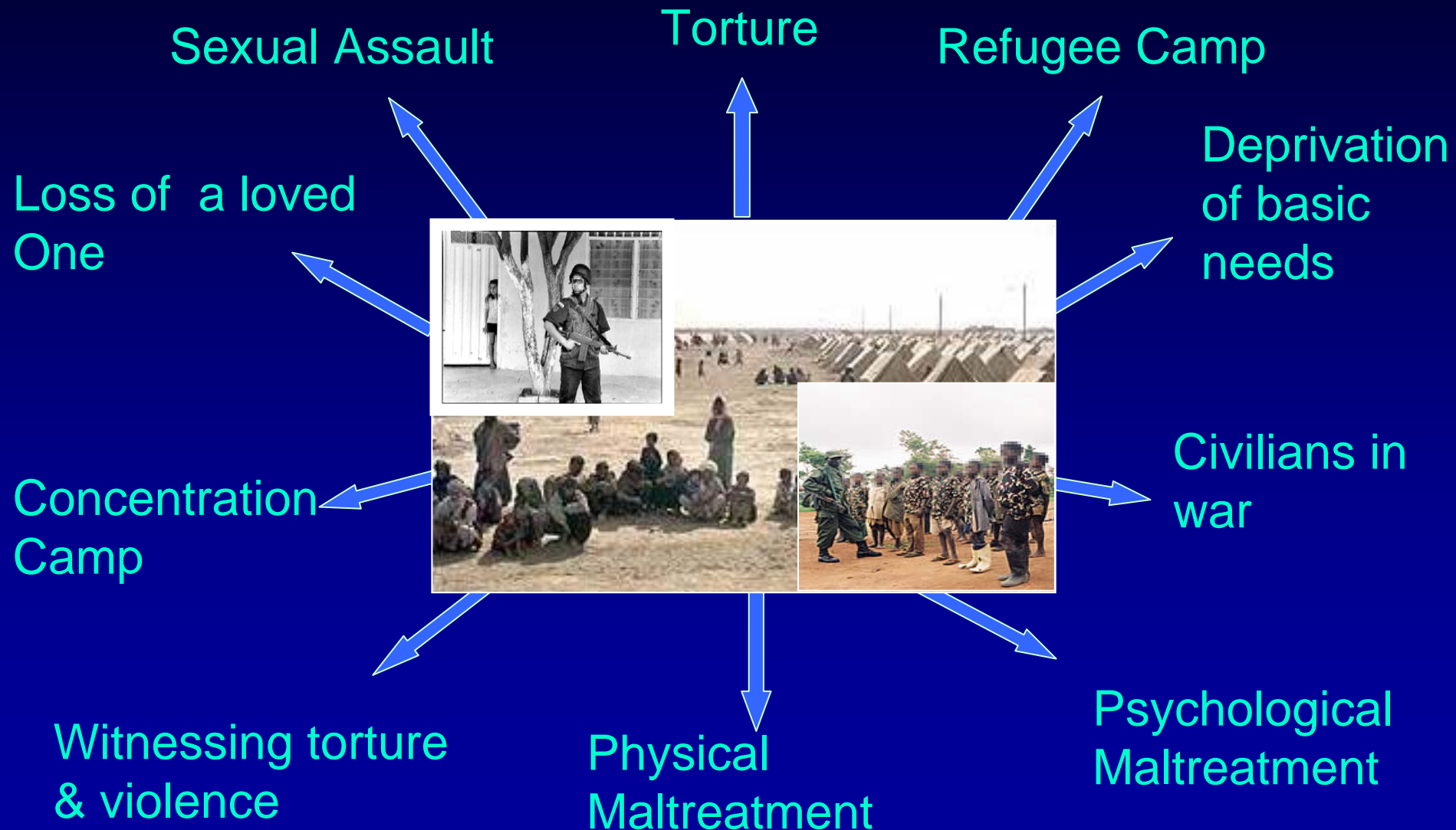


# Australia's average annual refugee intake and some of the world conflicts since 1948

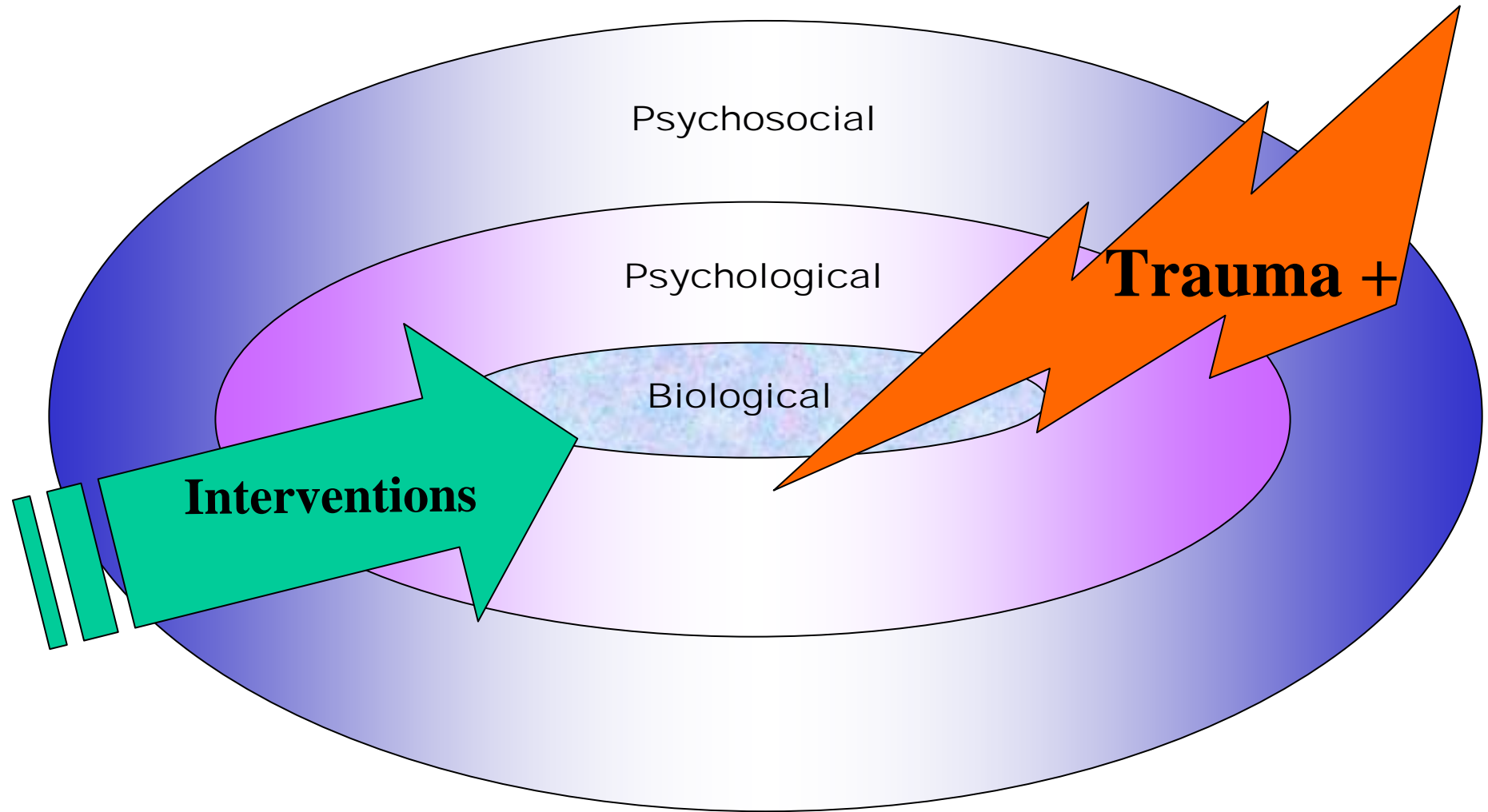


Australia's average annual refugee intake since 1948

# Traumatic Life Experiences of STARTTS clients

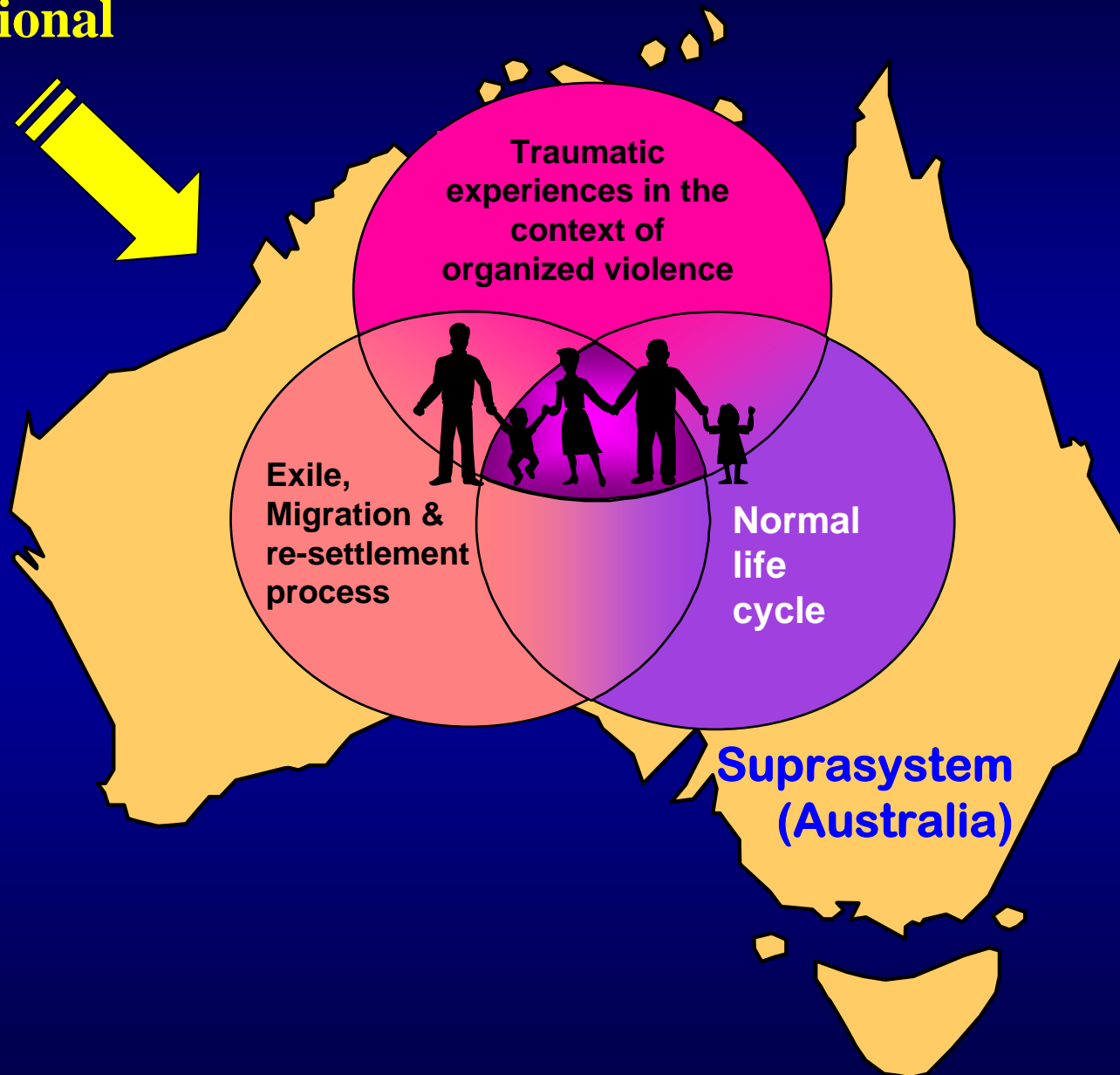
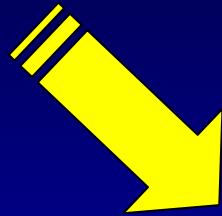


# A bio-psycho-social systemic approach



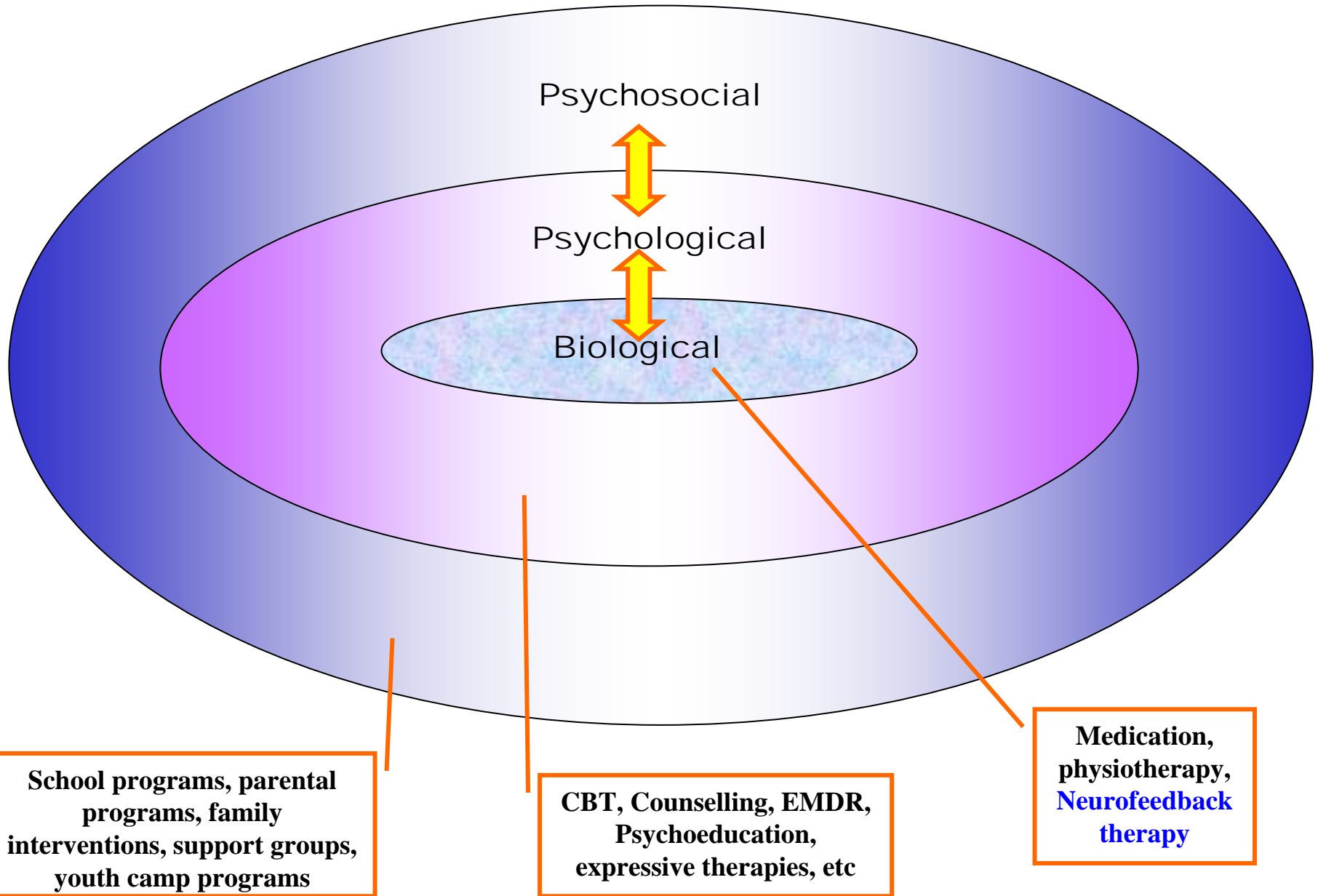
**More effective and more cost effective to target interventions at the right level**

# International Events



Suprasystem  
(Australia)

# A bio-psycho-social systemic approach

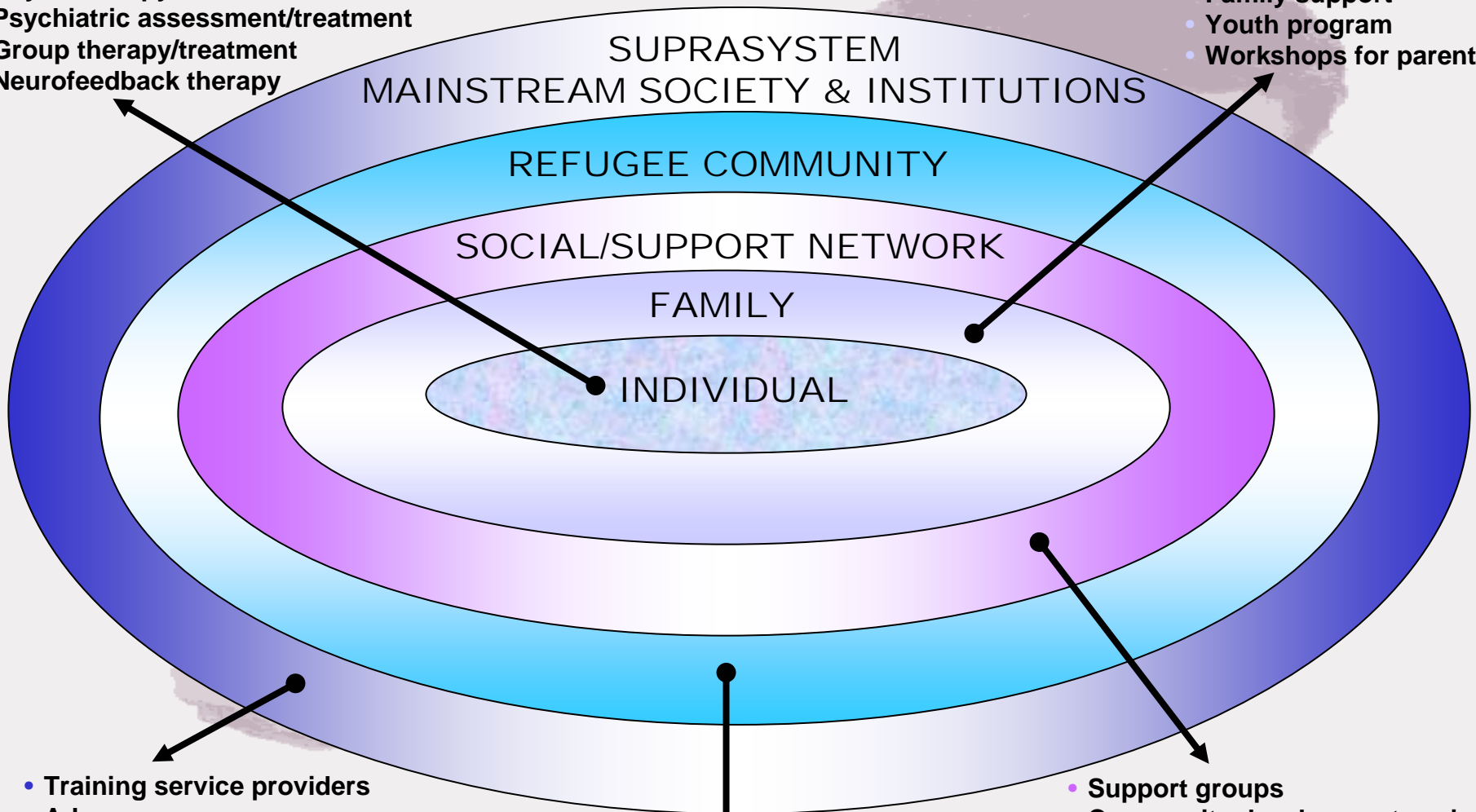




# A bio-psycho-social systemic approach

- Assessment and Counselling
- Physiotherapy
- Psychiatric assessment/treatment
- Group therapy/treatment
- Neurofeedback therapy

- Family therapy
- Family support
- Youth program
- Workshops for parents



- Training service providers
- Advocacy
- Awareness raising
- Liaison with media/other agencies
- Consultancy
- Community education

- Community development projects
- Advocacy support
- Consultations
- Information/community education

- Support groups
- Community development projects
- Settlement information workshops
- Youth program
- Excursions
- English & craft classes

**Early  
Intervention  
Program**

**General  
Services**

**Personal  
Support  
Program**

**Youth Program**

**Group Program**

**Community development projects**

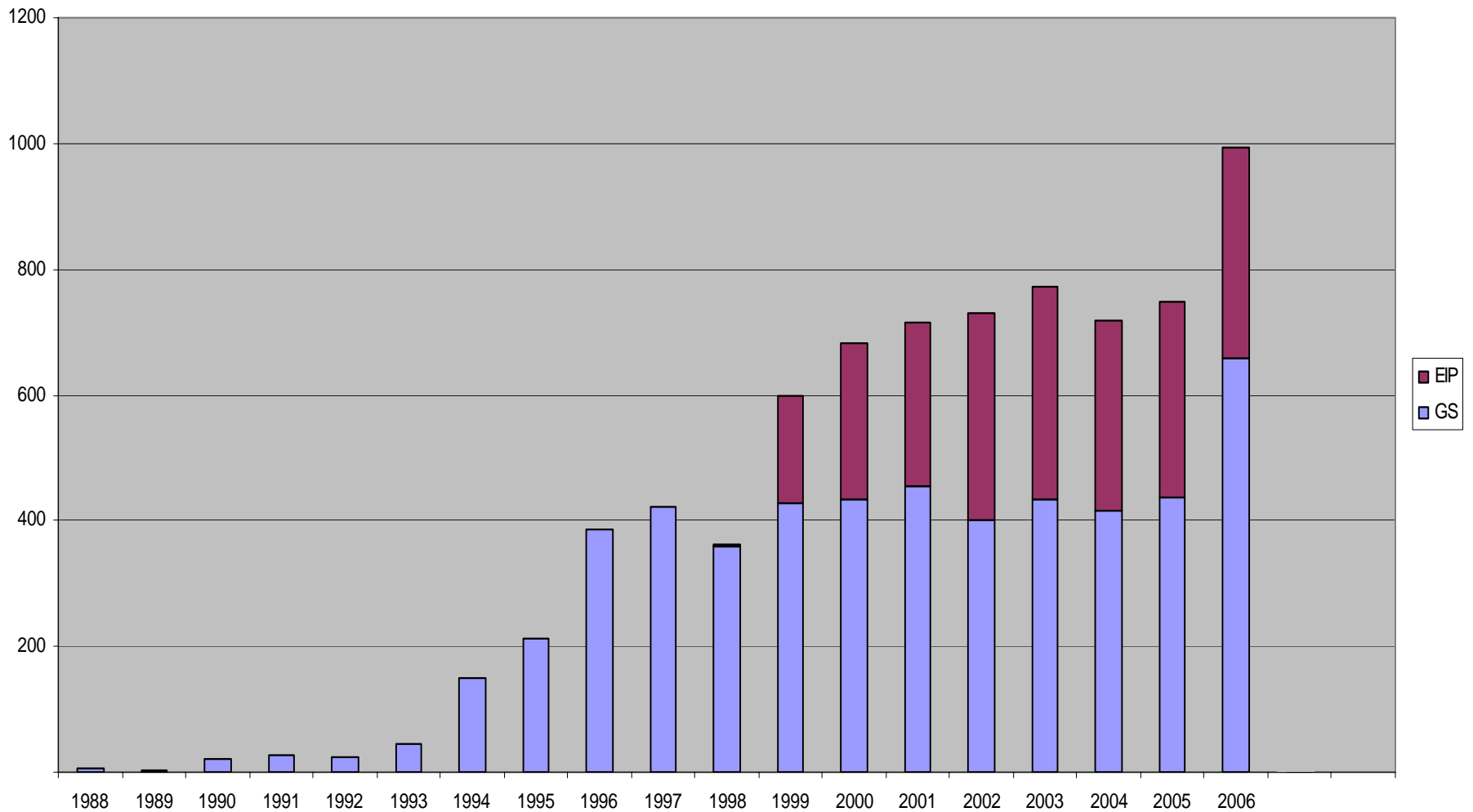


# Challenges

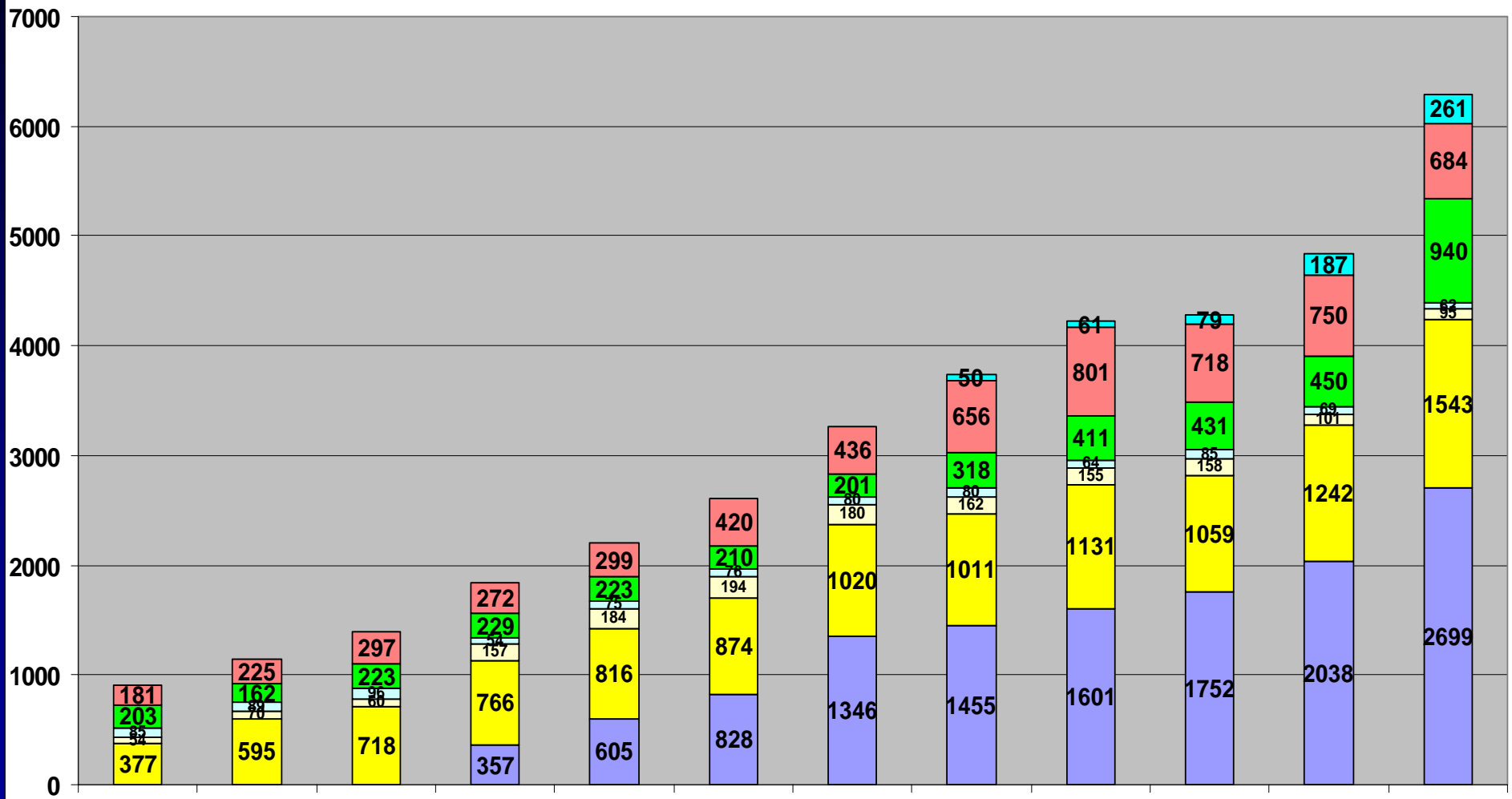
- Highly traumatized clients, multiple traumas and losses common \*

# Clients referred for counselling / psychotherapy

STARTTS Counselling referrals



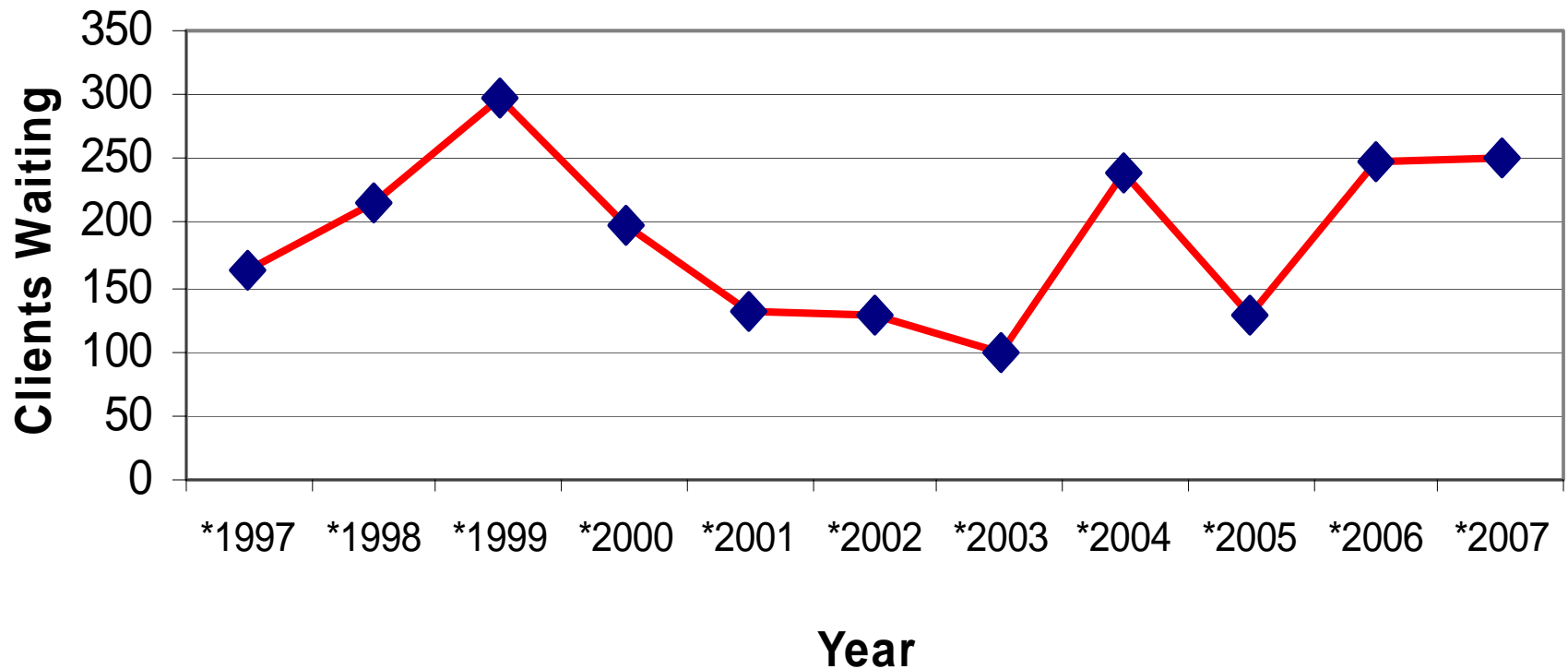
# Number of Clients Assisted by STARTTS 1995-2006



■ Counselling (EIP)   
 ■ Counselling (General)   
 ■ Casual Contacts   
 ■ Physiotherapy   
 ■ Youth Program   
 ■ Group Intervention   
 ■ PSP

# STARTTS waiting list for GS counselling by year

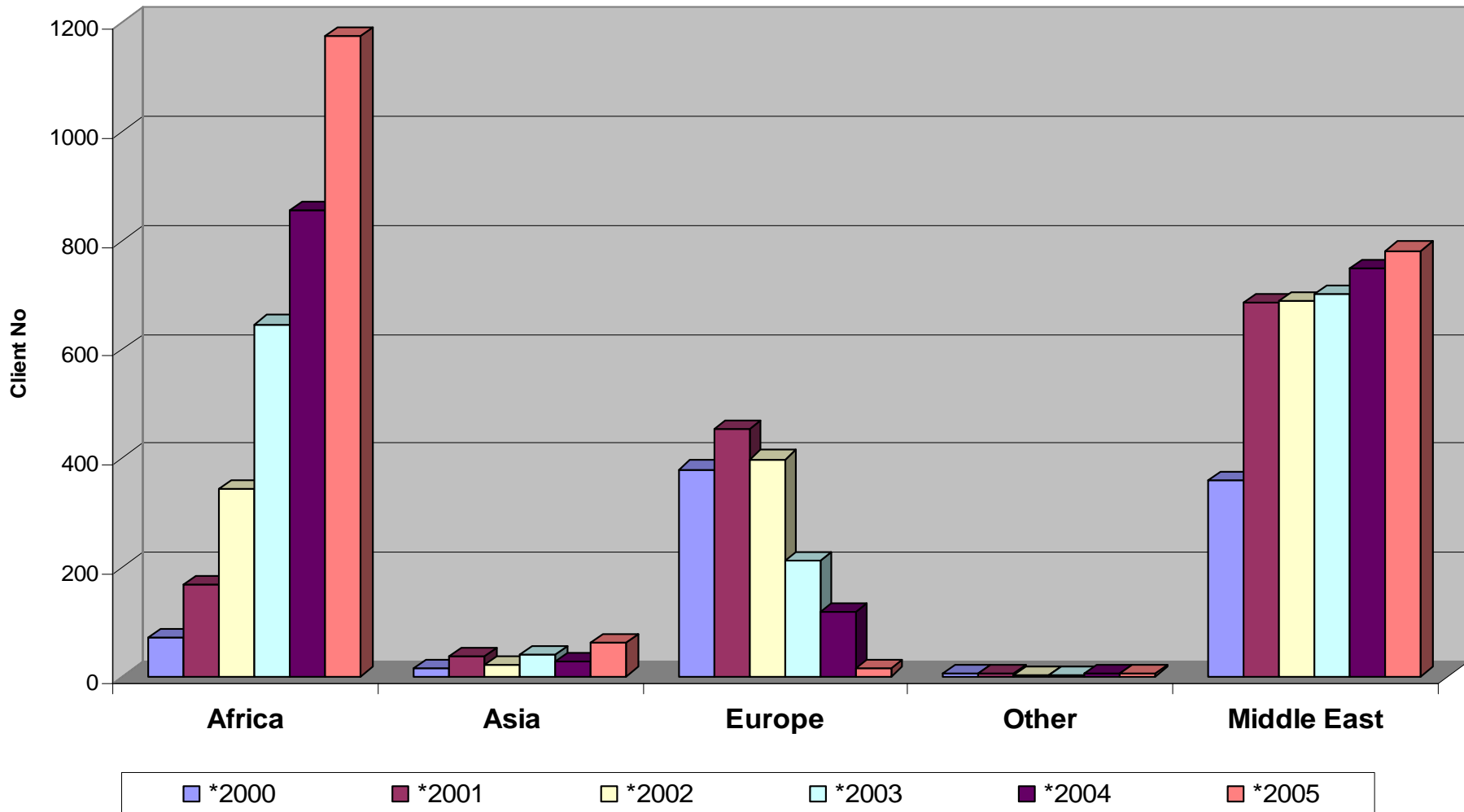
Waiting List Status as at 1st June in Various Years -  
General Services



# Challenges

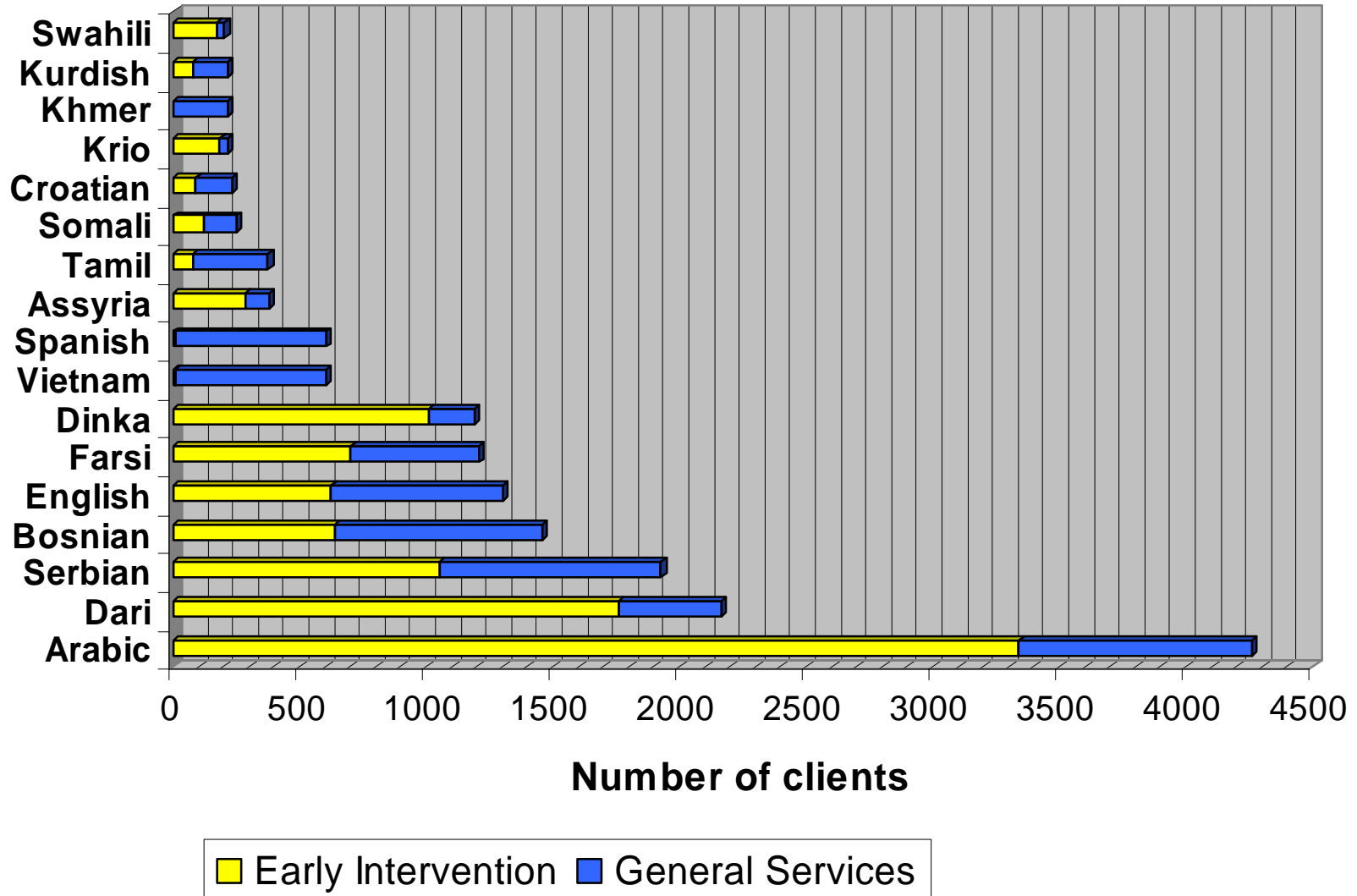
- Highly traumatized clients, multiple traumas and losses common \*
- Very diverse client group & constantly changing
  - Many cultures & worldviews \*
  - Many languages \*
  - All ages \*

# Clients Assisted by STARTTS Early Intervention Program (EIP) 2000-2005



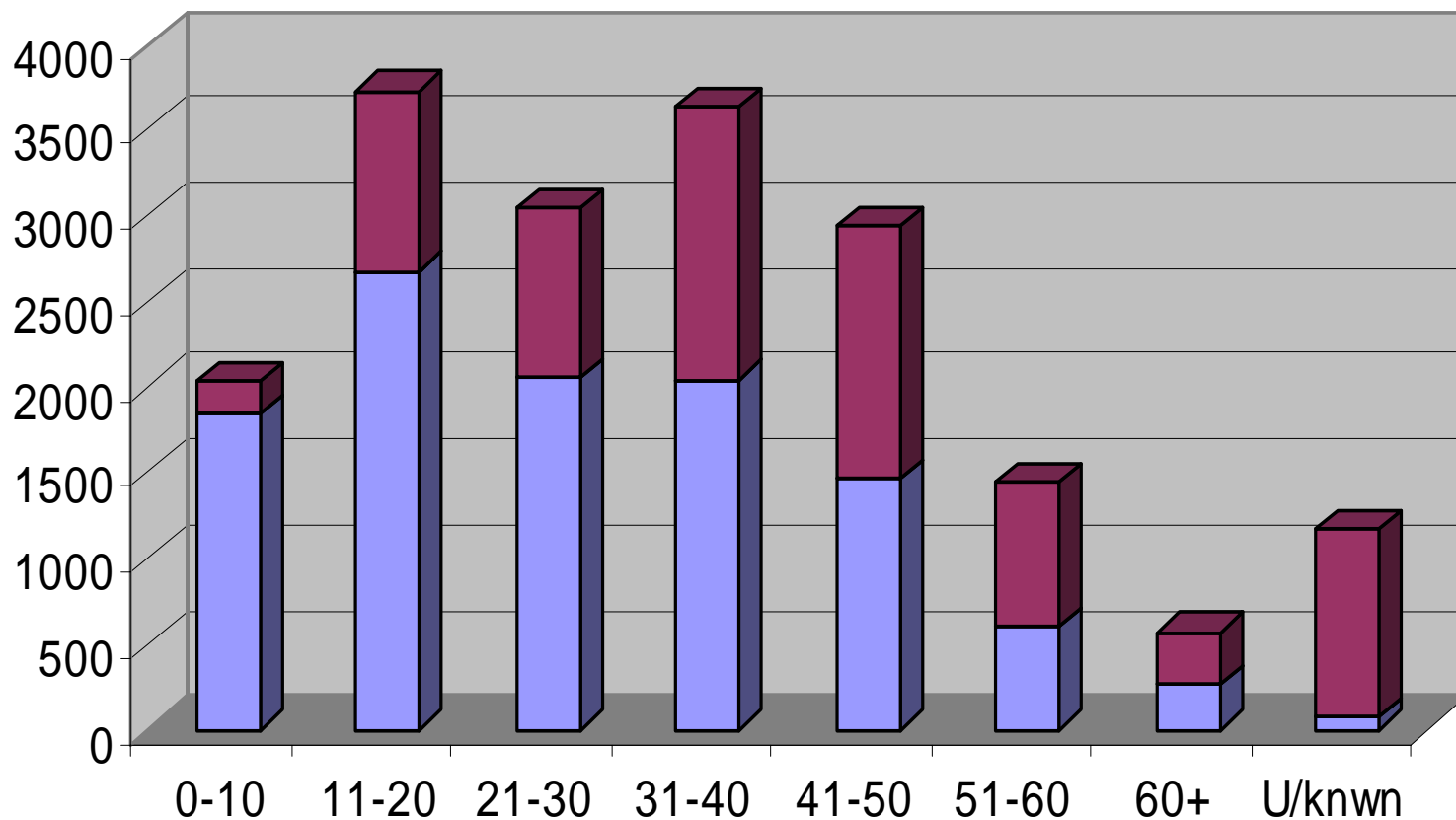
# 17 largest language groups by program

Language





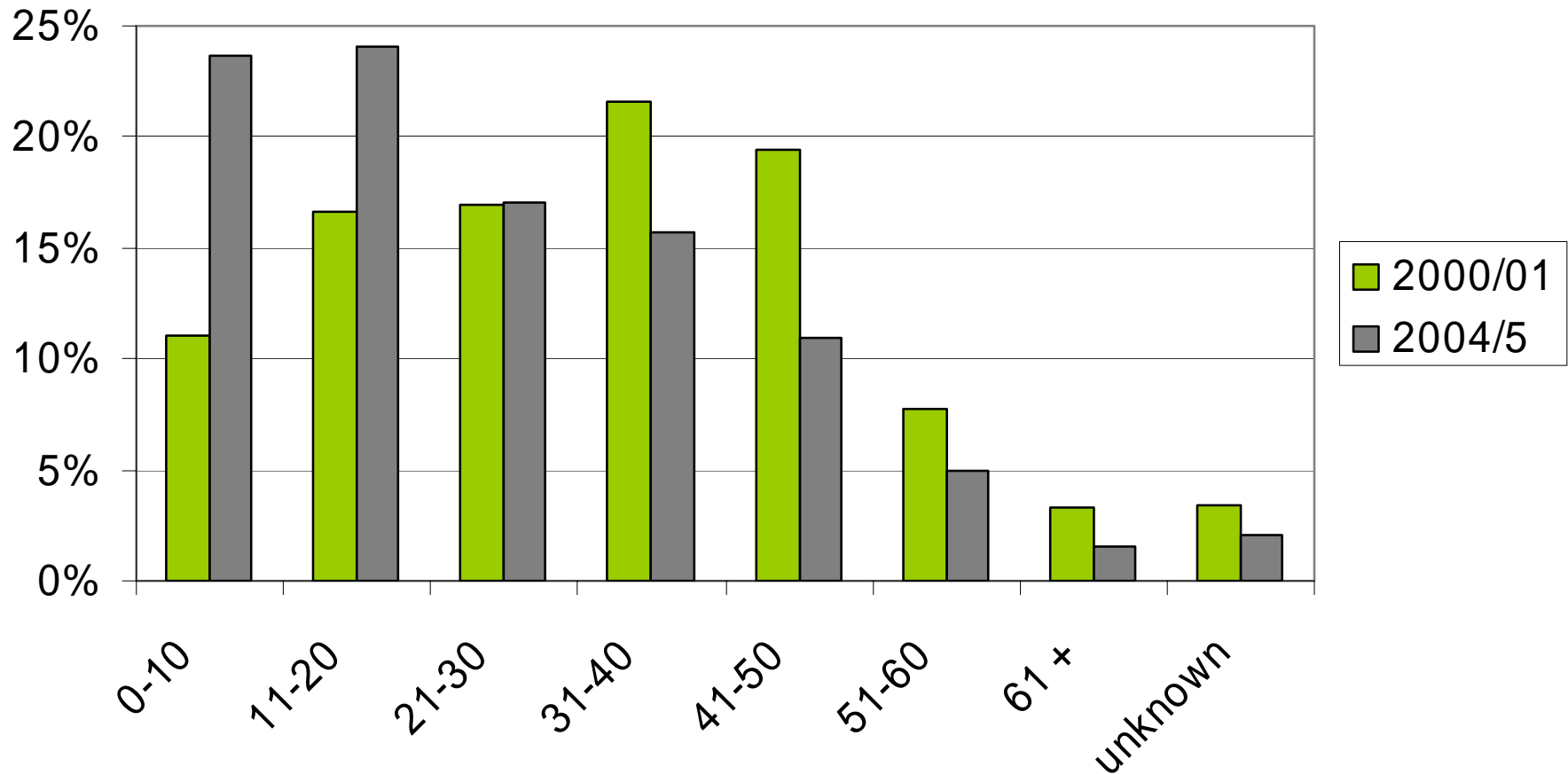
# Age Distribution by Program



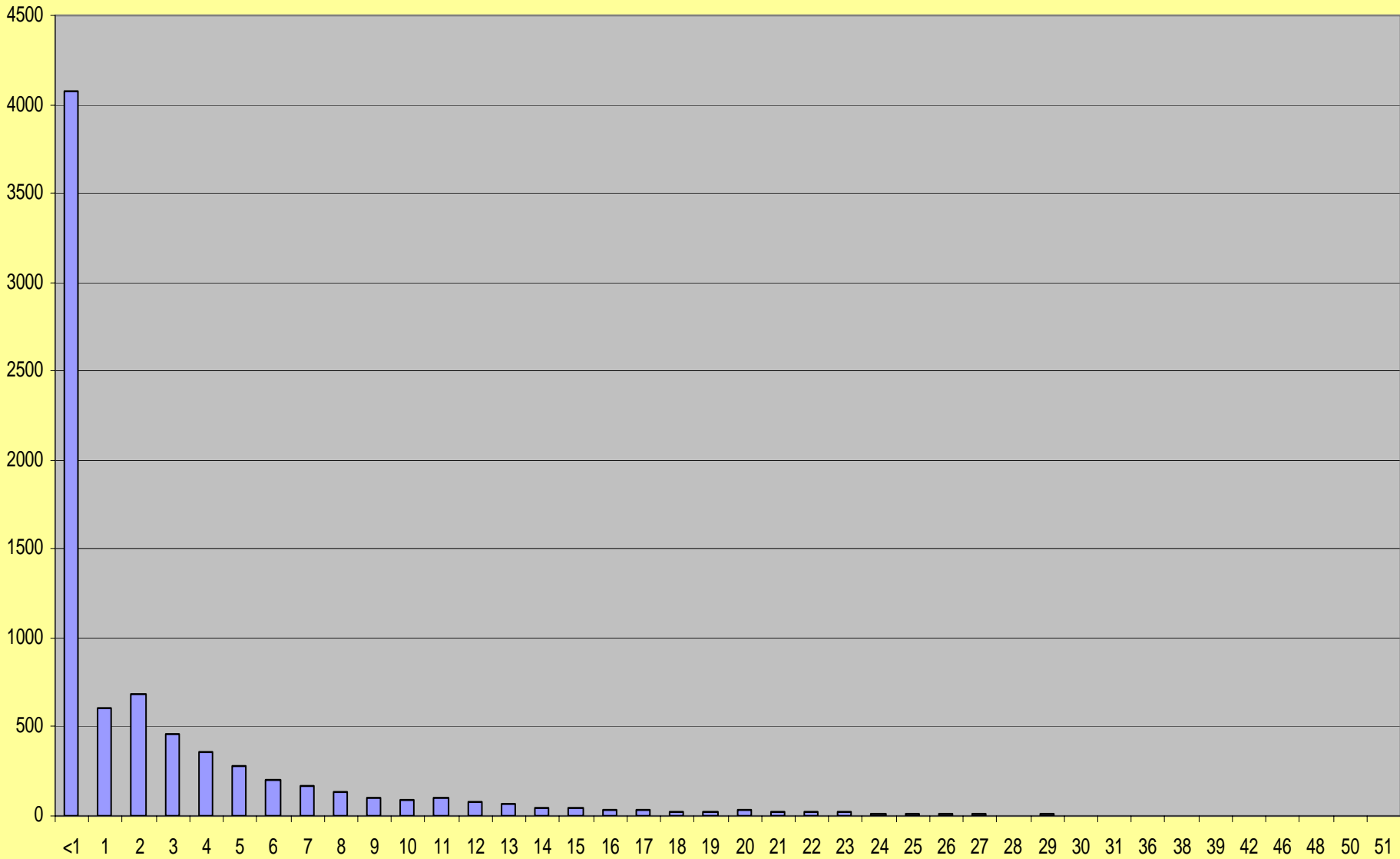
Early Intervention General Services

# Increased Proportion of Child and Adolescent Clients of Australian torture and trauma services

Age all clients %



# STARTTS - Counselling referrals by lead time to referral



# Challenges

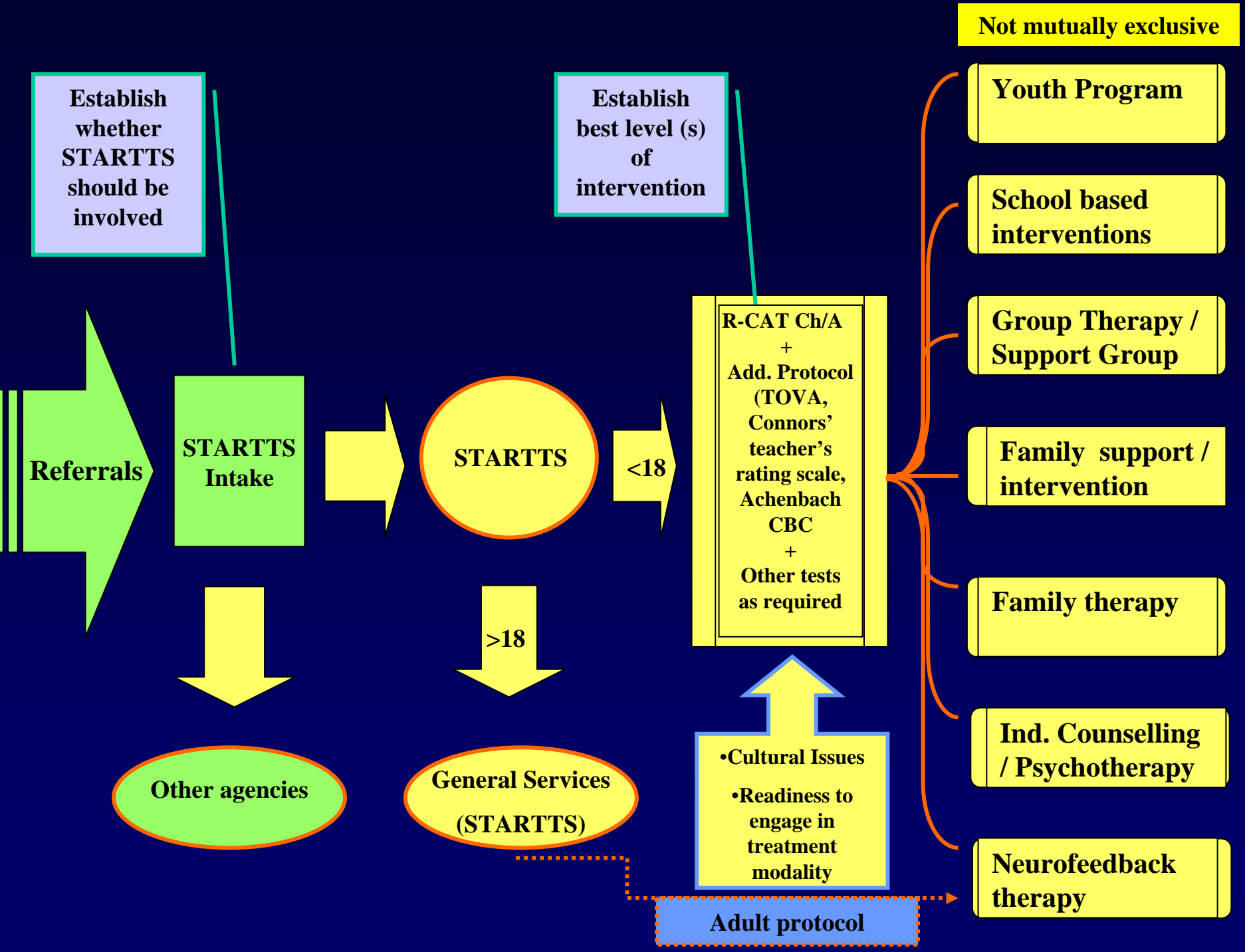
- Highly traumatized clients, multiple traumas and losses common \*
- Very diverse client group & constantly changing
  - Many cultures & worldviews \*
  - Many languages \*
  - All ages \*
- Complex problem presentations influenced by a multitude of factors affecting biological, psychological and psychosocial functioning

# Health needs identified at initial assessment stage (R-CAT)

Health Need	% from R-CAT Analysis
Complex Grief Reaction	54.17%
Post Traumatic Stress Disorder	29.02%
Reported Torture and Trauma Experiences	89.70%
Depression	22.93%
Anxiety	38.85%
Adjustment Difficulties	46.36%
Concentration Problems	49.39%
Nightmares	27.88%
Anger	18.87%
Somatic symptoms	27.17%
Social Isolation	18.79%
Family Separation (nuclear family)	71.82%
Family Conflict	24.85%
Complex Settlement Problems	31.96%
Physical Health complaints	27.32%

# Challenges and how we try to meet them

- Highly traumatized clients, multiple traumas and losses common \*
- Very diverse client group & constantly changing
  - Many cultures & worldviews \*
  - Many languages \*
  - All ages \*
- Complex problem presentations affecting biological, psychological and psychosocial realms
- Large numbers of clients, many possible intervention approaches and modalities, limited by ethno-cultural considerations and resources

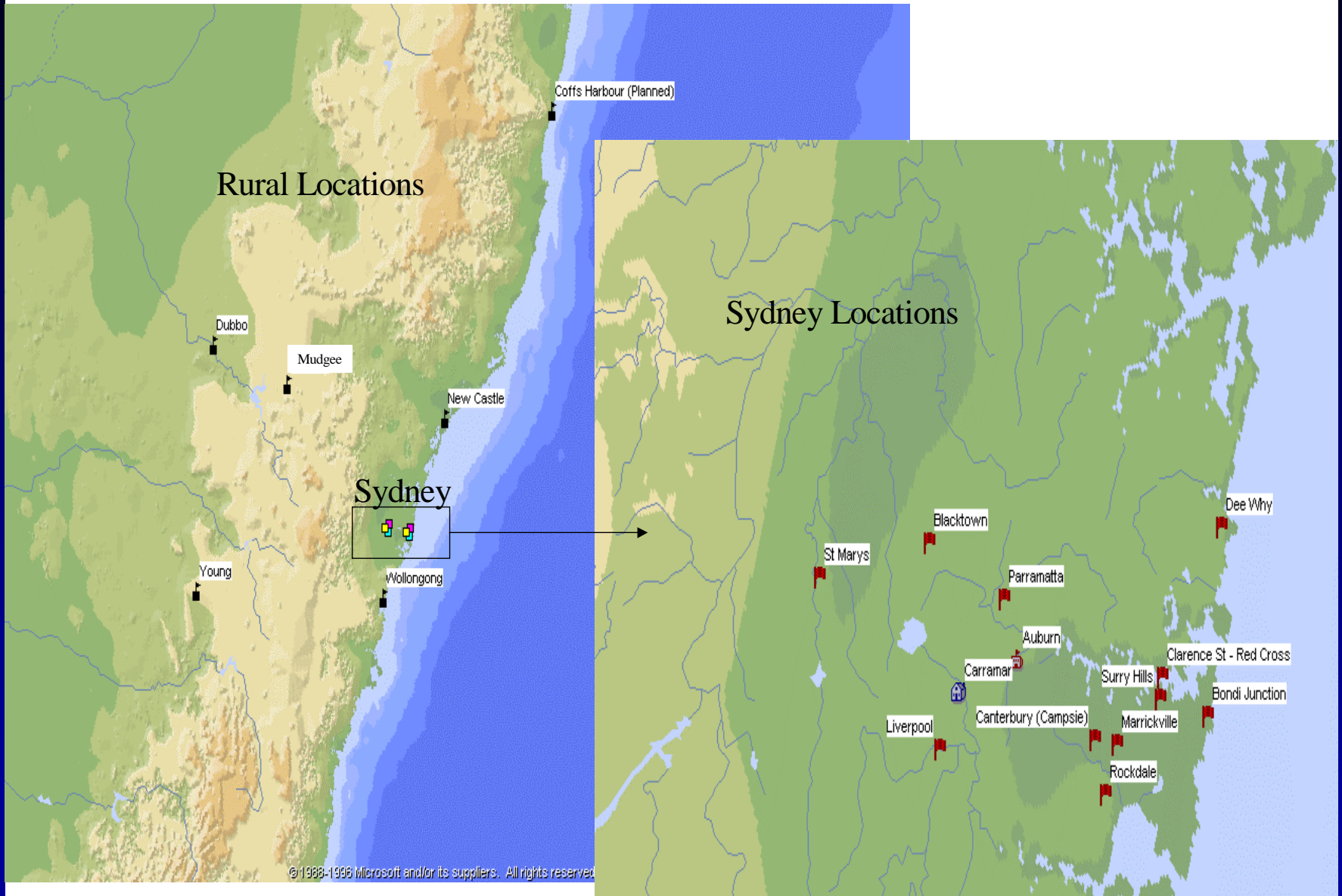




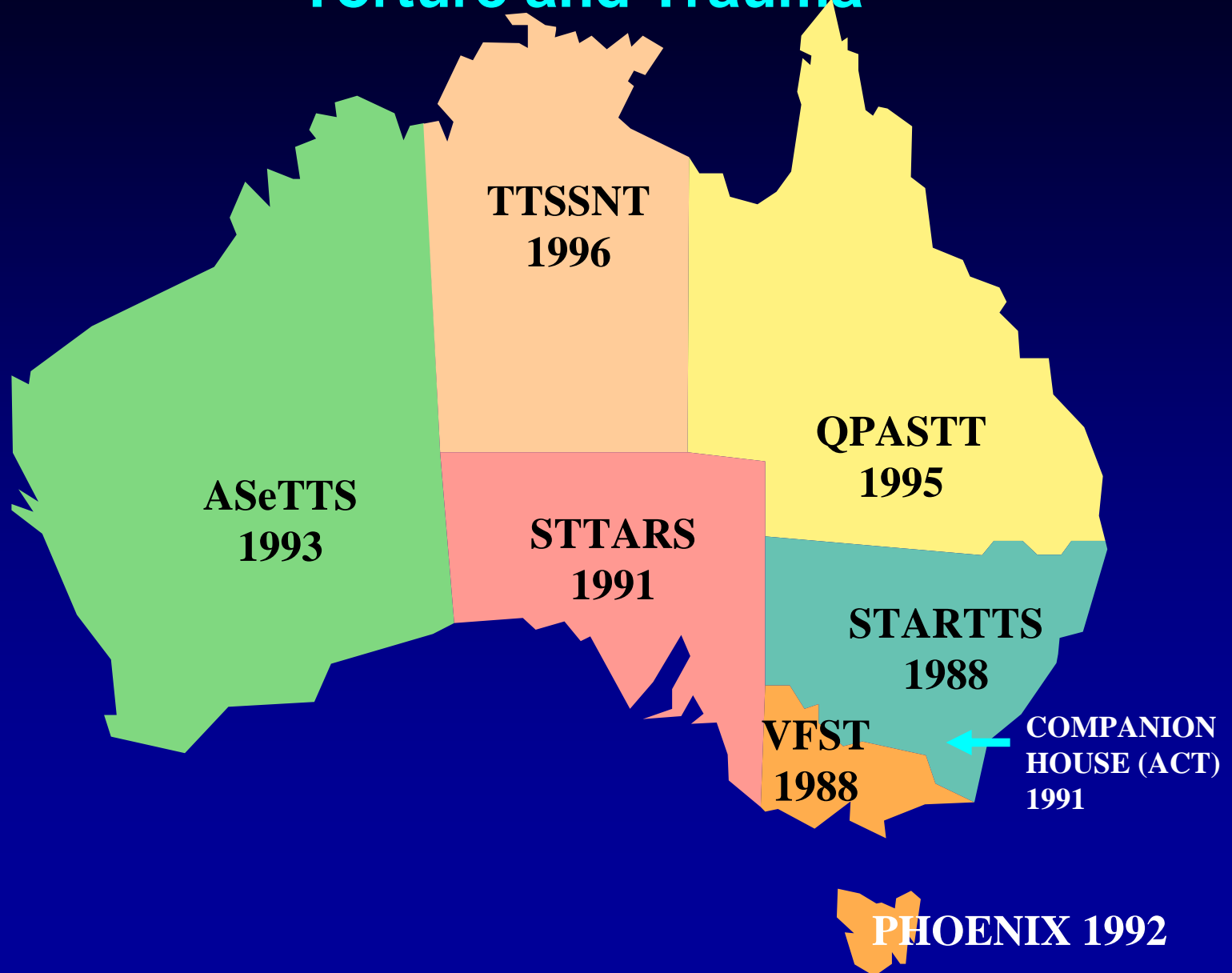
# Challenges and how we try to meet them

- Highly traumatized clients, multiple traumas and losses common \*
- Very diverse client group & constantly changing
  - Many cultures & worldviews \*
  - Many languages \*
  - All ages \*
- Complex problem presentations affecting biological, psychological and psychosocial realms
- Large numbers of clients, many possible intervention approaches and modalities, limited by ethno-cultural considerations and resources
- Increasing geographic spread of client population

# STARTTS Service Provision Locations



# Statewide Services for Survivors of Torture and Trauma



# Minister

## Documents

- Deed of Agreement
- Memorandum of Understanding
- Terms of Reference for STARTTS Management Committee

## Defined By:

- ← Community Reps. →
- ← NGO Representatives
- ← Government Dept. Reps.

## Process

- Advertised in SMH
- Interviewed by Mngt C'ttee, Area Rep. & E. Dir.
- Recommendation to Minister
- Appointment

## SWSAHS

### Responsibility For Financial and Admin Support

- Providing support in terms of:
  - Administrative Services
  - Financial Services
  - Employee Services
- Conducting Audits of STARTTS
- Assisting STARTTS Management Committee with evaluation process

## STARTTS Management Committee

### Defined by FOS Constitution

### Responsible For

- Administering STARTTS with accordance with memorandum of understanding
- Service Policy
- Monitoring STARTTS Operations
- Reviewing Financial performance

## Friends of STARTTS (FOS)

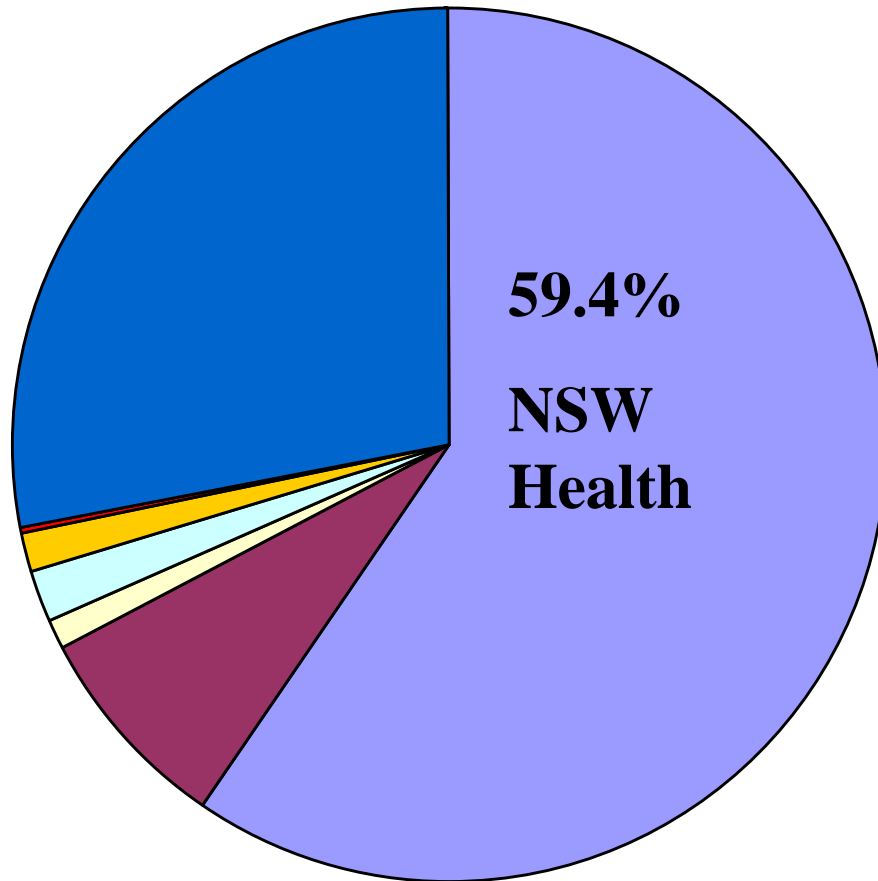
- Fund raising for STARTTS project
- Assist STARTTS and its workers
- Enhance STARTTS profile
- Develop projects that benefit STARTTS client group

## Executive Director

- Executive Officer of STARTTS: responsible to Mngt. Committee for overall policy, operations & comprehensive quality of service
- Reporting to Mngt. Committee
- Ensuring STARTTS activities comply with relevant policies
- Day to day Mngt. of all areas of the service
- Provide advice to STARTTS Mngt. Committee

# STARTTS funding by source

**Commonwealth = 39 %**



- NSW State Health Department)
- PASTT Program (Commonwealth DHAS)
- FICT program (Commonwealth DFACS)
- Personal Support Program (Commonwealth DFACS)
- FOS Volunteer Coordinator
- ACL Contribution to Transitions
- EIP Program

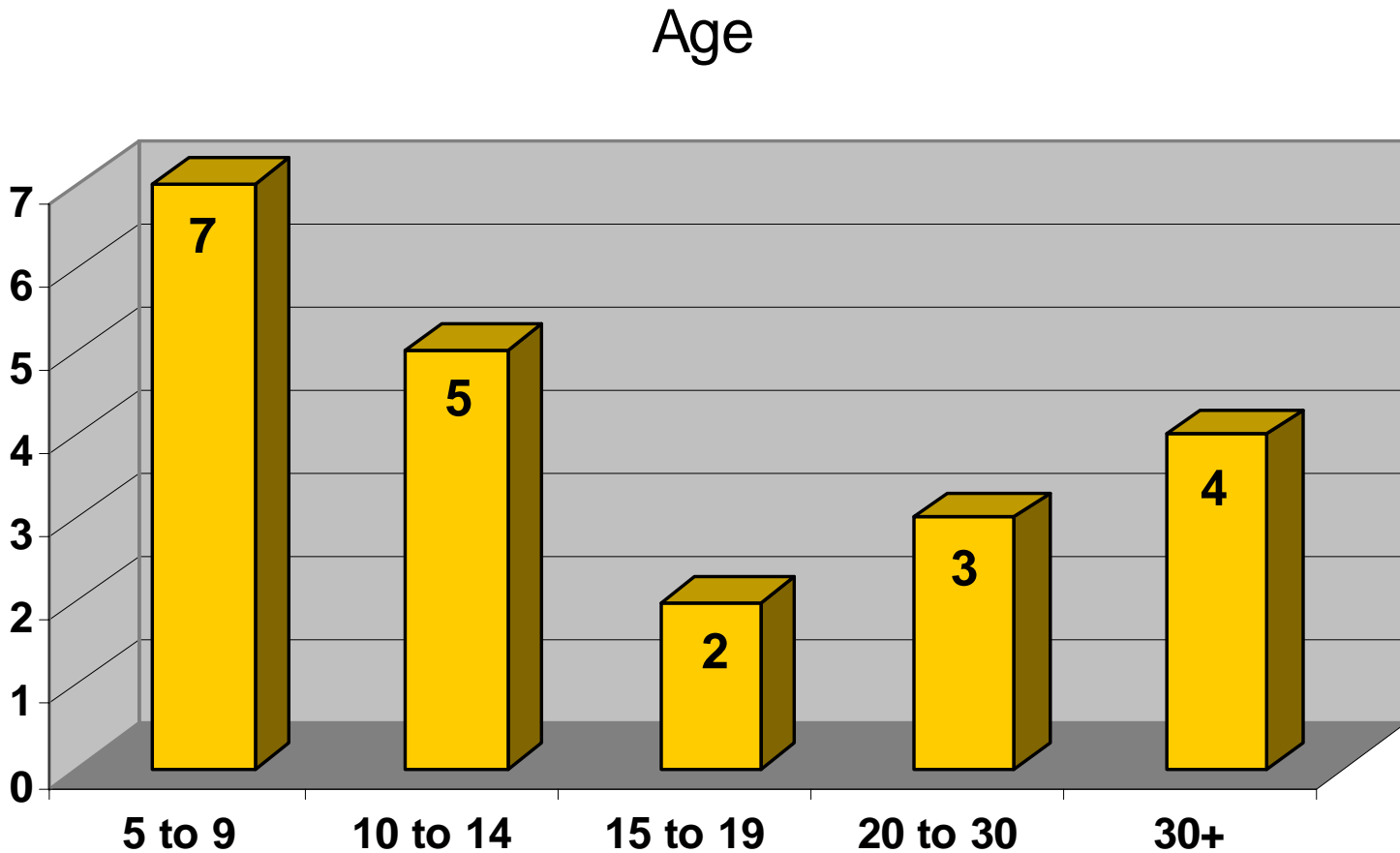
**Private funding = 1.6 %**

**Total budget for 2004-5 = \$5,271,782**

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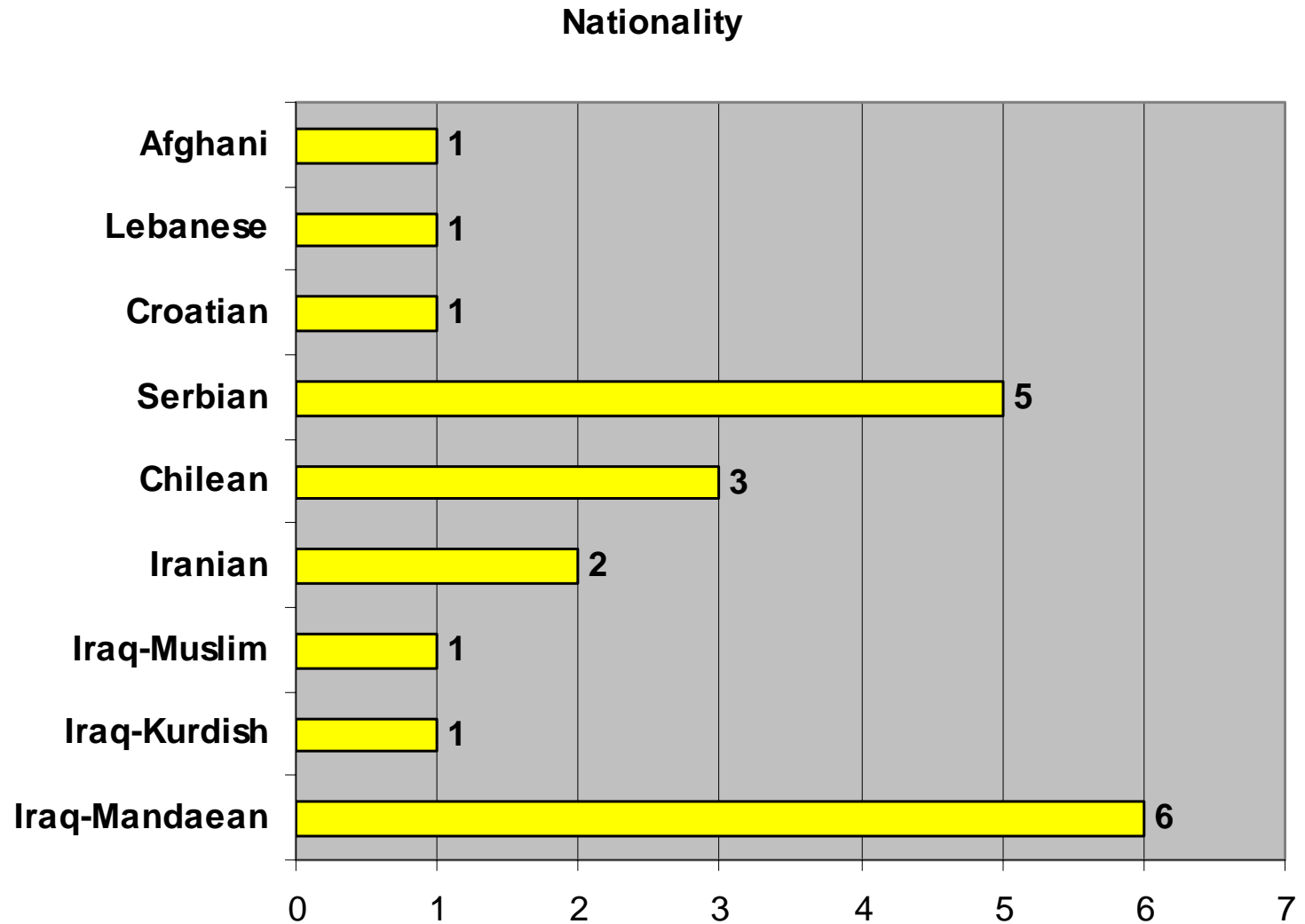


# Clients treated with Neurofeedback Therapy at STARTTS by age (N=21)





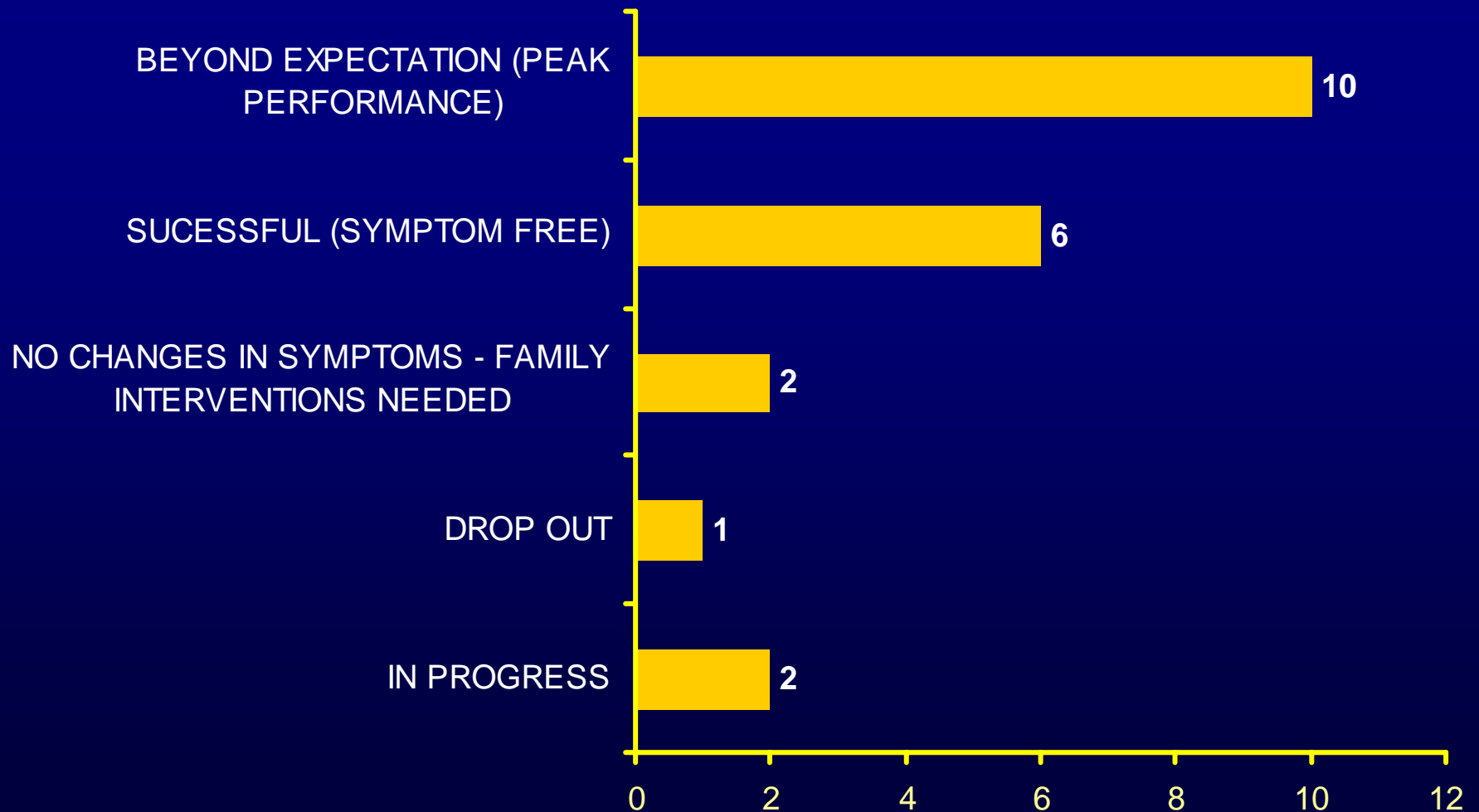
# Clients treated with Neurofeedback Therapy at STARTTS by background (N=21)



# Back to the questions...

- Is Neurofeedback effective?

# Clients treated with Neurofeedback Therapy at STARTTS by outcome (N=21)



# Back to the questions...

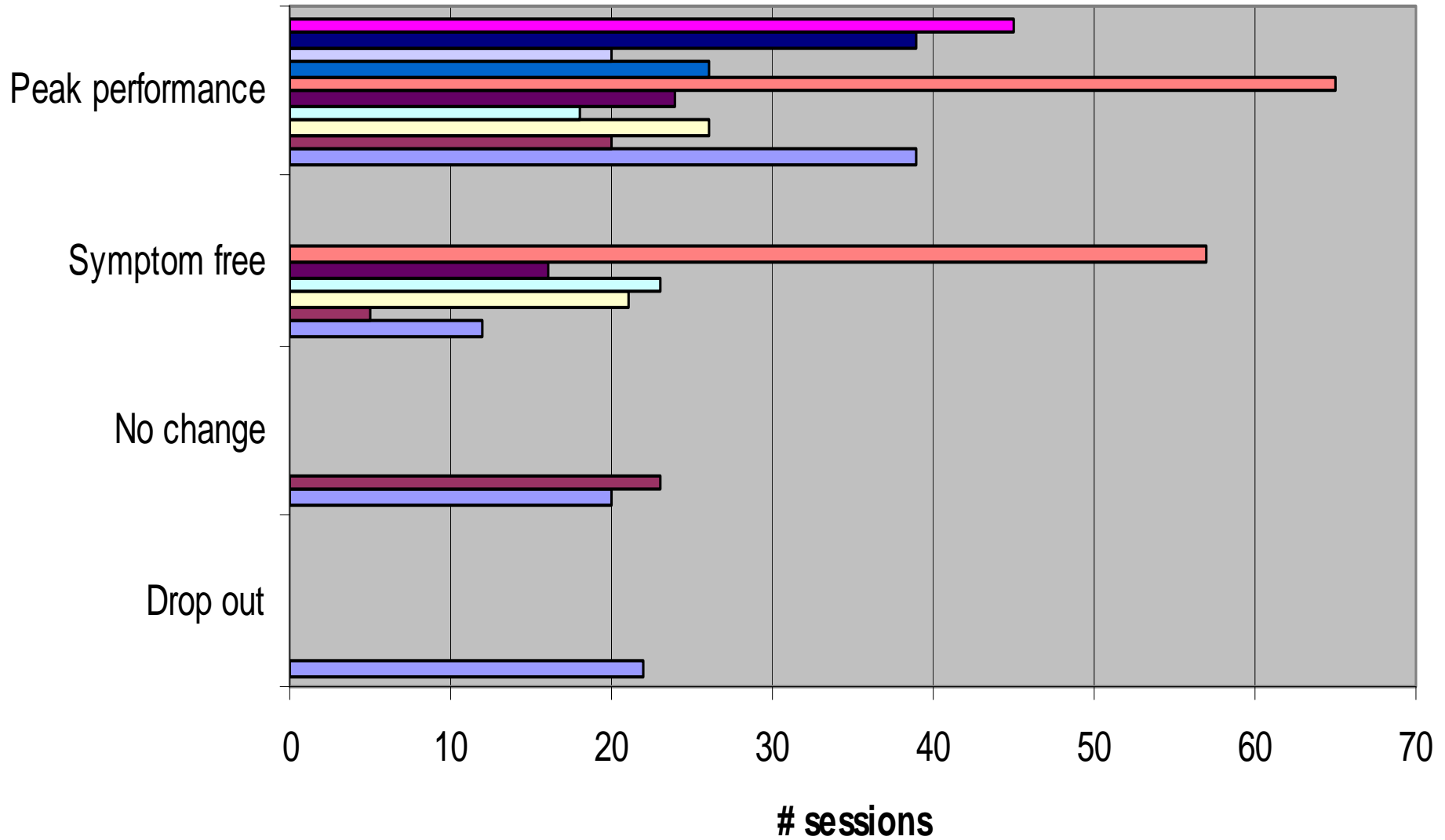
- Is an approach that relies on expensive and complex equipment, and necessitates a long number of sessions provided by specialized practitioners cost effective?

# The cost of Neurofeedback...

(Approximately)

- Hardware and software: US \$ 5,000 to 10,000
- Specialized training: US \$ 3,000
- Assessment (QEEG, TOVA, etc): US \$ 200
  
- Obviously there are savings over time in terms of establishment costs
- Overall, NF sessions cost approximately 25% more than other approaches

# Clients who completed NF treatment at STARTTS by outcome & number of treatment sessions (N=21)



# Back to the questions...

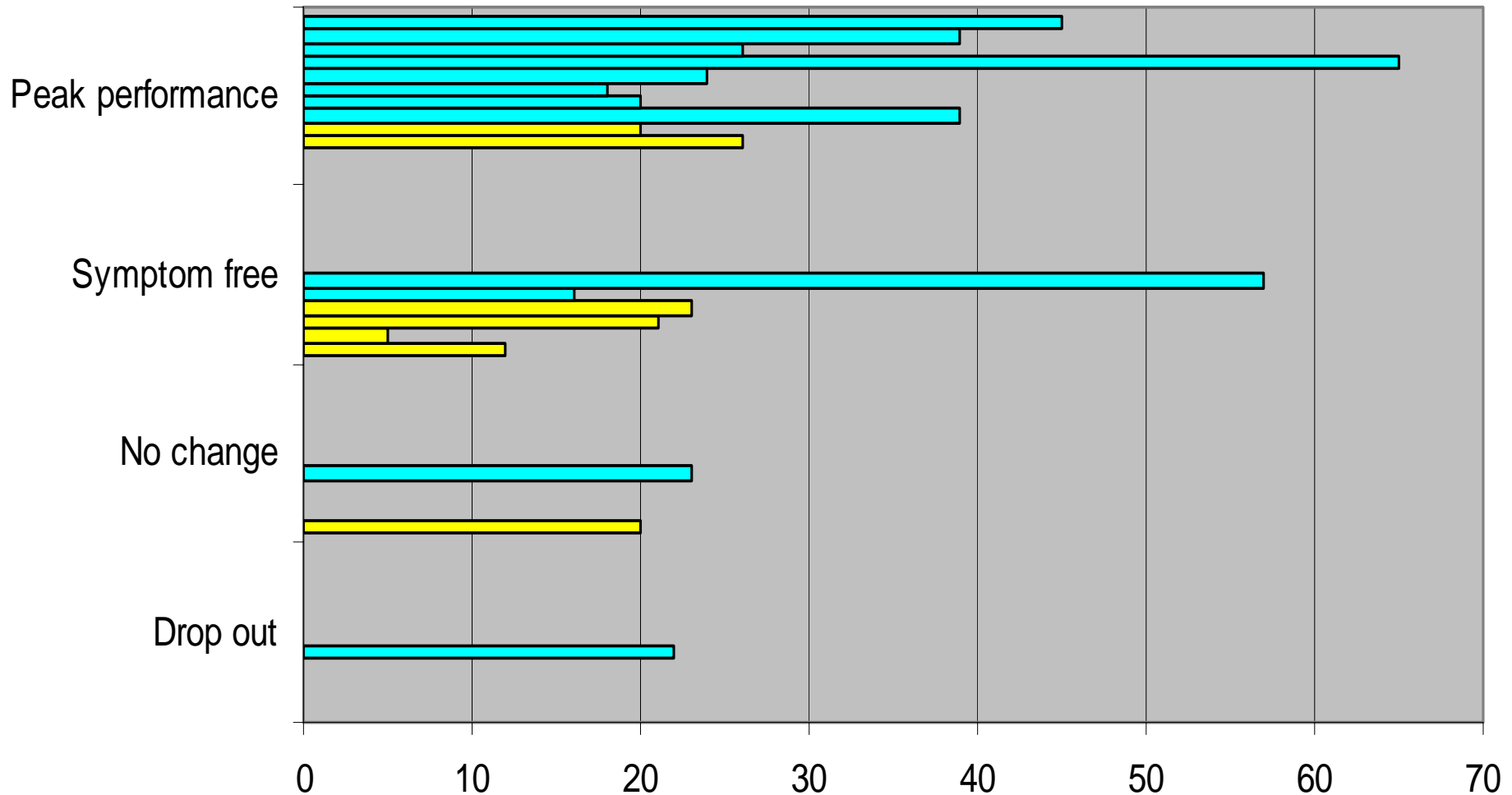
- Could we achieve the same results, more cost effectively, using cheaper approaches



Clients who completed NF treatment at STARTTS by outcome & number of treatment sessions & previous treatment. (N=19)

Blue = Extensive previous treatment with marginal success (12).

Yellow = No previous treatment (7)



# Back to the questions...

- Even if NF is the best approach for certain cases, how do we know when to use it in favor of other, less resource intensive approaches?

# Back to the questions...

- What is the role, if any, of NF in helping us achieve the elusive balance between assisting the most people to overcome the effects of trauma and assisting those that have been worst affected?

# The question still remains...

- How can we integrate this promising approach into a real life, high volume situation in a way that is both financially responsible and sensible?

# Thank you



For more information

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# The context

- Many clients
- Many cultures
- Constantly changing client group
- All ages
- Variable point of referral

# Type of trauma experienced by STARTTS Early Intervention Program clients (N=685)

Type of Trauma experienced	Frequency	Percent
Torture	549	80.1
War	268	39.1
Witness to extreme violence	162	23.6
Imprisonment	78	11.4
Other	64	9.3
Concentration Camp	26	3.8
Rape	14	2.0

# The context

- Many clients
- Many cultures
- Constantly changing client group
- All ages
- Variable point of referral
- Severe and multiple traumas
- Severe, complex presentations



# Some difficult questions..

- Is NF culturally appropriate for our client group?
- Is it effective?
- Is an approach that relies on expensive and complex equipment, and involves a long number of sessions provided by specialized practitioners cost effective?
- Could we achieve the same results, more cost effectively, using cheaper approaches
- Even if NF is the best approach for certain cases, how do we know when to use it in favor of other, less resource intensive approaches?
- What is the role, if any, of NF in helping us achieve the elusive balance between assisting the most people to overcome the effects of trauma and assisting those that have been worst affected?

And even if we answer the previous questions satisfactorily...

- How can we integrate this promising approach into a real life, high volume situation in a way that is both financially responsible and sensible?

# The context

- Many clients

# The context

- Many clients
- Many cultures & constantly changing client group