

Experiences with Narrative Exposure Therapy across three income contexts

Andrea Northwood & Paul Orieny

As members of an international nongovernmental organisation that operates across a variety of income contexts, and works with local counsellors to co-create local capacity in contexts ravaged by atrocities and deprivation, the authors offer their experiences with Narrative Exposure Therapy. The authors have found Narrative Exposure Therapy to be an effective clinical and training tool where practical considerations allow it. These considerations, including the high level of counsellor skill and the individual modality the therapy requires, should not be underestimated.

Keywords: capacity building, Narrative Exposure Therapy, nongovernmental organisation, posttraumatic stress disorder

Introduction

The authors anticipate that practitioners who read Mundt et al.'s (2014) critique and Neuner, Schauer & Elbert's (2014) reply will have a clear awareness of the respective views of both groups. However, we are concerned about the articles' potential polarisation effect in a field that already struggles with scant resources, professional isolation and great need for collaborative dialogue. In terms of our perspective, we are practitioners who represent an nongovernmental organisation (NGO) that provides multidisciplinary interventions (including psychosocial and trauma focused) geared toward the worldwide problem of government sponsored torture. We operate in high income contexts, where we see torture survivors from 70+ countries (e.g., Minnesota, USA), middle income contexts with large under served refugee populations (e.g., Amman, Jordan), and low income contexts with high ongoing insecurity (e.g., Dadaab,

Kenya). Our focus is on capacity building and intervention. Both authors provide programme oversight and clinical supervision; with Dr Orieny providing clinical supervision to programmes in Nairobi and Dadaab, Kenya, and in Gulu, Uganda.

Discussion

Within our programmes, we have welcomed Narrative Exposure Therapy (NET) as an addition to our toolbox, finding it to be not only empirically supported under formidable research conditions, but also conceptually sound. Additionally, it is highly flexible and responsive to cultural adaptation and meaning-making, in terms of how 'narrative' or 'truth telling' unfold within diverse cultural contexts, and is well received by clients as being helpful in reducing post trauma suffering. In fact, there is very little that is completely new about NET, the manual making it clear that it is an integration of multiple, well established trauma treatment components. We completed NET training in 2007, and have been using it ever since. While we continue to strive to create the conditions and resources to use NET more frequently and consistently across our programmes, we have encountered challenges that thus far have limited our ability to use NET in low and middle income countries (LMICs). We have summarised a few of these limitations here in an effort to broaden the discussion beyond simply scrutinising the research findings.

Across high and low income practice contexts, we find NET to be a demanding, powerful intervention that challenges the skills of all practitioners, regardless of level

of education, training, cultural orientation, or natural counselling talents. The practitioner of NET must process, integrate, and utilise multiple levels of human trauma experience (sensory, cognitive, emotional, and physiological), all while going back and forth continuously between the past memory and the present re-experiencing of it. Additionally, it must include both the client's and the practitioner's perspectives and the functional tasks of recording a narrative, while at the same time providing therapeutic accompaniment and emotional safety that facilitates de-escalation of the fear response, once arousal has peaked. Thus, paving the way for subsequent desensitisation. These are not easy tasks, nor simple nor quick, for seasoned doctoral practitioners in the USA or Jordan, or for gifted lay counsellors in Uganda or Kenya. When integrated into a comprehensive course of psychotherapy in our Minnesota programme, NET is rarely scheduled for fewer than 15 to 20 sessions, in order to achieve sufficient desensitisation to be satisfying to the client. For any NET practitioner, a high degree of sophistication and interpersonal maturity are required to make complex moment-by-moment judgements during the narrative exposure work, as well as raw courage and skill in following the client's heretofore overwhelming, disorganising experience. Additionally, our experience and use of NET is client-led, not *'confrontational'* as Mundt and colleagues suggest. As a result of our experience, we have seen the comprehensive, slow motion nature of NET's exposure work adds to both the potency of this method for achieving integration of traumatic memories, as well as the intensity of secondary trauma and post NET session fatigue (and the consequent need for recovery) in the practitioner. The training challenges in getting practitioners to use exposure treatments supported by research, even in high resource settings, are not new to NET and covered elsewhere (e.g., Zoellner et al., 2011). For these reasons, and other ethical concerns

within settings of instability, where treatment can be disrupted by ongoing violence (such as in Dadaab), putting NET into practice following an initial multi-day NET training requires intensive, sustained supervision resources, situational control and practitioner skill levels that we have not yet been able to achieve in environments of great scarcity and insecurity.

In one of our programmes, we have been fortunate to have the NGO founded by the NET group, Vivo International, in Gulu Uganda where we are based. In this case, they have been able to provide a six-day training each year, in order to train local counsellors that we support. This training is twice as long as the standard initial three-day NET training, and we have found it to be a paradigm-shifting tool for the counsellors in understanding the internal effects of trauma, and the underpinnings of their psycho-educational work with clients. It is a transformative training experience for counsellors to differentiate cognitive, emotional, sensory, and physiological aspects of how they understand and represent experience, and consequently how they work with clients. The counsellors' feedback has been that they appreciate having a concrete, pragmatic tool with a clear protocol and structure. However, consistent with others who have found that the process of training needs to be longer and include more practice than in high resource countries (Kaysen et al., 2013), we have found that much more training is needed for the counsellors to be ready to implement NET, even after a longer initial training schedule and when counsellors are asking for trauma specific tools. Unfortunately, for our local counsellors in Uganda, there are very few economic incentives and professional development opportunities, other than to return to being a jack-of-all-trades *'psychosocial'* worker for any number of NGOs following NET training. Until the overall environment supports more evidence based work and provides corresponding incentives for both NGOs and local staff,

this is likely to continue to limit cultural adaptation and dissemination of evidence based interventions such as NET.

Ultimately, our difficulty in providing sufficient post training practice and supervision for our local counsellors to use NET in LMICs is constrained by the number of people we must serve in order to get the funds to be there in the first place. The reality for us in places such as Nairobi, Dadaab, and Gulu (where we face overwhelming numbers of individuals in need) is that we have a clear mandate from our funders to provide services to a very large number of individuals relative to staff resources. These 'numbers reached' outcomes practically mandate short term group approaches, regardless of research considerations. This is also true for us within middle income contexts such as Jordan, where we are grappling with the Syrian refugee crisis. Thus, outside of our USA programmes, NET remains a luxury tool to learn for the very few clients we treat via individual modalities. If there were a way to adapt narrative exposure work to a group format, we could foresee greater use of it in LMICs, as this would better fit our funder mandates and needs within those contexts.

References

Kaysen, D., Lindgren, K., Sabir Zangana, G., Murray, L., Bass, J. & Bolton, P. (2013). Adaptation of cognitive processing therapy for treatment of torture victims: Experience in Kurdistan, Iraq.

Psychological Trauma: Theory, Research, Practice, and Policy, 5(2), 184-192.

Mundt, A. P., Wünsche, P., Heinz, A. & Pross, C. (2014). Evaluating interventions for posttraumatic stress disorder in low and middle income countries: Narrative Exposure Therapy. *Intervention*, this issue.

Neuner, F., Schauer, M. & Elbert, T. (2014). On the efficacy of Narrative Exposure Therapy: A reply to Mundt et al. *Intervention*, this issue.

Zoellner, L. A., Feeny, N. C., Bittinger, J. N., Bedard-Gilligan, M. A., Slagle, D. M., Post, L. M. & Chen, J. A. (2011). Teaching trauma-focused exposure therapy for PTSD: Critical clinical lessons for novice exposure therapists. *Psychological Trauma: Theory, Research, Practice, & Policy*, 3(3), 300-308.

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A short reaction to invited commentaries on Mundt et al., this issue

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The authors would like to thank Neuner et al., Yule, Fernando, Rasmussen, Pedersen, Northwood & Orieny for their elaborate

comments. Pedersen comments in this issue on the wider discussion situated between two poles. Our paper was written with the