Collaborative effort to increase the physiotherapist's competence in rehabilitation of survivors of torture

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Dear Editor

Thank you for this opportunity to share perspectives from our work within the Physiotherapy and Refugees Education Project, PREP, an Erasmus+ funded project within the KA2 strategic partnership program. Researchers, educators, students, and clinicians within institutions of higher education, health services and humanitarian organisations, have worked together in this project to define competencies that physiotherapists need in working with refugees. Based on this, we have made a course openly available for physiotherapists worldwide. A central aim of the work in PREP has been the creation of a network in which educators, students and clinicians can meet, discuss, and learn from each other. We welcome everyone who shares our interest to join us in this network. In this perspective paper, we want to share our thoughts and opinions on how such a collaboration can be used for building competence. We will discuss topics that are central for physiotherapists working with victims of torture, and finally, we will discuss what we believe are the important next steps within physiotherapy to be able to support this group.

Collaboration for competence building

The PREP project (PREP, 2018) started with an important acknowledgment; in order to support physiotherapists who work with refugees, we needed to gather and combine experiences and expertise outside the initial project group consisting of educational institutions and the mainstream health care system. Equity in health is a challenge, and there are several groups within our society that do not receive the health care service that they need and to which they are entitled. Refugees

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constitute one of these groups. Humanitarian organisations play important roles in supporting these populations, although it in many cases should be the role of the official health care system. To manage to reduce inequality in health care, educational institutions have a responsibility to educate candidates who have the competence to work inclusively. Educational institutions can also provide learning spaces where health professions and organisations can learn and work out effective ways of solving complex problems. In this way, a sound knowledge frame concerning needed competences for physiotherapists could be described and implemented.

During our work, we have seen that health consequences of torture and rehabilitation strategies for survivors of torture are topics that are not sufficiently addressed in physiotherapy curricula (McGowan et al., 2020). This is despite the World Physiotherapy's Torture Policy statement: The curriculum for professional physical therapist entry level and continuing professional development programmes should include principles for the treatment of vulnerable populations including those with physical and psychological effects of torture" (WP, 2011); One can only speculate about the reasons for the lack of coverage of this topic. There might be a lack of awareness of the problem and academic staff might not have experience or relevant knowledge. Further, a well-defined and accepted description of physiotherapeutic rehabilitation for survivors of torture is, so far, missing. In many countries, torture might not have been considered relevant for physiotherapists, and in an educational program which is already full, this topic has been left out. We therefore see the need of raising awareness about this topic and to create networks for collaboration within educational and health sectors to better meet this competence need.

For educational institutions, humanitarian organisations, and local practice fields, engaging in a project like PREP is a strategic decision. Such collaborations can provide educational institutions with valuable experience and up-to-date information on the competences that are needed. Humanitarian organisations have identified the need to train their health professionals specifically in this field, and they have asked for more focus on this during education. Collaboration enables future research areas in migration health, rehabilitation, and physiotherapy (Blessinger, 2019). Partnerships like this are therefore not just of benefit, but are essential to provide equity in health care.

To accomplish a close collaboration, the PREP Content Development Project was established as a route to engage various stakeholders in communicating needs and sharing knowledge in relation to physiotherapy and refugee health (Physiopedia, 2020). The Content Development Project is hosted online on a neutral and openly accessible platform. This collaborative content creation has proved to be inclusive of many sectors, demographics and needs. It also serves to create a space where stakeholders feel comfortable to share knowledge. In this project, physiotherapists worldwide have contributed to content for the course.

Physiotherapy in rehabilitation of victims of torture

Physiotherapy is one of several different approaches for working with survivors of torture, and within physiotherapy there is a variety of perspectives and views on what physiotherapy interventions should, or could be, in this context. As a consortium, we want to raise awareness of five closely related aspects of physiotherapy practice that we argue are important for physiotherapists working with

survivors of torture.

These are: *trauma-sensitive care*; *body awareness and empowerment*; *pain management*; *advocacy and self-care for the physiotherapist.*

Trauma-sensitive care

Physiotherapists are trained to work with various forms of trauma, and trauma-sensitive care is an important part of working with refugees and torture survivors. Trauma-sensitive care is not considered a method but a way of understanding a health situation and complex health needs. This includes an understanding of what is at risk for the individual. As part of trauma- sensitive care, trauma-focused therapies can play an important role. Integrated health care strategies directed at the psychological and physical health, as well as rigorous control of risk factors, are likely to improve the quality of life of traumatised refugees (Bath, 2008; Reeves, 2015).

Body awareness and empowerment

Physiotherapists work according to a view that the human being is an indivisible entity. The "body and mind approach" recognizes that physical and psychological dysfunction is a response of the whole individual. This includes body structures, emotions, previous experiences, beliefs and thoughts within their unique social, cultural and environmental context (WP, 2011). Torture and trauma results in alterations of the body ego or body awareness of an individual. Loss of body awareness means loss of the ability to recognize physical experiences or sensations, to understand needs and emotions. This can lead to an inability to trust the body, and to develop a negative body image, dissatisfaction with the body and mistrust in activity performance. One important part of recovery is to learn how to use movements to deal with, or regulate, a conflicting inner state (Nilsson et al., 2019; Nyboe et al., 2017; Stade et al., 2015; Thornquist & Bunkan, 1991). The role of the physiotherapist is to help their patients to use and develop their movement potential. In this way, they help the patient to gain trust in the body. This can be done using a variety of strategies and treatment methods adjusted to individual needs. The key point is to guide clients to gain insights into how sensations, feelings and images from traumatic experiences are interrelated and affect the body. Empowerment should be one of the main goals of rehabilitation.

Pain management

Physiotherapists are equipped with a toolbox for working with pain. Pain is a frequent result of torture and is commonly connected to psychological discomfort (Thomsen et al., 2000; Williams et al., 2010). There is not one single method available that can address the pain and discomfort that can be experienced by persons with a traumatic background. A broad and contextual understanding of concepts of pain are therefore paramount (Gamble et al., 2020). The aim must be to create opportunities to change for the better, which might require additional measures and use of a more holistic approach.

An important element of treating pain in the rehabilitation of victims of torture is to be able to acknowledge the individual as a person; someone that has suffered something that is illegal under international law and a violation of their human rights. For individuals who experience such violations, it can have negative impact on education, work, family life, relationships, and activity of any kind. In addition, the person must suffer the consequences, while the perpetrators will, in many cases, go unpunished. This adds to the burden. The physiotherapist needs to appear as a fellow human and build a relationship of

trust in which shame and guilt is not a part. This requires presence, time, and capacity and willingness to listen, and means accepting that improvements may not be visible from one session to the next.

Advocacy

Advocacy within physiotherapy is defined as, "responsibly using physiotherapy knowledge and expertise to promote the health and well-being of individual patients, communities, populations, and the profession." It has been recognised as a key component of physiotherapy but is still not well incorporated into physiotherapy education or practice (Bessette et al., 2020; Kelland et al., 2014). Physiotherapists can advocate for the rights of refugees and asylum seekers on issues such as access to health care, freedom to work or provision of housing. They can also help refugees to advocate for themselves to obtain resources and support, particularly in relation to issues that may impact their health and well-being. Refugees can face many challenges accessing health services in their host countries. Difficulties in communication, stereotyping, cultural issues, and challenges in understanding how to navigate foreign health systems, are all factors that affect the accessibility of health care. In addition, many are unaware of the services available or how to access specific services (e.g. rehabilitation). Therefore, a key role of physiotherapists should be to assist refugees to understand the organisation of the health care system, the nature of therapies available and how resources are funded (Brzoska & Razum, 2017; Khan & Amatya, 2017; Lindsay et al., 2012; Razavi et al., 2011).

Survivors of torture may need to access a range of services and professionals. The trust built through the therapeutic alliance places the physiotherapist as an ideal advocate to assist them to access the services they need. With the heavy demands placed on health professionals, the role of health advocates can be lost among competing responsibilities (Flynn & Verma, 2008; Kelland et al., 2014; Khan & Amatya, 2017) . However, physiotherapists who are working with refugees and survivors of torture should develop their competence as advocates so that they can effectively use their professional expertise, knowledge of the health system and network of connections to help address the health concerns specific to these populations.

Self-care for the physiotherapists

Exposure to unknown experiences affects us all in different ways. Meeting the "ugly face of torture" can be a difficult experience. Therefore, the health and well-being of health care providers should be considered. Having professional or peer counselling is important for the physiotherapist to not have to carry the burden of their clients' testimonies alone. Working with traumatised persons affects the health care professional to various degrees. It can rock the very foundation of what is perceived as human, and it can leave the health care professional feeling powerless and unable to help. What happens between the therapist and the patient during therapy sessions might take different roads. A relationship of trust might develop; a professional relationship where compassion can be a natural part. To discuss the nature of this relationship and look past the setting of the "helper" and the "receiver," and even challenge the term "patient," as it can contribute to manifest the superiority of the health care giver, would give these topics the attention they deserve. Openness to this discussion can help the therapists dealing with difficult and complex human experiences.

Next steps: towards better support of survivors of torture with physiotherapy

PREP has made an openly available, digital course that is a resource for educational institutions, humanitarian organisations, and individual physiotherapists. The material covers the five key points for physiotherapy rehabilitation we have presented here. Participating organisations and other interested stakeholders can use it as a stand-alone course or integrate it in other programs they offer. The PREP network can advise on implementation.

We strongly argue for an update of entry-level physiotherapy curricula to meet the competency needed for working with rehabilitation of victims of torture. At the very least, it should be capable of building competence in recognising the health consequences torture might have. Deeper insight into this topic could be included in master programs or free-standing courses. By connecting several sectors and using the engagement that exists in such student groups, we hope that we can raise awareness and support physiotherapists in building the necessary competences to further develop this field, and to advocate a broader perspective on health and health care services.

Conclusion

Rehabilitation of survivors of torture is a complex field in which physiotherapists have a natural role. There is, however, a lack of an overarching understanding concerning required competencies for physiotherapists and health care professionals providing health services for torture survivors. We have shared what we consider are key elements for physiotherapists in this regard, and we suggest continuing along the pathway begun in PREP. Building upon the PREP work, a more detailed competence framework may be created for physiotherapy for survivors of torture. We suggest a future focus on three important steps that can be implemented simultaneously: 1) Further explore the experiences, challenges and successful rehabilitation strategies for refugees and survivors of torture. 2) Implementation into programs and curricula at educational institutions. 3) Continuation of the dialogue and co-creation between multiple organisations, institutions, and most of all survivors of torture, to ensure ongoing development.

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