common threads PROJECT

Bosnia-Herzegovina
Democratic Republic of Congo
Ecuador
Nepal

Review of Pilot Studies. 2014-2018

Summary

The Common Threads Project promotes psychological recovery from the debilitating consequences of sexual and gender-based violence. In a facilitated group setting, women create story cloths that depict experiences that may have otherwise been hard to express in words. The aim of this report is to review the evidence from four sites on four continents.

The results of these pilot studies suggest that Common Threads Project has been effective in facilitating transformative change for survivors. Quantitative data collected from three sites demonstrates a significant reduction in symptoms of anxiety, depression and PTSD over the course of the interventions. In addition, material from interviews indicates that participants found the Common Threads circles addressed their needs in a way that was understandable and acceptable to them. Whereas some recognised that the work of the program could be painful, many also registered a relief from shame and spoke about the enjoyable aspects of group membership, with many women describing how the process helped them to re-discover laughter, fun and a sense of community.

A story cloth from a Common Threads circle. By sewing story cloths in a group setting the women are able to share their experiences and stories with one another.

Introduction

The Common Threads Project program aims to promote psychological recovery from the debilitating consequences of sexual and gender-based violence (SGBV). It offers a therapeutic approach that is designed to be effective during the critical period that follows acute crisis – for which few services are currently available.

The model is the development of an ancient and enduring practice that is found in diverse cultural contexts. Women who have faced unspeakable atrocities come together to sew their stories onto cloth and support one another as a means to find their way out of despair. The Common Threads model combines the wisdom of this tradition with evidence-based practice from the field of contemporary trauma recovery. In Common Threads Project circles, women learn to make story cloths to describe memories, express hopes, and share their experiences of violence, displacement, and survival. They also engage in a range of trauma therapies and somatic processing techniques in order to develop skills that reduce the neurophysiological consequences of traumatic experience.

Common Threads Project aims to empower women "as they make their way from victims to survivors and from survivors to agents of change".

The aim of this report is to demonstrate that there is consistent evidence from four sites on four continents to suggest that Common Threads Project has been effective in facilitating transformative change for survivors in the following areas:

- Reducing symptoms of depression, anxiety and distress;
- Counteracting feelings of stigma, self-blame and shame;
- Developing effective coping strategies;
- Creating and developing community support;
- Developing voice and agency.

Common Threads Project - Program Structure

Once an area of need is identified, Common Threads Project provides skills-training to local partner organizations to provide therapeutic group sessions, or circles, for women suffering the effects of trauma. There are four main steps:

1. Establish partnerships to build capacity

The focus is on conflict-affected countries and regions with a significant refugee population: areas in which sexual and gender-based violence (SGBV) is especially pervasive. Common Threads Project identifies organizations within these contexts that are already providing services such as medical care and legal support to survivors. Partnerships are established with appropriate organizations to increase their capacity to help survivors by training clinicians to implement the Common Threads program.

2. Provide training

Once a partnership is established, the Common Threads' Training Faculty provides 80 hours of instruction to the partner organization's own clinicians to allow them to experience the Common Threads process directly. At the end of the training, they are ready to facilitate a Common Threads therapeutic circle. In liaison with the faculty, the local practitioners adapt the Common Threads model to their culture and specific circumstances, thus ensuring that the program is applicable on a local level.

3. Formation, support and supervision of Common Threads circles

With guidance from the on-site training team, the partner organization identifies potential participants and screens them to ensure that the group will function therapeutically for all its members. (See Inclusion and Exclusion criteria in appendix 2). Participants are formed into groups of 12-15 with two facilitators. Circles meet once a week for four to five hours. Common Threads Project provides ongoing supervision to circle facilitators through weekly meetings, mentoring and on-site visits during the first year of the program.

4. Implementation

Common Threads women's circles operate in a three-step progression:

During the 14 sessions that comprise **Phase I**, participants engage in activities to establish a foundation of stability, emotional safety, and group cohesion. This initial phase also provides psycho-education: participants learn that their symptoms are a natural, survival response to traumatic events. They practice techniques for self-regulation before engaging in an exploration of traumatic memory. After establishing a foundation of techniques to manage intense emotions, engaging in art therapy activities to encourage self-expression, and developing some basic sewing skills, participants design and complete individual story cloths. Towards the end of Phase I, they begin to share their narratives with one another as they feel ready.

Phase II accompanies survivors for another 14 sessions as the work of trauma recovery deepens and they consolidate gains, develop somatic awareness, and internalize coping skills. The circle's facilitators help participants develop new ways to experience their stories with a view to reducing stigma, guilt, and self-blame. They work to process unresolved loss and grief. Increasingly, they shift the focus of concern from the past, through the present, to the future and in so doing reclaim a sense of hope. By the end of Phase II, they will have completed a collective story cloth that reflects the themes they have been addressing as a group.

By **Phase III**, those who have completed Phases I and II are ready to establish their own self-led support group. They have taken turns leading activities with the support of facilitators in Phase II. They have internalized the techniques of coping, which they can continue to practice as a group in Phase III. They will determine the frequency of their meetings, the goals they wish to achieve, and the activities of the group. The facilitators will provide mentoring for these groups as needed.

Common Threads Project Program Pilot Studies

To date, pilot programs have been conducted in Ecuador, Nepal, Bosnia and Herzegovina and the Democratic Republic of the Congo. In Nepal and Bosnia, the efficacy of the treatment protocol was evaluated using both quantitative and qualitative methods; in Ecuador and DRC, small qualitative studies were undertaken.

Each evaluation was conducted in conjunction with the local partner organizations, which were neither resourced nor structured to run systematic research or evaluation studies. In addition to the unpredictability of field conditions, interviews, data-gathering and analysis were undertaken in the context of limited funding and so, in some cases, data was incomplete. The following findings must therefore be treated as provisional, pending more rigorous, adequately funded outcome research.

I. Ecuador

The first pilot study was run in Lago Agrio, Ecuador in 2012. In collaboration with UNHCR, and local partners *Taller de Comunicación de Mujer* and *The Women's Federation of Sucumbóos*, six women were selected to become facilitators. The therapeutic circles gathered 28 women who had experienced intimate partner violence, rape, conflict-related rape, survival sex, sex trafficking, childhood sexual abuse, and/or incest. Groups met for weekly half-day workshops over the course of 12 weeks.

Methodology Interviews with the six facilitators were conducted by Common Threads Executive Director, Rachel Cohen. Her findings were then shared with the group facilitators for further feedback.

Results[1]
Rachel Cohen identified several therapeutic benefits, which were confirmed by the group facilitators.

- **Connection to others**. Community-based group work appeared well-suited to facilitating recovery from the consequences of GBV;
- **Stress reduction** Group members experienced hand sewing to be an effective method of self-calming. One participant commented; "I came here with a heavy feeling in my body, uneasy, but I left calm and ready to keep fighting".
- **Self-expression** The groups provided a safe place for the women to express themselves freely; "I am myself here, and that is why I am happy," said one participant. Facilitators noted how even the more reserved women began to be more comfortable speaking up within the group. Creating the artwork provided a powerful vehicle for relating their experiences.
- **Working through traumatic experiences.** Making the *arpilleras* provided a manageable way to access memories and facilitate emotional processing;
- **Self-esteem**. Many women described how participation in the groups promoted confidence. 'I have learned to believe in myself,' one was quoted as saying;
- **Capacity building.** The facilitating team described how training had contributed significantly to their professional skills and confidence in working with this target group.

II. Nepal

In April 2014, Common Threads Project began its collaboration with the Transcultural Psychosocial Organization Nepal (TPO Nepal) where Common Threads is known by its Nepali translation, *Sajha Dhago*.

Common Threads Project trained 15 psychosocial counselors who adapted the treatment protocol and launched six women's circles. Two circles served Pakistani and Afghani refugee women and were conducted in Kathmandu. Four other circles were organized in the Jhapa region with Bhutanese women from the Damak refugee camps. A total of 72 women participated in Phase I of Common Threads in Nepal. The women met for four hours, once a week over 12 weeks, finishing in November 2014.

1) Cohen, R.A. (2013). Common Threads: a recovery programme for survivors of gender based violence Intervention, Volume 11, Number 2, Page 157 - 168

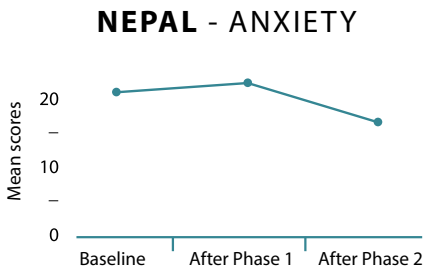
Nepal Evaluation 1. Quantitative data 2014 Phase 1 and 2, Bhutanese refugee groups

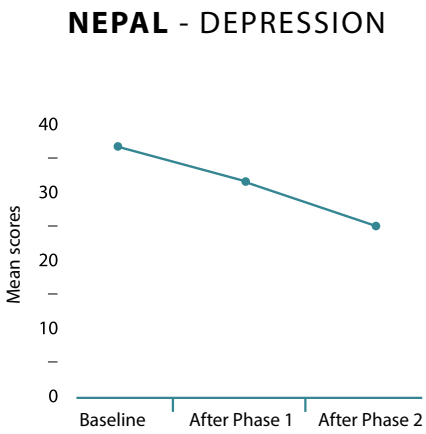
Methodology

TPO Nepal administered standardized questionnaires (see appendix 3) on three occasions to 47 participants from the Damak circles: before beginning Phase I and at the end of Phase I and Phase II. The questionnaires were: the Hopkins Symptom checklist-25 (HSCL) and PTSD checklist (PTSD-CL) which together provide measures of anxiety, depression and Post-traumatic Stress Disorder. Thirty-one participants completed all three data sets (66% of the 47 participants in Damak).

Results

The pilot study of 31 refugee women in Nepal demonstrates a significant decrease in depression ($p < .001$, $d=0.85$), anxiety ($p < .001$, $d=0.53$), and trauma-related stress ($p <.001$, $d=0.73$) from baseline to post-intervention (T-3). Given the methodological limitations of the study, the findings are to be considered suggestive and not conclusive.





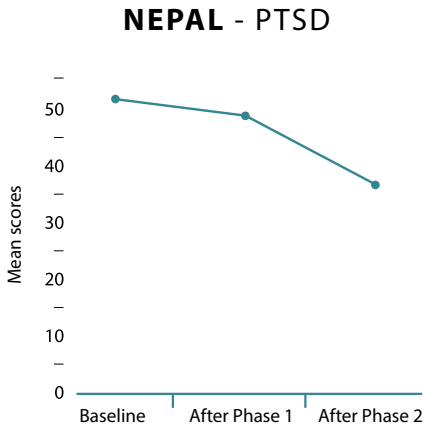


Table 1. Symptom Levels of Anxiety, Depression and PTSD in Bhutanese Refugee Women (N = 31)

Mean scores. Small group Nepal	Anxiety	Depression	PTSD
Baseline	21.37	36.50	51.86
Post Phase 1	22.00	31.27	49.57
Post Phase 2	17.44	24.87	36.43

Nepal Evaluation 2. Qualitative data 2014 Phase I and II

Methodology

In March 2015, post Phase II focus group discussions were conducted by TPO Nepal and a report was compiled by Sanjeev Dhungel. The focus groups consisted of 25 participants and were conducted in three subgroups: one in Kathmandu and two in Damak (Beldangi and Sanischare Camps). Each group comprised a minimum of six participants, selected according to their availability.

Results

In summarizing the focus group discussions, Dhungel found that the "majority of the women felt many changes in their personal and social life after [their] involvement in [the Common Threads] project." The report noted the following improvements:

- Relief from mental health symptoms;
- Improvements in relationships;
- Processing their traumatic experiences;
- Feeling connected and understood;
- Changes in attitudes toward gender-based violence.

Nepal Evaluation 3. Qualitative evaluation of the 2016 Phase I Common Threads program

Methodology

A 14-week *Sajha Dhago* circle was conducted by TPO Nepal from June-August 2016 (there was no funding for Phase II). Twenty-two Pakistani and Afghani refugee women were screened by TPO, invited to join the program and divided into two circles. Five women dropped out during the program because of a combination of health concerns, travel difficulties, time commitments, and family obligations. This left a circle of eight women and a circle of nine, who completed Phase I.

Emma Louise Backe, a Master's student in Medical Anthropology and Global Gender Policy at George Washington University, was commissioned by Common Threads Project to conduct a qualitative evaluation with the aim of assessing the impact of the program on participants' mental health. Some women were not available for the interviews during her visit. All twelve participants who were available were interviewed (four Afghani and eight Pakistani) along with three TPO Nepal facilitators, and three assistant facilitators (alumnae of earlier circles). Interviews took place between August 22-26, 2016.

Results

Perceived mental health and life changes among participants

Before entering the program, many of the women exhibited symptoms of trauma and expressed feelings of depression, stress, anxiety, tension and suicidal ideation all of which affected their ability to cope with the demands placed upon them in their daily lives; made already much more complicated by their situation as refugees.

Following Phase I many women described improvements in their emotional well-being. In addition to managing anger, pain and tension, the participants report feeling more hopeful and less depressed. Without denying the experience of terrible ordeals nor of the continuing struggle with survival in Kathmandu, many comments were oriented toward the future, including declarations that they felt capable of handling and overcoming further obstacles. For example:

> "This was a new and game-changing experience for me. Whatever problems we have, I have now found a solution to release those tensions through Common Threads. Earlier, it used to be a burden in our hearts but now, it gives a little relief. We used to feel happy after coming here. After listening to other's pains, our suffering seemed much less. Our pain gradually decreased. I feel like a free bird with a positive outlook,"

The program was also associated with increased levels of confidence among the participants (mirrored by the co-facilitators) with women saying that they felt more comfortable speaking up in group settings, making presentations, and self-advocating. Indeed, many of the interviewees emphasized how the

program taught them the value of learning self-care.

The efficacy of exercises, activities, techniques and modalities for the participants

The facilitated group discussions were described as a context in which participants could talk about and express their pain. One woman said:

> "While listening to other's pain, we forget ours and felt their pain with all our hearts. Everyone was crying and sympathizing with each other after listening to each other's problems."

Many women talked warmly of the fun that they had experienced during playful exercises involving humor and movement. One of the older participants from Afghanistan remarked that she was surprised to meet Pakistani women in the program who, despite having gone through similar experiences of violence and trauma, were able to smile and laugh. Significantly the interviews suggested that women were not only able to establish more control over their negative emotions, they were also able to reclaim feelings of happiness and express joy - feelings many said they had forgotten. One woman said:

> "Back at home, we are always under stress and think of completing one task after another. But, here, we become tension-free…Here, there is a cheerful environment. We joke, laugh, talk, cry after listening to each other's stories."

The role of the sewing portion in participants' recovery

Unsurprisingly, story cloths often depicted scenes of violence and bloodshed. The intention was that, by sewing these horrific scenes into an external material reality, these women could begin to differentiate themselves from the trauma that was perpetuated by these memories. By sewing their cloths in a group setting the women were able to share their experiences and stories with one another. Paired with the narrative processing, the physical action of hand-sewing helps to regulate the nervous system so providing the women with a way to tolerate intense emotional experiences. Several participants stated that they would continue to use sewing, doll-making, and story cloths in their own homes as tools for self-soothing.

> "The pain we were going through was inside our hearts since very long, but we were unable to outpour it in any form. This was a shared pain because we belong to the same community. That's what I tried to portray in this textile. After looking at this, my, and even other community member's grief lessened a bit. I [was] relieved a bit too while making it. I have tried to reflect the situation because the situation is indescribable. But, with this I felt quite relieved," said one participant.

> "I don't want to forget this skill [sewing]. Whenever I am sad or upset even in the future, I want to make these kinds of things again," another participant stated.

While Common Threads is a psychotherapeutic, rather than a livelihood-focused intervention, the creative portions of the workshop developed participants' sewing skills. A number of the women have gone on to use the skills they have learned to sew clothing for their families and other community members. Three participants have launched a successful sewing business that provides the primary financial support for their families.

The role of community building in participants' recovery and perceived impacts from participation;

While some of the participants knew each other prior to participating in the program, Common Threads helped promote a sense of community. This was particularly important given the social norms of silence and stoicism for women in Afghani and Pakistani culture. Many of the women discussed the absence of external support structures where they could talk about their feelings, describing their pain as "hidden."

The developing ties encouraged the women to seek each other out during periods of sadness or stress and has helped generally to cultivate a supportive social network. There was a desire to continue to meet as a group following the program. By connecting women with similar concerns, the program appeared to provide displaced women with a sense of

community and foster compassionate relationships beyond the confines of the program.
Women reported feeling empowered to attend to their own needs and the needs of their families. This included taking time for themselves and eating and sleeping properly. The attitude of self-care was promoted to friends and family members beyond the workshop. One participant, for example, said:

> "I taught my daughters the same thing which I was taught in those sessions - how to handle grim situations toughly."

Benefits

- 30 local facilitators were trained between 2014 and 2018.
- Three survivors have become co-facilitators in subsequent circles. They are now seen as leaders in their community and have started a small business.
- By the end of 2017, after facilitating several circles, the senior clinicians at TPO Nepal had gained mastery of the Common Threads approach. With the Common Threads director, these leaders co-led a training for new facilitators, including staff from the Nepal Ministry of Health. They were certified to conduct their own facilitator trainings, have supervised Nepali clinicians during the implementation phase. As a result, TPO Nepal has achieved independence from Common Threads Project.
- TPO Nepal continues to conduct women's circles, supervises the clinical team, and has extended the program to support victims of the 2015 earthquakes in the seven most affected districts.
- Between 2014 and 2018, more than 110 women have participated in *Sajha Dhago* circles.
- As of January 2019, three facilitators had begun a *Sajha Dhago* circle for survivors of human trafficking in Kathmandu.

Clinical experience suggests that the physical action of hand-sewing helps to regulate the nervous system so providing the women with a way to tolerate intense emotional experiences.

III. Bosnia and Herzegovina (BiH)

Common Threads Project began its work in Bosnia and Herzegovina at the end of 2015 in collaboration with local partners Medica Zenica, Vive Zene, Snaga Zene and Zene sa Una (ZsU). However, two organizations withdrew from the program, mainly due to resource limitations; one after the training, the other at the end of Phase I. In addition, a third group did not follow the Common Threads protocol. The analysis below is therefore limited to the data obtained from the Zene sa Una group.

BiH Evaluation 1. Quantitative data

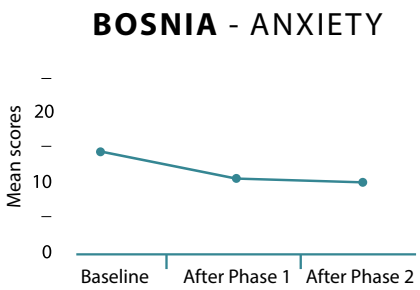
Monitoring and Evaluation Study. 2016/2017. Part 1. Quantitative study to determine symptomatology and evaluate reduction of symptoms.

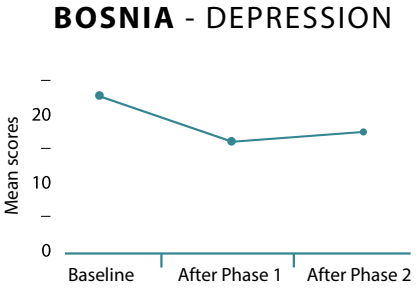
Methodology

Phase I of the BiH program was implemented between August and September 2016, with Phase II taking place between September 2017 and May 2018. The quantitative element of the study (see appendix 4) collected demographic and survey data[2] to assess symptoms of anxiety, depression and PTSD. A total of 11 women were included in the study and a within-participants analysis was conducted.

Results

From the start of the Common Threads intervention (baseline) to the end of Phase II, there was a significant overall decrease in the three mental health measures: anxiety (Mdiff = 4.273, SE = 1.395, p = .012), depression (Mdiff = 7.545, SE = .743, p = .000) and PTSD (Mdiff = 16.909, SE = 2.769, p = .000). Given the methodological limitations of the study, the findings are to be considered suggestive and not conclusive.





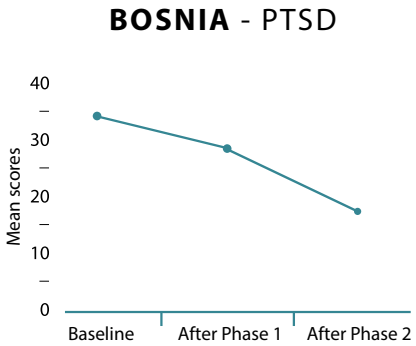


Table 2 - Symptom Levels of Anxiety, Depression and PTSD in Women from Bosnia & Herzegovina (N = 11)

Small group BiH Mean scores	Anxiety	Depression	PTSD
Baseline	14.27	23.45	34.09
After Phase 1	10.55	15.64	28.81
After Phase 2	10.00	15.90	17.18

2) The Hopkins Symptom Checklist (HSCL-25) was used as a standardized measure of anxiety and depression and the PTSD Checklist as a measure of PTSD.

IV. Democratic Republic of the Congo

In July 2017, Common Threads Project launched a pilot project in partnership with the Panzi Hospital in Bukavu to train 14 mental health staff as facilitators. This initial training group coined the Swahili name of "*Kamba Moja*" for Common Threads, which means 'a thread that unites'. Common Threads circles were subsequently established with 45 women from three sites.

ICART Evaluation Report (Rapport d'Evaluation du Projet *Kamba Moja* à l'est de la DRC)

Panzi Foundation's affiliate, the International Center for Advanced Research and Training (ICART) examined the impact of the Common Threads Project program.

Methodology

At the end of the intervention, ICART conducted semi-structured interviews with 15 participants (ten in Bukavu and five in Luhwindja), who had taken part in at least 75% of the *Kamba Moja* sessions and three facilitators. The interviews took place in Bukavu, from August 2-3, 2018 and in Luhwindja on August 7, 2018 and were conducted in Swahili by a trained psychologist who had no direct involvement with the field work of the project. The questions focused on the extent to which the *Kamba Moja* therapy had been helpful to beneficiaries and its strengths and challenges in the Congolese context. A thematic analysis formed the basis of the report.

Results

The ICART report states:

"The interviews revealed that *Kamba Moja* exerted a significant therapeutic effect on the mental health of beneficiaries formerly disturbed by sexual violence and social stigmatization."

The ICART thematic analysis also demonstrates that participants experienced relief from a variety of mental health symptoms such as insomnia, headaches, apathy, depressed mood, suicidal ideation, and social isolation as well as reductions in feelings of shame, sigma, self-blame and helplessness. For example, the report quoted one participant as saying :

> "Something has changed in my life, because before, when I had a problem, I could not talk to anyone and I only kept it in my heart and then I had headaches but since I followed this program I can then express myself and confide in a person."

ICART summarized the strengths of the Common Threads (*Kamba Moja*) program in the following terms:

- "[An] effective therapy in reversing psychological disorders;
- "*Kamba Moja* has no side effect and is adapted in Congolese socio-cultural context;
- "*Kamba Moja* promotes group cohesion during and after therapy. In fact, it turned out that after the end of the program, the participants want[ed] to meet regularly to discuss their problems and find common solutions;
- "Beneficiaries have appropriated *Kamba Moja* therapy and are applying it themselves at home beyond the clinical setting;
- "Recipients recommend other women to follow *Kamba Moja* therapy;
- "*Kamba Moja* improves gender perception among beneficiaries."

Benefits

- Between 2017 and 2018, Common Threads Project has trained 25 facilitators.
- 45 women have participated in the therapy circles.
- Six circles began in May 2019.

Conclusions

Participants

The quantitative data from two sites demonstrates a significant reduction in symptoms of anxiety, depression and PTSD over the course of the interventions. Given the difficult therapeutic conditions and the regular perturbations from external events, these results are very encouraging. In addition, these positive outcomes took place in communities with very different cultures - indicating an intervention that is flexible and culturally sensitive.

However, it must be said that, at all four sites, the possibilities for rigorous, well-constructed outcome studies were extremely limited because of lack of funding and trained on-site research staff as well as more generally because of the difficulty in following a strict research protocol in these unpredictable conditions. These positive outcomes should therefore be seen as a strong argument for a properly funded outcome study.

In terms of the qualitative data, the interviews took different forms on different sites which again partly reflected the need to adapt to what was possible given the resources available at each location. Nevertheless, similar themes emerged again and again. First, and very importantly, participants found Common Threads circles to be relevant to them and their circumstances. They recognized that the circles addressed their needs in a way that was understandable and acceptable to them. Whereas there was recognition that the work of the program was often painful there were also enjoyable aspects to the experience of being a group member. Significantly, some women talked about re-discovering laughter and fun.

It is also worth highlighting the observation by the women themselves as well as the facilitators that the program helped them turn towards the future with hope. Symptoms of depression anxiety and PTSD tend to trap people in negative circles of appraisal, both of themselves and of the world. Past trauma constructs the present in its own form and, if someone even dares to look, the future appears to take that form too. The capacity to feel joy and hope suggests that participation in a Common Threads sewing circle can break the persistent hold of trauma. These observations from the qualitative data are consistent with the improvements demonstrated by the standardized scales and give some valuable details about how participants experienced the amelioration of their mental health symptoms. Finally, it is worth noting the explicit references to the positive systemic effects of the intervention. There were indications that family and children were receiving better care, were being better protected, and that the women themselves were able to take on more vocal and protective roles within their community.

Challenges and lessons

The pilot programs in the four sites provided important learning opportunities for Common Threads Project, which can be used to adapt its field operations and treatment protocol in future projects. The key lessons were

- **Partner resources:** Common Threads programs have been shown to be more effective if partners are able to devote adequate staff time to engage in training, implementation and follow up. Future funding needs to ensure that resources are allocated to pay partner clinical staff.
- **Therapeutic protocol:** Close fidelity to the protocol, and frequent supervision from Common Threads faculty, is vital during the implementation.
- **Difficulties in distance communication with partners:** The Common Threads training model has relied on supervision and program management at a distance which has often proven inadequate. If the internet is unreliable then monitoring and supervision meetings cannot take place. An on-site project manager/clinician from CTP is essential for the first six months of implementation.
- **Group dynamics:** Careful screening of participants according to the inclusion and exclusion criteria is necessary to ensure effective group dynamics. Women whose level of disturbance is such that it cannot be contained in a group setting should be referred for more appropriate treatment. Supervision of facilitators must be carefully attuned to problems in group dynamics. There is a temptation to include someone who is in desperate need of help, especially if there are few or no alternatives. However, unless contained, the woman's condition is likely to deteriorate, and the group as a whole will become quite unable to functioning therapeutically for any of its members.
- **Social impediments to attendance:** Gender-prescribed expectations of women and limited external social support systems make it difficult for many to attend all sessions. The program accommodates this challenge by tolerating absences, encouraging and making home visits as needed to check on women
- **Physical impediments to attendance:** Weather and transportation issues are barriers to attendance. Facilitators are encouraged to be patient and flexible about timing and make efforts to anticipate context-specific realities when scheduling.
- **Childcare:** The presence of small children can interfere with the therapeutic and group work activities and inhibit the disclosure of painful memories, feelings of depression or suicidal thoughts. Adequate childcare has been built into programs.
- **Language barriers:** Smooth communication can be a challenge in mixed-origin circles.
- **Ongoing stressors:** The therapeutic effects of Common Threads Project cannot outweigh permanent stressors associated with poor housing, lack of income or livelihood opportunities, insufficient funds for education, food or transportation, and serious medical concerns. Referrals for additional services that may address these realities need to be facilitated by the local partner.

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Appendices

The maker of this story cloth said, "I made myself look invisible, because no one really sees me." The intention is that, by sewing these horrific scenes into an external material reality, the women can begin to differentiate themselves from the trauma that was perpetuated by the memories.

The Common Threads model is developed from an ancient and enduring practice that is found in diverse cultural contexts: women who have faced unspeakable atrocities come together to sew their stories onto cloth and support one another as a means to find their way out of despair.

Appendix 1

Initial Screening for Participants

A. Inclusion criteria

1. Is in need of psychotherapy (presence of mental health symptoms)
2. Able to commit to full program for period of at least 6 months
3. Survivor of trauma

B. Exclusion criteria

4. Not psychotic
5. Not likely to disrupt group (i.e. aggressive behavior)
6. Not in acute crisis
7. Not actively suicidal

C. Quantitative instruments

HSCL-25 (Hopkins Symptom Checklist) – for depression and anxiety
PCL-C (PTSD Checklist-Civilian Version)

HSCL-25	The Hopkins Symptom Checklist (HSCL; Derogatis, Lipman, Rickels, Uhlenhuth, and Covi, 1974) is a self-report symptom inventory measuring depression and anxiety. Respondents answer 24 questions on a 4-point rating (1-4) scale.
PCL-C	The PTSD Checklist (PCL-C; Weathers, Litz, Huska, and Keane, 1994) is a standardized self-report rating scale for PTSD comprising 17 items. PCL-C is applied generally to any traumatic event. Respondents indicate how much they have been bothered by a symptom over the past month using a 5-point (1–5) rating scale.

Appendix 2

Quantitative survey instruments - samples.

Common Threads BiH
Hopkins Symptom Checklist (HSCL)

Name / ID #:

Listed below are symptoms that people sometimes have. Please read each one carefully and decide how much the symptoms bothered or distressed you in the past week, including today.

H1: Suddenly scared for no reason?

1 – Not at all	2 – A little bit	3 – Quite a bit	4 - Extremely

H2: Feeling fearful?

1 – Not at all	2 – A little bit	3 – Quite a bit	4 - Extremely

H3: Faintness, dizziness, or weakness?

1 – Not at all	2 – A little bit	3 – Quite a bit	4 - Extremely

H4: Nervousness or shakiness inside?

1 – Not at all	2 – A little bit	3 – Quite a bit	4 - Extremely

H5: Heart pounding or racing?

1 – Not at all	2 – A little bit	3 – Quite a bit	4 - Extremely

H6: Trembling?

1 – Not at all	2 – A little bit	3 – Quite a bit	4 - Extremely

H7: Feeling tense or keyed up?

1 – Not at all	2 – A little bit	3 – Quite a bit	4 - Extremely

H8: Headaches?

1 – Not at all	2 – A little bit	3 – Quite a bit	4 - Extremely

H9: Spells of terror or panic?

1 – Not at all	2 – A little bit	3 – Quite a bit	4 - Extremely

H10: Feeling restless, can't sit still?

1 – Not at all	2 – A little bit	3 – Quite a bit	4 - Extremely

H11: Feeling low in energy or slowed down?

1 – Not at all	2 – A little bit	3 – Quite a bit	4 - Extremely

H12: Blaming yourself for things?

1 – Not at all	2 – A little bit	3 – Quite a bit	4 - Extremely

H13: Crying easily?

1 – Not at all	2 – A little bit	3 – Quite a bit	4 - Extremely

H15: Poor appetite?

1 – Not at all	2 – A little bit	3 – Quite a bit	4 - Extremely

H16: Difficulty falling asleep, staying asleep?

1 – Not at all	2 – A little bit	3 – Quite a bit	4 - Extremely

H17: Feeling hopeless about the future?

1 – Not at all	2 – A little bit	3 – Quite a bit	4 - Extremely

H18: Feeling blue?

1 – Not at all	2 – A little bit	3 – Quite a bit	4 - Extremely

H19: Feeling lonely?

1 – Not at all	2 – A little bit	3 – Quite a bit	4 - Extremely

H20: Thoughts of ending your life?

1 – Not at all	2 – A little bit	3 – Quite a bit	4 - Extremely

H21: Feeling of being trapped or caught?

1 – Not at all	2 – A little bit	3 – Quite a bit	4 - Extremely

H22: Worry too much about things?

1 – Not at all	2 – A little bit	3 – Quite a bit	4 - Extremely

H23: Feeling no interest in things?

1 – Not at all	2 – A little bit	3 – Quite a bit	4 - Extremely

H24: Feeling everything is an effort?

1 – Not at all	2 – A little bit	3 – Quite a bit	4 - Extremely

H25: Feelings of worthlessness?

1 – Not at all	2 – A little bit	3 – Quite a bit	4 - Extremely

PTSD CheckList – Civilian Version (PCL-C)

Client's Name: _____

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem *in the last month*.

No.	Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing *memories, thoughts, or images* of a stressful experience from the past?					
2.	Repeated, disturbing *dreams* of a stressful experience from the past?					
3.	Suddenly *acting* or *feeling* as if a stressful experience *were happening* again (as if you were reliving it)?					
4.	Feeling *very upset* when *something reminded* you of a stressful experience from the past?					
5.	Having *physical reactions* (e.g., heart pounding, trouble breathing, or sweating) when *something reminded* you of a stressful experience from the past?					
6.	Avoid *thinking about* or *talking about* a stressful experience from the past or avoid *having feelings* related to it?					
7.	Avoid *activities* or *situations* because they *remind you* of a stressful experience from the past?					
8.	Trouble *remembering important parts* of a stressful experience from the past?					
9.	Loss of *interest in things that you used to enjoy?*					
10.	Feeling *distant* or *cut* off from other people?					
11.	Feeling *emotionally numb* or being unable to have loving feelings for those close to you?					
12.	Feeling as if your *future* will somehow be *cut short*?					
13.	Trouble *falling* or *staying asleep*?					
14.	Feeling *irritable* or having *angry outbursts*?					
15.	Having *difficulty concentrating*?					
16.	Being *"super alert"* or watchful on guard?					
17.	Feeling *jumpy* or easily startled?					

PCL-M for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD - Behavioral Science Division

PTSD CheckList – Civilian Version (PCL-C)

The PCL is a standardized self-report rating scale for PTSD comprising 17 items that correspond to the key symptoms of PTSD. Two versions of the PCL exist: 1) PCL-M is specific to PTSD caused by military experiences and 2) PCL-C is applied generally to any traumatic event.

The PCL can be easily modified to fit specific time frames or events. For example, instead of asking about "the past month," questions may ask about "the past week" or be modified to focus on events specific to a deployment.

How is the PCL completed?

- The PCL is self-administered
- Respondents indicate how much they have been bothered by a symptom over the past month using a 5-point (1–5) scale, circling their responses. Responses range from **1** *Not at All* – **5** *Extremely*

How is the PCL Scored?

1) Add up all items for a total severity score
or
2) Treat response categories **3–5** (*Moderately* or above) as symptomatic and responses **1–2** (below *Moderately*) as non-symptomatic, then use the following DSM criteria for a diagnosis:
- Symptomatic response to at least 1 "B" item (Questions 1–5),
- Symptomatic response to at least 3 "C" items (Questions 6–12), and
- Symptomatic response to at least 2 "D" items (Questions 13–17)

Are Results Valid and Reliable?

- Two studies of both Vietnam and Persian Gulf theater veterans show that the PCL is both valid and reliable (Additional references are available from the DHCC)

What Additional Follow-up is Available?

- All military health system beneficiaries with health concerns they believe are deployment-related are encouraged to seek medical care
- Patients should be asked, **"Is your health concern today related to a deployment?"** during all primary care visits.

• If the patient replies "**yes**," the provider should follow the Post-Deployment Health Clinical Practice Guideline (PDH-CPG) and supporting guidelines available through the DHCC and www.PDHealth.mil

DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil
PDH-CPG Tool Kit Pocket Cards Version 1.0 December 2003

Measures used in BiH study

The following surveys were included:

HSCL-25 (Hopkins Symptom Checklist) – for depression and anxiety
PCL-C (PTSD Checklist-Civilian Version)
SW-4 (Subjective Wellbeing)
SCI-10 (Sense of Community Index)
SOC-13 (Sense of Coherence)

HSCL-25	The **Hopkins Symptom Checklist** (HSCL; Derogatis, Lipman, Rickels, Uhlenhuth, and Covi, 1974) is a self-report symptom inventory measuring depression and anxiety. Respondents answer 24 questions on a 4-point rating (1-4) scale.
PCL-C	The **PTSD Checklist** (PCL-C; Weathers, Litz, Huska, and Keane, 1994) is a standardized self-report rating scale for PTSD comprising 17 items. PCL-C is applied generally to any traumatic event. Respondents indicate how much they have been bothered by a symptom over the past month using a 5-point (1–5) rating scale.
SW-4	The **Subjective Well-being scale** (SW-4; (Howard, K., Orlinsky, D.E. and Lueger, R.J., 1995) refers to how people experience the quality of their lives and includes both emotional reactions and cognitive judgments. Psychologists have defined happiness as a combination of life satisfaction and the relative frequency of positive and negative affect. SWB therefore encompasses moods and emotions as well as evaluations of one's satisfaction with general and specific areas of one's life. Concepts covered by SWB include positive and negative affect, happiness, and life satisfaction. This 4-item scale has excellent psychometric properties and is reactive to change (Howard, K., Orlinsky, D.E. and Lueger, R.J., 1995).
SCI-10	The **Sense of community index** (SCI-10; Perkins, D.D., Florin, P., Rich, R.C., Wandersman, A., & Chavis, D.M., 1990) measures psychological sense of community (Sarason, 1974) and it consists of four dimensions: • Membership refers to the sense of belonging and the feeling of safety created by participation in a community. • Influence reflects the idea of community cohesiveness and attractiveness, individual dependence on the community, and individual feelings of control and influence over the community. • Integration and fulfillment of needs capture the idea that common community goals provide cohesion among its members, and that the community can integrate both collective and individual needs. • Shared emotional connection refers to the bonds among community members developed over time through positive interaction. The scale has been used in different settings, including immigrant communities (Sonn, 2002). Internal consistency of the scale has been found satisfactory (Vaus, 2002), with Cronbach alpha levels for the subscales ranging from .71 to .80.

SOC-13	The **Sense of coherence scale** (SOC-13) examines individual coping with external stressors. It is based on the theory of Antonovsky (1979, 1987)) about the coherence between the actual awareness of the individual and the world outside as a true source of health. The instrument covers three dimensions: • Comprehensibility refers to the extent to which an individual perceives the world as ordered and is able to mobilize the needed coping resources. • Manageability refers to understanding a problem and the perception of having the necessary resources at one's disposal to adequately cope with the problem. • Meaningfulness refers to the belief that using one's resources to cope with the problem makes sense, and one's preparedness to actually cope with the problem. This instrument has been widely used in different research areas, and the Cronbach's alpha ranges between 0.74 and 0.91 (Jakobsson, 2011).

Table 1: Socio-demographic characteristics of CT group (N=26), Non-CT Group (N=30) and total study group (N=56)

Variable	*Category*	CT % N=26	NON-CT % N=30	Total % N=56
Age category*	-- 29	0	13	7
	20 – 39	7	27	18
	40 – 49	31	23	27
	50 – 59	31	27	28
	60 –	31	10	20
Marital status	Single	8	7	7
	Living with Partner	4	13	9
	Married	46	60	54
	Widowed	8	3	5
	Divorce	34	17	25
Number of Children*	None	4	20	13
	1	4	23	14
	2	4	34	48
	3	65	13	16
	4	19	10	2
	5	4	10	7
Education	Primary school	73	77	75
	Secondary school	37	20	23
	University	0	3	2
Religion	Catholic	0	7	4
	Muslim	100	93	96
Employment*	Employed	4	3	4
	Unemployed	54	87	71
	Retired	42	10	25

**difference between groups p <0.05*

ID #:_____

Bosnia & Herzegovina
(Common Threads Project BiH)
Survey 7

Your answers are confidential and will be kept anonymous. Please be honest in your responses.

Please indicate how much you agree or disagree with the following statements: (there are no' right' or 'wrong' answers!)

1. The Kamba Moja sessions have been helpful for me.

1 – Strongly Agree	2 – Somewhat Agree	3 - Neutral	4 – Somewhat Disagree	5 – Strongly Disagree

2. Individual (counseling) sessions would have been better for me than being in Kamba Moja.

1 – Strongly Agree	2 – Somewhat Agree	3 - Neutral	4 – Somewhat Disagree	5 – Strongly Disagree

3. I would recommend Kamba Moja to other women like me.

1 – Strongly Agree	2 – Somewhat Agree	3 - Neutral	4 – Somewhat Disagree	5 – Strongly Disagree

4. I do not feel comfortable with the other women in my Kamba Moja circle.

1 – Strongly Agree	2 – Somewhat Agree	3 - Neutral	4 – Somewhat Disagree	5 – Strongly Disagree

5. I am using the techniques I learned in Kamba Moja outside of the sessions to help myself.

1 – Strongly Agree	2 – Somewhat Agree	3 - Neutral	4 – Somewhat Disagree	5 – Strongly Disagree

6. I and/or other people have noticed positive changes in me since beginning with Kamba Moja

1 – Strongly Agree	2 – Somewhat Agree	3 - Neutral	4 – Somewhat Disagree	5 – Strongly Disagree

7. I would like to continue to meet with my Kamba Moja circle after the end of the program.

1 – Strongly Agree	2 – Somewhat Agree	3 - Neutral	4 – Somewhat Disagree	5 – Strongly Disagree

8. Making my story cloth helped me to recover from my past experience.

1 – Strongly Agree	2 – Somewhat Agree	3 - Neutral	4 – Somewhat Disagree	5 – Strongly Disagree

9. When I am sewing I feel calmer.

1 – Strongly Agree	2 – Somewhat Agree	3 - Neutral	4 – Somewhat Disagree	5 – Strongly Disagree

10. The facilitators did a good job of leading the sessions.

1 – Strongly Agree	2 – Somewhat Agree	3 - Neutral	4 – Somewhat Disagree	5 – Strongly Disagree

11. When we discussed difficult experiences together it made me feel worse.

1 – Strongly Agree	2 – Somewhat Agree	3 - Neutral	4 – Somewhat Disagree	5 – Strongly Disagree

12. I regret sharing my experiences with others in the group because it only made me feel more ashamed.

1 – Strongly Agree	2 – Somewhat Agree	3 - Neutral	4 – Somewhat Disagree	5 – Strongly Disagree

13. I felt pressure from the group to talk about things I did not want to talk about.

1 – Strongly Agree	2 – Somewhat Agree	3 - Neutral	4 – Somewhat Disagree	5 – Strongly Disagree

14. I discovered that I cannot trust others to keep my private matters confidential

1 – Strongly Agree	2 – Somewhat Agree	3 - Neutral	4 – Somewhat Disagree	5 – Strongly Disagree

We are at the end of these surveys. Are there any additional comments you would like to say to me?

Common Threads BiH

Sense of Well-Being

Name / ID #: The following questions are about your well being in general.

When answering these questions, please try to think of the past week, including today.

N.	Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
SW1	During the past week, how upset or distressed have you been feeling?					
SW2	During the past week, how energetic and healthy have you been feeling?					
SW3	During the past week, how well have you been getting along emotionally?					
SW4	During the past week, how satisfied have you been with your life?					

Bosnia, 2016

For further enquiries, please contact :
Dr Rachel Cohen
Common Threads Project
25 Plaza Street West, #3F,
Brooklyn N.Y. 11217
United States
info(at)commonthreadsproject.net
www.commonthreadsproject.org