Multi Annual Plan

2024-2028

Institute for Community Based Sociotherapy

Multi-Annual Plan

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1 INTRODUCTION

Our world is facing the highest number of violent conflicts since World War II, with approximately 2 billion people living in conflict affected areas today.[1] As of May 2023, more than 110 million people were forcibly displaced.[2] And at the time of writing there were 50 countries around the world experiencing significant levels of conflict.[3] And yet, these staggering figures do not include people affected by natural disasters and those living in post-conflict societies.

Conflict and its consequences adversely affect people's mental health and psychosocial wellbeing. More than one in five people living in conflict areas suffer from a mental illness.[4] Conflict also harms social cohesion by eroding trust and cooperation and strengthening group identification as a result of victimisation[5]. Research reveals that the only way to achieve peaceful coexistence in the aftermath of conflict is to address people's mental health and social and relationship problems together.[6]

Community-based sociotherapy (CBS), as it developed in post-conflict settings since 2004, is an integrated group-based mental health, psychosocial and peacebuilding intervention for people suffering through relational and collective trauma resulting from conflict, forced migration, disease and/or natural disaster.

The underlying assumption of CBS is that these experiences cause not only individual suffering but also place strain on people's social worlds by impacting their relationships with others, which can have profound effects on people's everyday life.

Sociotherapy uses the group as a therapeutic medium in the establishment of trust, creation of an open environment for discussion and formation of peer-support structures. The CBS groups facilitate community members to identify, acknowledge, share, and manage together their everyday psychosocial problems related to the recent experiences of crisis and its aftermath.

Over the recent years, there have been increasing calls to integrate mental health into peacebuilding[7], an ambition echoed by the UN Secretary General in his 2020 peacebuilding report to the Security Council[8]. In this emerging field of practice, CBS is uniquely positioned to contribute filling the gap in integrated mental health and peacebuilding approaches.

[1] https://www.unmultimedia.org/avlibrary/asset/2723/2723801/
[2] https://www.unrefugees.org/refugee-facts/statistics/
[3] https://acleddata.com/acled-conflict-index-mid-year-update/
[4] https://news.un.org/en/story/2019/06/1040281
[5]https://academic.oup.com/isr/article/25/3/viad030/7232793#412322244
[6] https://www.undp.org/publications/integrating-mental-health-and-psychosocial-support-peacebuilding
[7] Idem
[8]https://www.un.org/peacebuilding/sites/www.un.org.peacebuilding/files/documents/sg_report_on_peacebuilding_and_sustaining_peace.a.74.976-s.2020.773.200904.e_4.pdf

2 COMMUNITY-BASED SOCIOTHERAPY

BACKGROUND

CBS has roots in the therapeutic community model that was applied in psychiatric clinics in the mid-20th century. At the beginning of the 20th century, treatment in psychiatric clinics was largely focused on the patient without reference to their social environment. In the 1930's, therapists began to realize that hospitalizing people with mental health problems and excluding them from 'normal' social interactions was not helpful to restore their psychological well-being. This insight led to the central tenet that living together in groups in a therapeutic environment can be important for positive development.[9] In line with this philosophy, sociotherapy emerged as a 'milieu therapy' in the 1950's. By creating a safe and non-directive setting for group participants to explore their day-to-day lives together in a therapeutic setting, the approach aimed to assist "the relearning of social roles and interpersonal behaviour through the experiencing of social interactions in a corrective environment."[10]

Sociotherapy as a particular method applied in psychiatric clinics developed specifically in England during the during the Second World War. This was in part driven by a need to cope with the large numbers of psychiatric casualties of war—many of whom were experiencing what is known as post-traumatic stress disorder (PTSD) today.[11] The psychiatrist Maxwell Jones observed with curiosity that for soldiers who faced social and psychological problems in the aftermath of war, the social interactions in the waiting room were often considered to be more 'healing' compared to the interactions in the treatment room. Jones subsequently introduced the therapeutic community model in the clinic where he was working. Jones observed that a therapeutic community as a somewhat artificial hospital social milieu was giving way "to the wider concept of socio-cultural therapy in all relevant environments in which a patient must function as a social being."[12] The treatment modality as initiated by Jones proved to be an adaptable one across different settings.[13]

In 2004, the Dutch sociotherapist Cora Dekker, accompanied by medical anthropologist Annemiek Richters, travelled to Rwanda where they met with pastor Emmanuel Ngendahayo of the Anglican Church of Rwanda, Byumba Diocese.[14] Ngendahayo told his visitors about his experiences with the continuing suffering of the people in Byumba stemming from the 1990-1994 war and the subsequent genocide against the Tutsi in 1994. Dekker, in response, shared her reflections of her nine years' of experience working as a sociotherapist with traumatised refugees in the Netherlands.

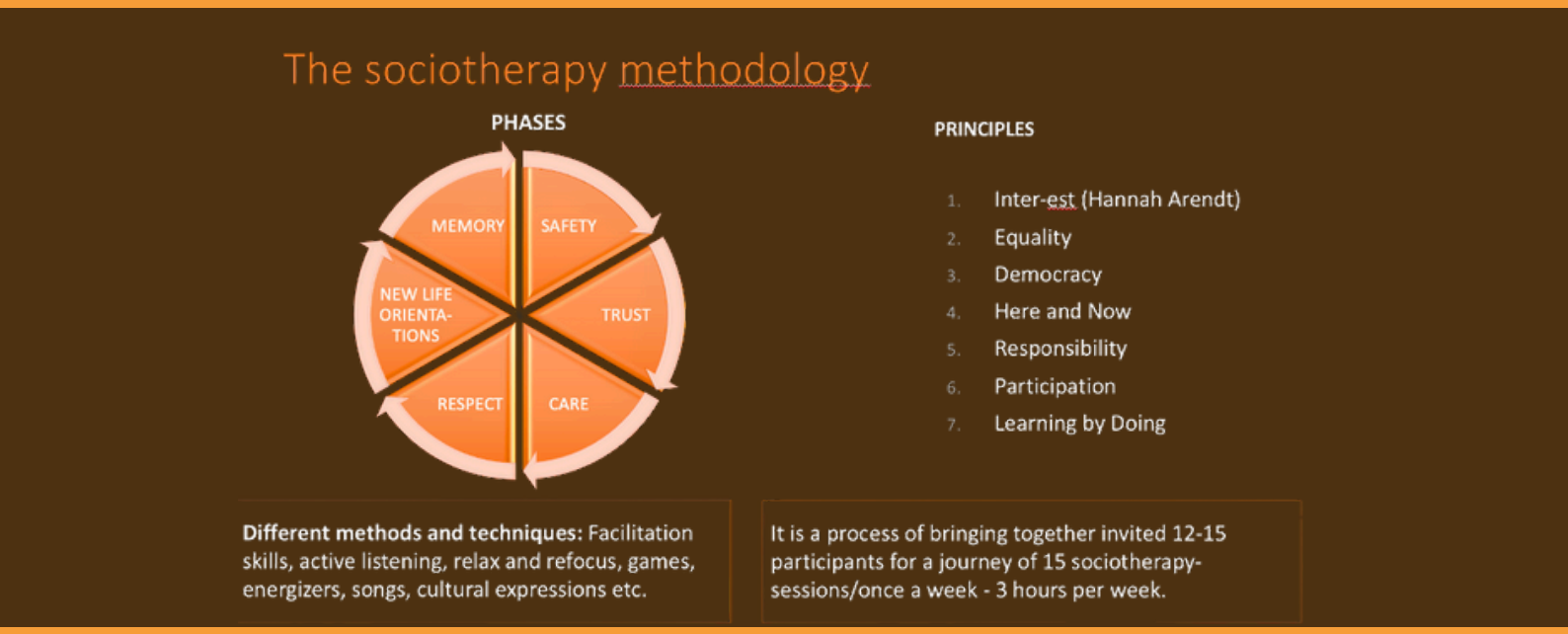
[9] Muste, E., de Weerd, D. Slaa, S. (2013) Handboek sociotherapie: Theorie en praktijk voor hulpverleners in het sociaal agogisch werkveld. Amsterdam.
[10] Whiteley, J.S. (1986) Sociotherapy and psychotherapy in the treatment of personality disorder: Discussion paper. Journal of the Royal Society of Medicine 79(12):721-725.
[11] Whiteley, S. (2004) The evolution of the therapeutic community. Psychiatric Quarterly 75(3):233-248.
[12] Jones, M. (1960) 'Introduction", in R.M. Rapoport, p. 6.
[13] Kennard, D. (2004) The therapeutic community as an adaptable treatment modality across different settings. Psychiatric Quarterly 75(3):295-307.
[14] In 2010, Ngendahayo was ordained as bishop of this same Diocese.

The exchange that followed raised Ngendahayo's interest in sociotherapy as an approach that might be able to effectively address the needs of the population he was serving. The clinic-based sociotherapy as practiced in the Netherlands was transformed into a community-based approach; an approach that matched local realities in a culturally sensitive manner through experimenting and 'learning by doing'. In the following year, the first building blocks were laid in Byumba for what developed into 'community-based sociotherapy'.[15]

[15] Richters, A., Dekker, C., Scholte, W.F. (2008) Community based sociotherapy in Byumba, Rwanda. Intervention: International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict 6(2):100-116. https://www.interventionjournal.com/sites/default/files/6.2_02_%20Richters.pdf
Richters, A. (2010) "Suffering and healing in the aftermath of war and genocide in Rwanda: Mediations through community-based sociotherapy", in Lidwien Kapteijns & Annemiek Richters (eds.) Mediations of violence in Africa: Fashioning new futures from contested pasts, pp. 173-210. Leiden: Brill.
Richters, A., Rutayisire, T., Dekker, C. (2010) Care as a turning point in sociotherapy: Remaking the moral world in post-genocide Rwanda", Medische Antropologie: Tijdschrift over Gezondheid en Cultuur 22(1):93-108. http://tma.socsci.uva.nl/22_1/richters.pdf
Dekker, C. (2018) Handbook training in community-based sociotherapy: Experiences in Rwanda, East Congo and Liberia. African Studies Centre Leiden, The Netherlands.
https://www.ascleiden.nl/news/handbook-training-community-based-sociotherapy-experiences-rwanda-east-congo-and-liberia
Rutayisire T. (2008) The meaning of trust in sociotherapy: A case study traumatized refugees in the Netherlands. MA thesis University of Amsterdam. http://amma.socsci.uva.nl/theses/rutayisire,%20t.%20(2008).pdf

CBS IN PRACTICE

CBS is practiced in groups of an average of ten to fifteen people. The group participants meet weekly for approximately three hours over a period of fifteen weeks in a place that group members experience as safe and that is located in their direct living environment. The location can be a school, a church, an office, a private sitting room, a place under a tree, or the grass in the open air. Two trained sociotherapists, also called sociotherapy facilitators, guide the groups through the sociotherapy phases of "safety, trust, care, respect, new life orientations, and memory". Throughout the journey the following seven principles are applied: "interest, equality, democracy, participation, responsibility, learning-by-doing and here-and-now".



CBS operates in geographically defined places – e.g. a particular rural area, a neighbourhood, a school, a church, a prison, or a refugee camp – where people live together but a sense of a shared social world may be absent. Because people share similar life conditions, to a greater or lesser extent they are familiar with the problems tackled in the group they participate in. While on the one hand this helps them understand one another and provide practical advice on how to manage difficulties in their daily lives, on the other hand, the emotional wounds and resultant general lack of trust means that participants may enter the group harbouring resentment, prejudice, and suspicion towards one another. The healing process commences during the group sessions but continues during encounters outside the group as participants live close to each other – generalizing to the participants' day to day lives.

What also makes CBS community-based is that CBS facilitators live in the same area as the members of the groups they convene and facilitate. This, in addition to the training sociotherapists receive and the time-limited programme of group sessions, enables the serving of a relatively large number of people. Another aspect of the community-based character of CBS is that the topics of discussion each week emerge from what preoccupies people living in close proximity in a 'bottom-up' experiential way, rather than in a 'top down' cognitive or instructive manner. When, for example, the topic of 'safety' is on the agenda, the conversation is facilitated by the sociotherapists towards people sharing what makes them feel safe or not safe and how this affects them. In the process they co-construct a locally-informed and thereby 'community-based' consensus on what constitutes safety.

3 Our Story So Far

ABOUT ICBS

The seeds of ICBS were sown in Rwanda in 2006 during a workshop on the role of community-based sociotherapy in community healing. There, the first group of CBS practitioners trained by Cora expressed a wish to create a network of CBS professionals for mutual learning and exchange and for development of a body of knowledge on CBS.

With the expansion of CBS within Rwanda and to other countries in the region and beyond, Cora and CBS Rwanda understood the importance of such a network. A network to connect practitioners, to increase the understanding of CBS' effectiveness, to safeguard the CBS principles and quality standards that make the approach effective, and to facilitate increased access to the CBS approach. As a result of the common interest of CBS practitioners to establish this network, ICBS was registered as a non-profit foundation in the Netherlands in 2019. This was just two months after Cora's passing, bringing this long-term dream to life.

OUR PURPOSE

VISION

We envision a world where people whose lives have been disrupted by war, violence or natural disasters can live their lives in peace and enjoy meaningful social relationships.

MISSION

We contribute to psychosocial well-being and peaceful communities of people living in areas disrupted by crises by facilitating access to community-based sociotherapy.

PURPOSE

We work to develop a community of experts and a knowledge institute for community-based sociotherapy based on core principles of the approach and defined quality standards.

"Community-Based Sociotherapy helps people transforming social relationships, individual beliefs and attitudes, rebuilding trust, processing traumatic memories and restoring social dignity to shape a better future."

4 ORGANISATIONAL STRUCTURE

ICBS adopted an innovative way of structuring our organisation, inspired by sociocracy 3.0 [16] and the community-based sociotherapy principles: inter-est [17], equality, democracy, participation, responsibility, here-and-now and learning-by-doing. This organisational structure aims to make the organisation more flexible and to create an equitable and participatory organisation. Sociocracy is people-centred, putting the needs of the people first, to develop a conducive working environment.

Sociocracy is a governance model that emphasises shared decision-making and transparency in the organisation. This includes practices of consent-based decision-making, circle structures, and feedback loops. The decision-making is decentralised, and power is distributed among all the members. Instead of relying on the more traditional top-down hierarchy, ICBS will use the circle structure, whereby each circle is responsible for a specific area of work. The participative way of structuring the work, emboldens an effective governance form, whereby everyone has a voice, and decisions are made through a process of shared understanding and consent. How ICBS operationalises this organisational structure is further described in the Manual of Procedures.

During this strategical period the focus is on further embedding the sociocracy inspired governance model in the organisation. With a growing team, first step is for the team to familiarise itself with the governance model and as inspired by the CBS principles the team will be learning-by-doing. While applying the governance structure, team-members will join workshops and review sessions to evaluate the different domains, roles and decision-making structures used. Constant reflection will lead to adaptations where necessary.

The overall objective is to create an organisational structure in which people feel safe and inspired. ICBS aims to create a more inclusive, transparent and efficient decision-making processes, while fostering a culture of collaboration and empowerment among the team members.

[16] www.sociocracy30.org
[17] Inter-est refers to “something that lies between people and therefore can relate and bind them together” (Arendt). It means determining how the space between people is used and, thus, what attitude is adopted with respect to the other(s) (Dekker, 2018).

5 STRATEGIC OBJECTIVES

1 VIBRANT COMMUNITY OF EXPERTISE

ICBS will work to establish a vibrant community of expertise on CBS with a primary purpose to share knowledge, experience and expertise. Key areas of focus include 1) connecting CBS practitioners with one another for a variety of collaborative efforts, 2) co-organizing learning events on CBS-related topics, 3) connecting organisations that plan to implement CBS with CBS practitioners, and 4) facilitating organisational support for community members, including access to funding.

2 ACCREDITATION OF CBS PROFESSIONALS

ICBS will work towards having CBS quality standards recognised by academic institutions with whom a CBS accreditation programme will be established. The purpose of the accreditation programme is to build competencies in CBS, based on existing quality standards that are supported by evidence of effectiveness, to ensure quality of implementation and outcomes. Accreditation of CBS professionals will include a certification process.

3 BUILDING A BODY OF KNOWLEDGE ON CBS

ICBS will work with its members to further develop a body of knowledge on CBS and its effectiveness. Locally led research is the primary approach adopted for building this body of knowledge. Developing bottom-up indicators and their academic validation play a key role in this strategic objective to ensure context appropriate understanding of and knowledge about people's experiences. Implementation research forms another key focus to promote operational and content adaptations based on evidence from practice.

4 INCREASE ACCESS TO CBS

ICBS will work with its members to increase access to the CBS approach, adopting different strategies to facilitate the uptake, including through 1) building competencies of civil society and community-based organisations in CBS, 2) direct support to CBS implementing parties, 3) specialised technical services to CBS implementing parties, and 4) engagement with donors and service delivery organisations and institutions to integrate CBS approach into their portfolio.

5 SUSTAINABLE CBS-INSPIRED ORGANISATION

ICBS will work towards developing a governance system inspired by the CBS principles. This includes an organisational structure that is not based on hierarchy, but on a strong peer accountability mechanism. ICBS will ensure that its internal control systems are rigorous and serve the purpose of the organisation, while appropriate for the organisational structure. Significant efforts will also be invested in developing a sustainable financing model.

6 THEMATIC FOCUS

This section will articulate the thematic focus of ICBS for the upcoming years, which aligns with the mission of the organisation. Given ICBS' overarching mission to contribute to the psychosocial well-being of people living in areas disrupted by crises through facilitating access to community-based sociotherapy and to contribute to more peaceful communities, the thematic focus for the upcoming strategic period will revolve around several key pillars:

1. INTERSECTIONALITY OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT AND PEACEBUILDING

Recognising the interplay between mental health, psychosocial support and peacebuilding processes, is an essential thematic focus for ICBS. In partnership with the Community of Expertise, ICBS will deepen its exploration of how trauma, psychosocial distress and peacebuilding efforts intersect. This involves around the understanding of how unresolved (collective) trauma and psychosocial issues can hinder sustainability peace at the community level, but also how community frictions and conflict can affect the mental health and psychosocial well-being of its members.

2. INTERGENERATIONAL LEGACIES OF CONFLICT AND DISASTER

Understanding the profound and enduring impact of conflict and/or natural disaster on communities is essential when addressing the psychosocial well-being and peace in communities affected by conflict or disaster. Therefore, the importance of assessing the intergenerational legacies of conflict, trauma and adversity will be a central theme for ICBS in this strategic period, both in the area of knowledge development and research, and the implementation of CBS. ICBS will actively contribute to the adaptation of the CBS approach to make it accessible to a diversity of generations and have the ability to address intergenerational legacies and foster intergenerational healing and resilience.

3. PSYCHOSOCIAL REINTEGRATION OF PERPETRATORS OF VIOLENCE

Research indicated that the psychosocial reintegration of perpetrators of violence is often overlooked in the process of peacebuilding and rebuilding communities and families after conflict. The complex dynamics of conflict-affected communities, including the reintegration process of the members that perpetrated the violence, is an essential theme for ICBS to address in its programming. This thematic focus reflects ICBS' commitment of putting more research efforts on understanding the key drivers of violence that contribute to the perpetration of violence at both community and family level, and assessing the psychosocial needs of both the perpetrators and victims in terms of facilitating the reintegration process of perpetrators. The latter will focus on prioritizing the process of mutual healing, reconciliation and community acceptance.

4. FAMILY DYNAMICS IN POST-CONFLICT CONTEXT

In the aftermath of conflict or natural disaster, not only the social fabric in the community is often deeply affected, also the relationships within the family. The family is often the main site for memory transmission. The family therefore presents both challenges and opportunities for healing and reconciliation. Family dynamics in post-conflict context is therefore a pivotal theme for ICBS, as it is shaping individuals' psychosocial well-being, but also their community engagement and positioning towards peacebuilding processes.

5. IMPLEMENTATION SCIENCE

ICBS will focus in the upcoming years on contributing significantly to the field of implementation science by conducting implementation research on the CBS approach. The implementation research will focus on understanding and improving the processes of CBS acceptability, adoption, appropriateness, feasibility, fidelity, cost-effectiveness, dissemination, and sustainability. As ICBS' aim is to increase the access to CBS and expand the approach to different communities and countries, the focus of the implementation research will be on studying the scale-up and its contextualisation, while trying to limit any harm to the core philosophy and quality of the approach. The research will address also the challenges of scaling up the CBS intervention, the integration of (or linkage with) a socio-economic component in the approach, and the building of an effective referral system.

6. LOCALISATION OF EVALUTION RESEARCH

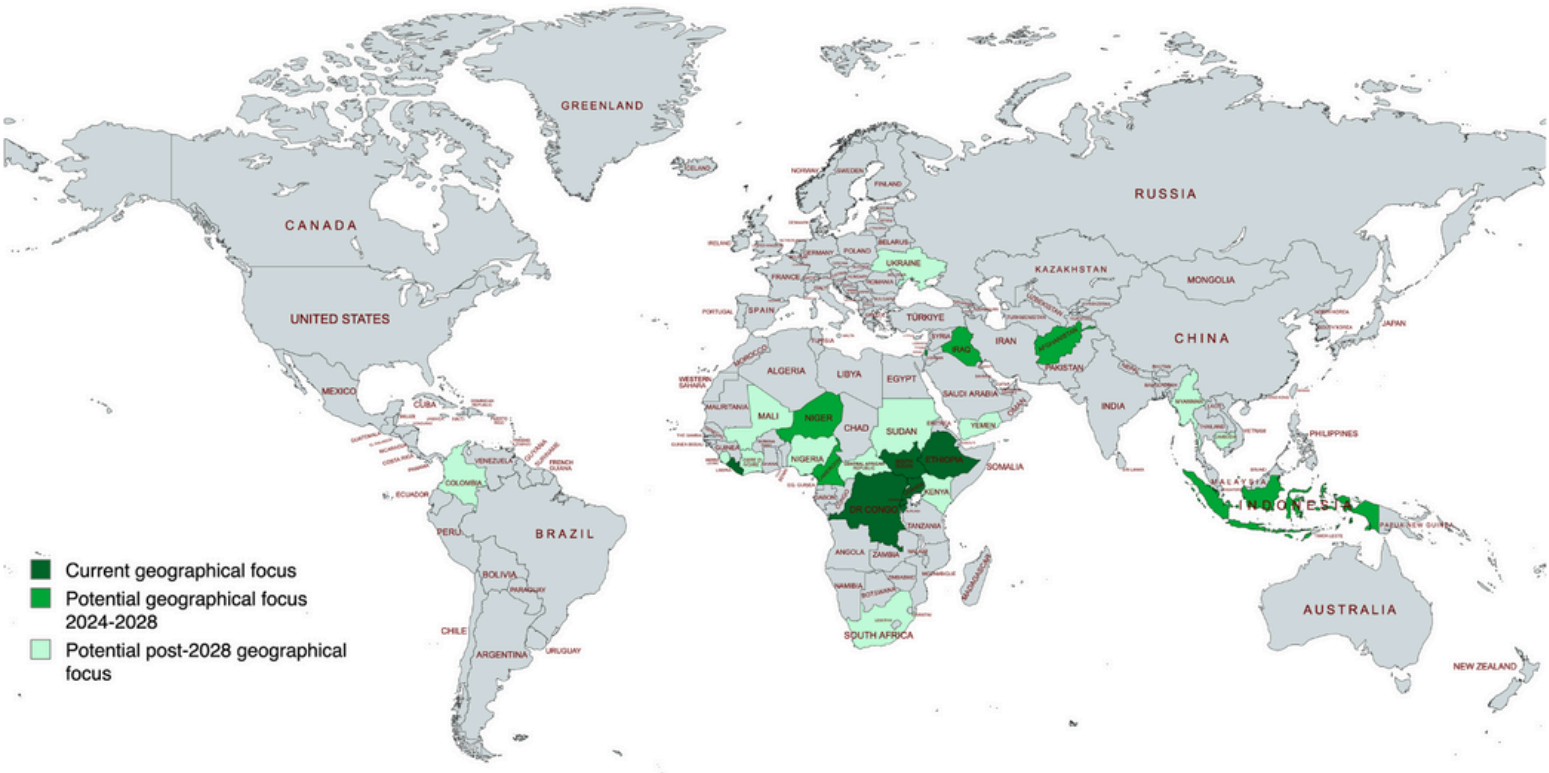
Another key thematic focus of ICBS will be the theme of localisation of research, which focuses on generating knowledge that is relevant, meaningful, and applicable to the local community or society where CBS is being implemented. It emphasises the importance of engaging local stakeholders, including the communities themselves, starting from local knowledge and perspectives, and addressing local priorities and needs throughout the research process. ICBS will encourage the Community of Expertise to work with bottom-up indicators when evaluating the effectiveness of the CBS approach, to ensure that the study is contextually relevant. ICBS also wishes to bring this thematic area to the international stage, both at academic level and in terms of research practice.

7 GEOGRAPHICAL FOCUS

AS ICBS focuses on the intersection between MHPSS and Peacebuilding, our institute mainly focuses on working in conflict and/or disaster affected societies. Due to the desire to scale-up the intervention, ICBS has strategically selected geographical areas of focus. Since ICBS will be working through the organisations that are working in each country, the institute does not require to have a national presence in each of the countries. ICBS has a second office in Rwanda, to be able to coordinate the regional programme in the Great Lakes Region. However, it is not expected that ICBS will be extending the office to other countries during the strategic period, unless new projects demand a physical ICBS office in the country of implementation.

In the map below, three categories of countries have been highlights, which present our geographical focus for now and in the future:

1. Countries where ICBS is currently working together with partners to implement CBS.
2. Countries where relationships with potential partners have already been built, who have showed an interest in implementing CBS. We are expecting that at least in a selection of these countries, CBS will start to be implemented between the strategic period 2024-2028.
3. Countries that have been affected by conflict and/or disaster in which organisations can be approached to assess whether there might be an interest to implement CBS.



Inner healing starts with social healing

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