



## UNDERSTANDING THE UNSPOKEN PAIN

### A ONE-DAY WORKSHOP ON AWARENESS FOR PROVIDING INITIAL ASSISTANCE TO

October 9<sup>th</sup>, 2009

February 12<sup>th</sup>, 2010

9:00 a.m. to 5:00 p.m.

Canadian Mental Health  
Association  
Ottawa Branch  
1355 Bank Street, Suite 402  
Ottawa, ON K1H 8K7  
Tel: 613-737-7791  
Fax: 613-737-7644

Website: [www.cmhaottawa.ca](http://www.cmhaottawa.ca)

### WHO SHOULD COME TO THIS WORKSHOP?

If you work with refugees, you may be working with a survivor of war trauma or torture. Refugees often leave their home to escape the horror of war. Many have experienced a significant trauma. Research in Ottawa and around the world, indicates that at least 10 percent of refugees are survivors of torture.

This workshop is designed for professionals who come into regular contact with refugees including:

- ESL Teachers
- Primary and Secondary School teachers
- College and University Professors and Staff
- School Board Members and Staff
- Lawyers
- Physicians
- Dentists
- Social Workers
- Mental Health Workers
- Social Assistance Workers

### STRUCTURE OF THE TRAINING

The Canadian Mental Health Association, Ottawa Branch has developed this training for people working with survivors of war trauma and torture.

The Awareness Workshop is offered in a one-day session and will introduce you to the basics of initial response, focusing on the historical and current incidence of torture and war trauma and their physical, psychological and social consequences.

The facilitators will present the information in a participation-oriented format. Lectures, group discussions, audio-visual materials and role plays will be employed.

### WHAT YOU'LL LEARN IN THE AWARENESS WORKSHOP

#### Information about:

- The historical and current incidence of torture and war trauma
- The physical, psychological and social consequences of torture and war trauma
- Refugee resettlement and the special needs of survivors of war trauma and torture
- Strategies for helping survivors
- Resources for referral
- Caring for yourself.

#### Skills to:

- Recognize and assist individuals who are survivors of torture and war trauma.

Throughout the workshop, participants will be invited to address their personal concerns when doing this work.



**In-house training is also available and may be organized by calling the CMHA Capacity Building & Education Division.**

## PARKING

Limited meter parking is available for a maximum of \$8.00 per day payable by coin or credit card.

## OUR LOCATION



1355 Bank Street, south of Riverside Drive, opposite Billings Bridge Plaza

## HOW TO REGISTER

Cost for the one-day training is **\$120.00** (GST included). Send completed registration form along with **Cheque** payable to CMHA, Ottawa Branch to:

**Canadian Mental Health Association,  
Ottawa Branch  
1355 Bank Street, Suite 301  
Ottawa, ON K1H 8K7**

TELEPHONE REGISTRATIONS WILL BE ACCEPTED ONLY IF PAYING BY CREDIT CARD (VISA OR MASTERCARD) Please note that registration must be received 2 weeks prior to the workshop dates.

## CANCELLATIONS AND REFUNDS

Full refunds, less a \$10.00 administration fee, will be given when a written request is received two weeks prior to the date of workshop. Registration may be transferred to another person. There will be a \$20.00 charge on all returned cheques.



## REGISTRATION IS LIMITED

For information about subsidies, contact:  
CMHA  
Phone 613-737-7791  
Fax 613-737-7644  
Email: info@cmhaottawa.ca

**UNDERSTANDING THE UNSPOKEN PAIN:  
AWARENESS FOR PROVIDING INITIAL ASSISTANCE TO SURVIVORS OF WAR TRAUMA AND TORTURE  
(PLEASE TYPE OR PRINT CLEARLY) NO REGISTRATION ACCEPTED WITHOUT PAYMENT.**

**COST:** \$120.00 (GST included). There will be a \$20.00 charge on all returned cheques.  
**MAIL TO:** CMHA, Ottawa Branch, 1355 Bank Street, Suite 301, Ottawa, ON K1H 8K7.

Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Fax) \_\_\_\_\_  
Email: \_\_\_\_\_

**WORKSHOP REGISTERED FOR:** \_\_\_\_\_  
**RECEIPT REQUIRED:** \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_