

  
**UNC** SCHOOL OF SOCIAL WORK
   
 Clinical Lecture Series

**"I don't see them in my practice..."**
  
**The ethics of serving refugee and immigrant survivors of torture and trauma**

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**UNC Global Transmigration Refugee Mental Health & Wellness Initiative**

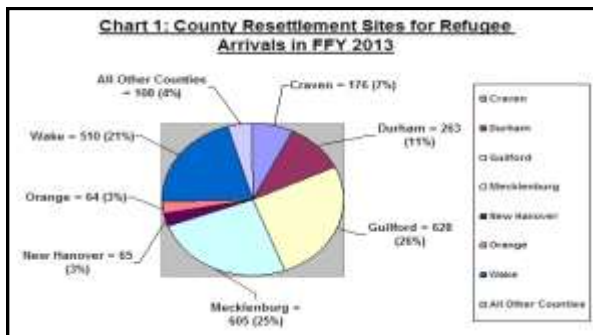
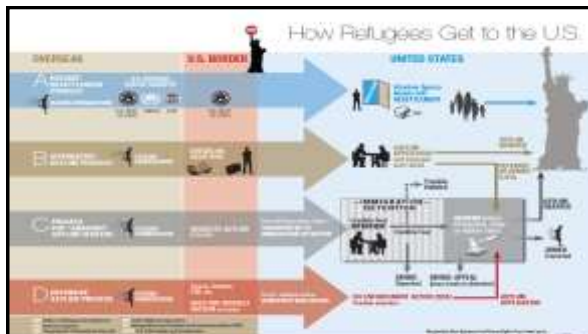
**UN High Commissioner for Refugees António Guterres**




<http://www.unhcr.org/pages/49c3646c8.html>


**Objectives**

- The refugee experience in North Carolina
  - What is a refugee?
  - Trauma in the refugee experience.
- An evidence-based refugee mental health screening instrument
  - Refugee Health Screener – 15
- Strategies for mental health providers to work effectively with interpreters.
- Principles in professional codes of ethics pertaining to providing services to refugees in need of mental health services.




**Refugee Mental Health**

- Prevalence
  - Greater levels of psychological disturbance (Fazel, Wheeler, & Danesh, 2005; Porter & Haslam, 2005)
  - Half of all refugees have mental health concerns (Brundtland, 2013; Rousseau, 1995)
  - PTSD 10-40%
  - Major Depression 5-15% (RHTAC, 2011)
  - Anxiety and stress-related disorders
    - Chronic physical illnesses, mental illnesses, and substance abuse (Palinkas et al., 2003)
- Prevalence rates of torture range from 5-35% (Baker, 1992)
- 40% of refugees in the United States need mental health services but cannot access them (Einholt & Yule, 2006)
- Failure to involve trained interpreters can disrupt services to refugees (Miller, Martell, Pazdrek, Caruth, & Lopez, 2005; Bischoff et al., 2003)
- Impact: Higher healthcare costs, persistent and severe mental illness, and worse acculturation outcomes (Priebe et al., 2011; Pumariega, Rothe, & Pumariega, 2005)



UNC Global Transmigration

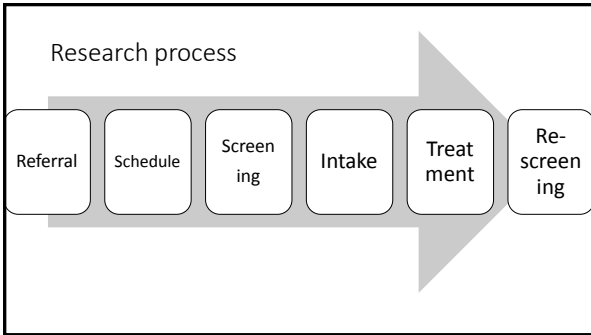
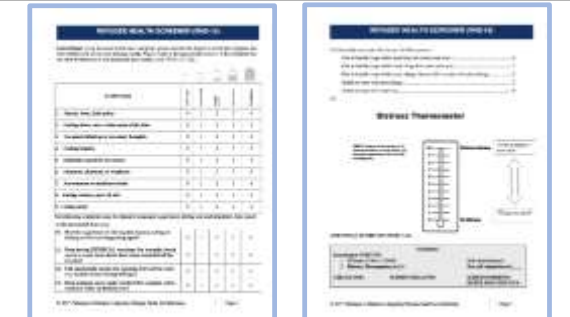
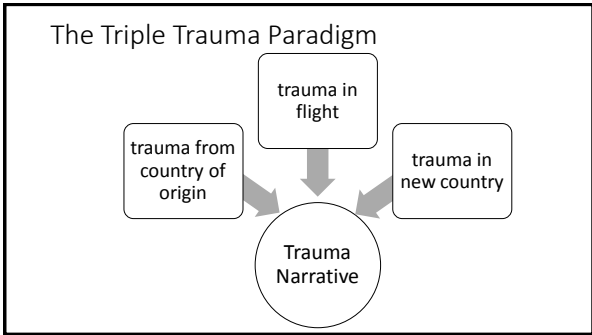
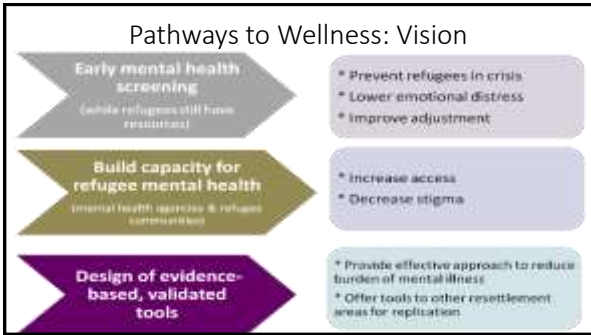
Refugee Mental Health And Wellness Initiative



Refugee Resettlement





### Setting the Context

**WHO can administer the RHS-15?**

- Self-administered
- Health workers (medical assistants, nurses, doctors, nurse practitioners, social workers), resettlement case workers

**WHEN should the RHS-15 be administered?**

- At the same time as other health screenings or intakes to reduce stigma
- Timing may differ based on the group, screening flow, time constraints or other considerations.

### Setting the Context

- **Introduction**
  - During program intake or other case management meeting
  - Emphasize that screening will involve questions about how they are doing both in their body **AND** in their mind.
- **Timing**
  - Before administering the RHS-15, remind the individual/group that each person **aged 14 and over** will be asked the questions about sadness, worries, body aches and pain, and other symptoms that may be bothersome to them.
- **Normalize**
  - Lets the individual/group know that many refugees have a hard time because of the difficult things they have been through, and because it is very stressful to come to a new country.

### Setting the Context

- The case worker explains ...


*“Some refugees have mind and body symptoms because of difficult things they have been through, and because it is very stressful to come to a new country. The questions we are asking help us find people who are having a hard time and who might need extra support. The answers are not shared with anyone else without your permission.”*

### RHS-15 Instructions

**Read instructions out loud:**

*“How much in the last month have the symptoms below been bothersome to you?”*


- Point to the numbers/images for the scale
- Create a visual aid that shows patients the difference in the amount.



### Symptoms

*“How much in the last month have the symptoms below been bothersome to you?”*

1. Muscle, bone, joint pains
2. Feeling down, sad, or blue most of the time
3. Too much thinking or too many thoughts
4. Feeling helpless
5. Suddenly scared for no reason
6. Faintness, dizziness, or weakness
7. Nervousness or shakiness inside
8. Feeling restless, can't sit still
9. Crying easily



### Trauma Symptoms

*The following symptoms may be related to traumatic experiences during migration. How much in the past month have you:*

10. Had the experience of reliving the trauma; acting or feeling as if it were happening again?
11. Been having PHYSICAL reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?
12. Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?
13. Been jumpier, more easily startled (for example, when someone walks up behind you)?

### Coping

•14. Generally over your life, do you feel that you are:

Able to handle (cope with) anything that comes your way .....0  
 Able to handle (cope with) most things that come your way .....1  
 Able to ... most things... , but not able to cope with other things.....2  
 Unable to cope with most things .....3  
 Unable to cope with anything .....4

### Distress Thermometer

FIRST: Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today

### Scoring the RHS-15

### Reassurance that this will work

- Asking these questions can identify someone who needs support and help get them connected to care.
- Screening is the **vehicle** that connects someone to a more comprehensive evaluation and support.
- The resettlement agency team is the **link** to that connects the client to this resource.

### Considerations

- Will asking about symptoms of anxiety, depression or PTSD re-trigger someone making it difficult to get through the exam?
- What are available resources should someone need immediate care?
- What happens if someone discloses something that is painful for me to hear?
- What other resources are there for me?

### How to Refer to Refugee Wellness

- Offer Refugee Wellness counseling services to the client
  - Suggested script on referral form
- If clients consent, fax referral form to 919-962-7557, attention: Josh Hinson
- Call Laura Garlock: (919) 334-0072 ext. 4013

**Pathways Referral Script**

*"From your answers on the questions, it seems like you are having a difficult time.*

*You are not alone. Lots of refugees experience sadness, too many worries, bad memories, or too much stress, because of everything they have gone through and because it is so difficult to adjust to a new country.*

*In the United States, people who are having these types of symptoms sometimes find it helpful to get extra support. This does not mean that something is wrong with them or that they are crazy. Sometimes people need help through a difficult time.*

**Pathways Referral Script (cont.)**

*I would like to connect you to a counselor. In the United States, a counselor/therapist is a type of healthcare worker who will listen to you and provide any guidance and/or support.*

*You will talk about what is bothering you and they will work with you to create a plan for what we hope will make you feel better. This person keeps everything you say confidential, which means they cannot by law share the information with anyone without your agreement.*

*Are you interested in being connected to these services?"*

**Congolese group case Study**

treatment  
What is "Help"?



**Maslow's Hierarchy**



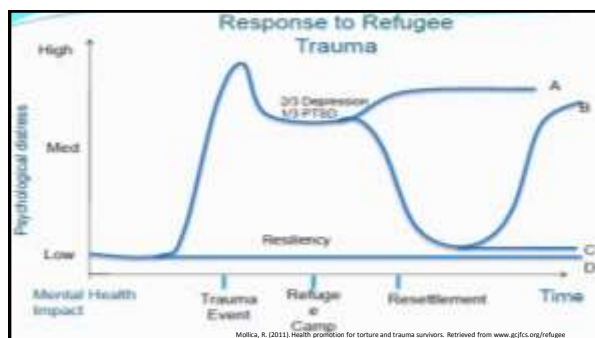
**Refugee Mental Health**

**Basic Needs**

- ESL classes, education
- Jobs, healthcare
- Housing, food, clothing

**Mental Health Needs**

- Trauma work
- Interpersonal
- Sleep



- Treatment modalities
- Trauma Focused-Cognitive Behavioral Therapy (TF-CBT)
  - Dialectical Behavioral Therapy (DBT)
  - Narrative Therapies
  - Motivational Interviewing
  - Community Adjustment Support Groups
  - Expressive Arts Groups

- Eight week curriculum. Modules include:
- Culture Shock
  - The Refugee Experience
  - Mental Health
  - The Mind and Body Connection
  - Goals and Dreams
  - Creating Wellness
  - Creating a Community of Wellness
-

### Working with interpreters

- Access
- Using trained interpreters
- Best practices
  - Setting up the room
  - Explaining the role of the interpreter
- Advocating for mental health training for interpreters
  - **Vicarious traumatization**
  - **confidentiality and dual roles**
- Voice of Love



### Interpretation Options

- Fluent Language Solutions: 800-752-6096
- Duke Hospitals, Monarch Behavioral Health Care, Lincoln Community Health Center
  - Face-to-face, telephonic, and video interpretation in 280 languages
- Language Resource Center: (704) 464-0016
  - Face-to-face and telephonic interpretation
- US Committee for Refugees and Immigrants (USCRI) Interpretation: (919) 334-0072
  - Face-to-face and scheduled over-the-phone interpretation
  - Most affordable option for infrequent interpretation needs
  - (\$40/hour, 1 hour minimum)

### Cultural Competency

- Cultural Orientation Resource Center
- Adopting the position as learner, and empowering the refugee client to be the expert in their culture's healthcare beliefs



### Resources for referral

- Resettlement Agencies
- **Equity Collaborative**
- **Transplanting Traditions**
- Art Therapy Institute
- **Piedmont Health Services**
- **Lincoln Center**

### Jane Addams and Hull House



### Questions

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