



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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September 21, 2015


UNC Global Transmigration
Refugee Mental Health &
Wellness Initiative



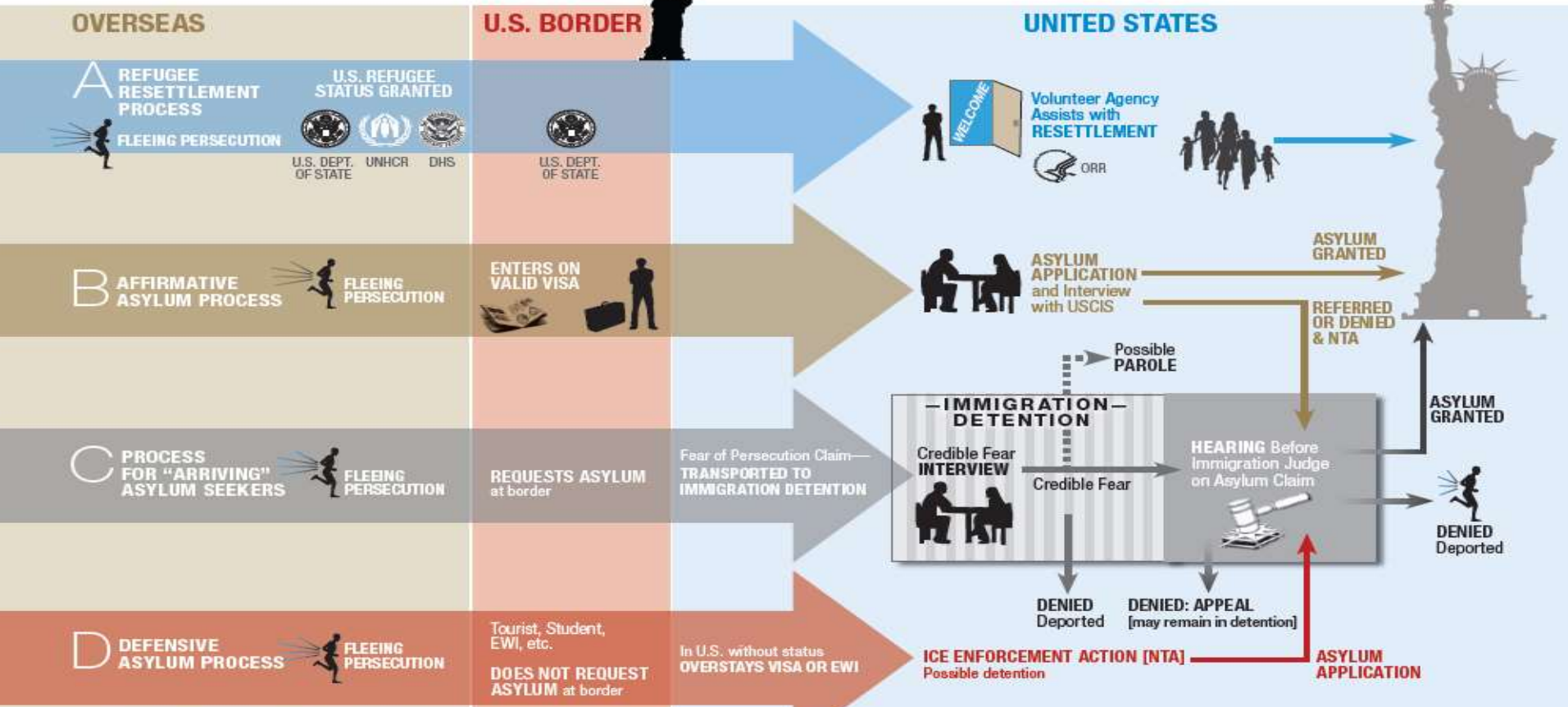
UN HIGH COMMISSIONER FOR REFUGEES ANTÓNIO GUTERRES



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.
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How Refugees Get to the U.S.

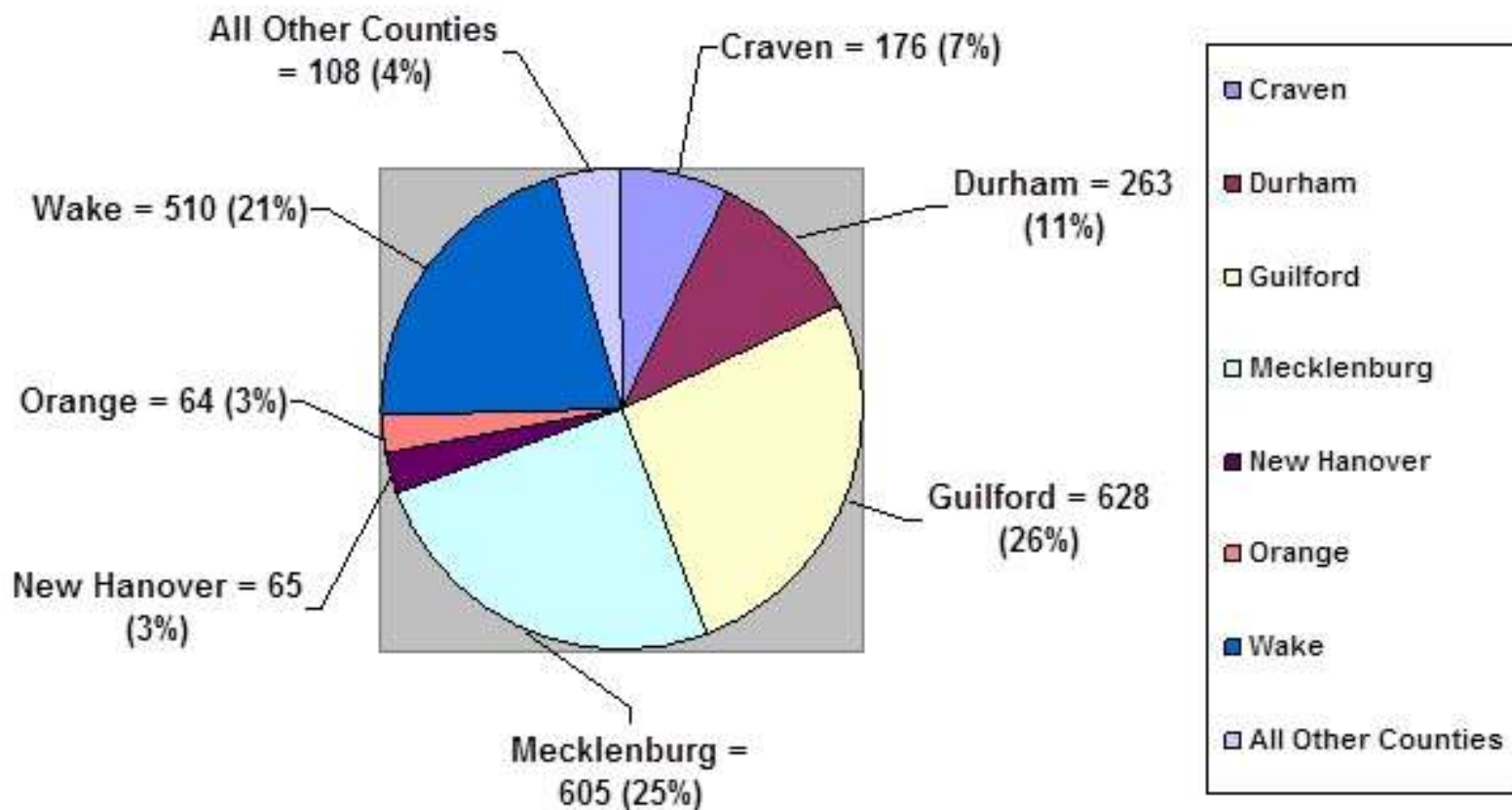


ORR Office of Refugee Resettlement
 NTA Notice to Appear
 DHS Department of Homeland Security
 UNHCR UN Refugee Agency

EWI Enter Without Inspection
 ICE Immigration and Customs Enforcement (within DHS)
 USCIS U.S. Citizenship and Immigration Services (within DHS)

Designed by Ryan Dunsmuir and Human Rights First, based on an original design by Will Coley and Jesuit Refugee Service/ USA (February 2010)

Chart 1: County Resettlement Sites for Refugee Arrivals in FFY 2013





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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 (Ehnholt & Yule, 2006)*
- Failure to involve trained interpreters can disrupt services to refugees (Miller, Martell, Pazdirek, 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



CHURCH WORLD SERVICE

world relief™ 
DURHAM

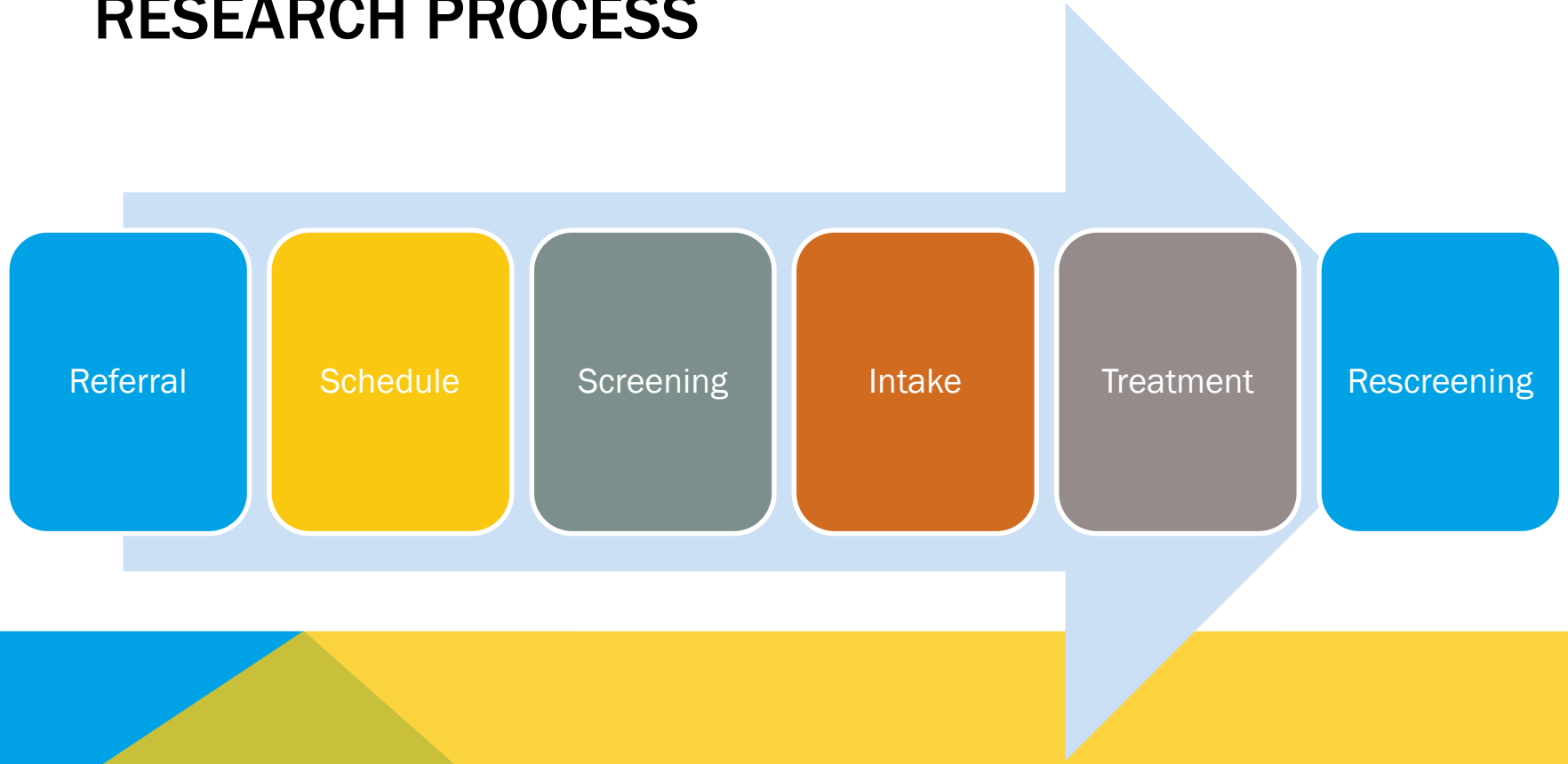


U.S. COMMITTEE
FOR REFUGEES AND IMMIGRANTS


LUTHERAN
SERVICES

C A R O L I N A S

RESEARCH PROCESS



REFUGEE HEALTH SCREENER (RHS-15)

Instructions: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."



SYMPTOMS	NOT AT ALL	1	2	3	4
1. Muscle, bone, joint pains	0	1	2	3	4
2. Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Too much thinking or too many thoughts	0	1	2	3	4
4. Feeling helpless	0	1	2	3	4
5. Suddenly scared for no reason	0	1	2	3	4
6. Faintness, dizziness, or weakness	0	1	2	3	4
7. Nervousness or shakiness inside	0	1	2	3	4
8. Feeling restless, can't sit still	0	1	2	3	4
9. Crying easily	0	1	2	3	4

The following symptoms may be related to traumatic experiences during war and 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?	0	1	2	3	4
11. Been having PHYSICAL reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?	0	1	2	3	4
12. Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?	0	1	2	3	4
13. Been jumpier, more easily startled (for example, when someone walks up behind you)?	0	1	2	3	4

REFUGEE HEALTH SCREENER (RHS-15)

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 handle (cope with) some things, but not able to cope with other things	2
Unable to cope with most things	3
Unable to cope with anything	4

15.

Distress Thermometer

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



Extreme distress

"I feel as bad as I ever have"



"Things are good"

No distress

ADD TOTAL SCORE OF ITEMS 1-14: _____

SCORING

Screening is POSITIVE

- If Items 1-14 is ≥ 12 OR
- Distress Thermometer is ≥ 5

Self administered: _____
Not self administered: _____

CIRCLE ONE:

SCREEN NEGATIVE

SCREEN POSITIVE
REFER FOR SERVICES

PATHWAYS TO WELLNESS: VISION

Early mental health screening

(while refugees still have resources)

- * Prevent refugees in crisis
- * Lower emotional distress
- * Improve adjustment

Build capacity for refugee mental health

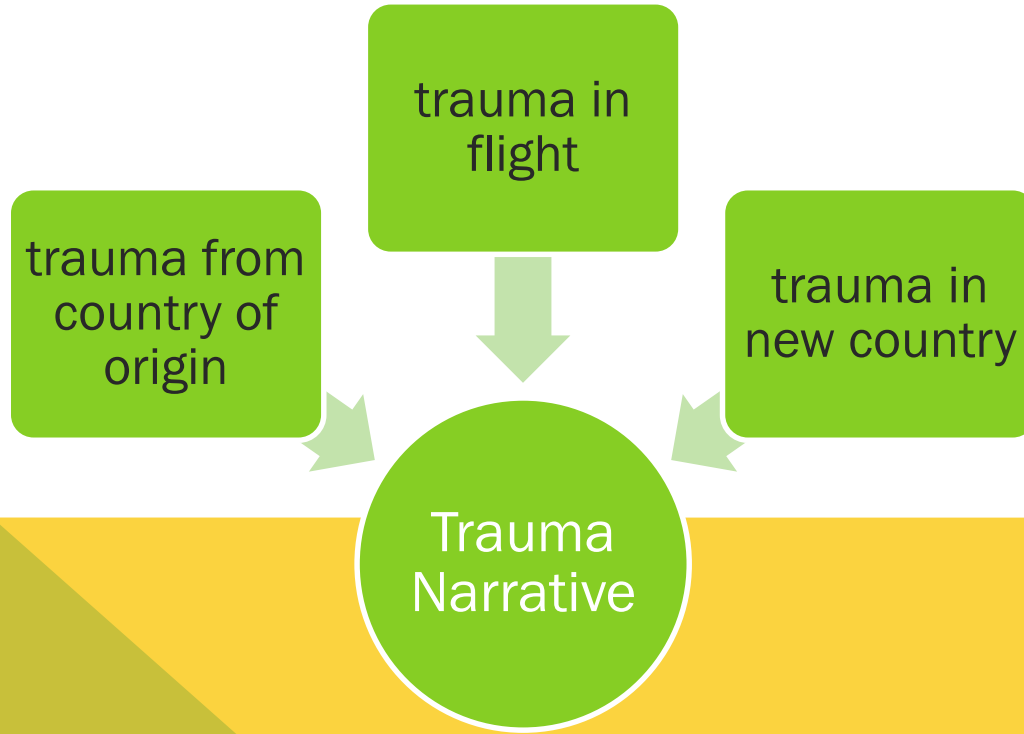
(mental health agencies & refugee communities)

- * Increase access
- * Decrease stigma

Design of evidence-based, validated tools

- * Provide effective approach to reduce burden of mental illness
- * Offer tools to other resettlement areas for replication

THE TRIPLE TRAUMA PARADIGM




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.



NOT AT ALL

A LITTLE BIT

MODERATELY

QUITE A BIT

EXTREMELY

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 way0

Able to handle (cope with) most things

that come your way1

Able to handle (cope with) some things,

but not able to cope with other things.....2

Unable to cope with most things.....3

Unable to cope with anything4



DISTRESS THERMOMETER

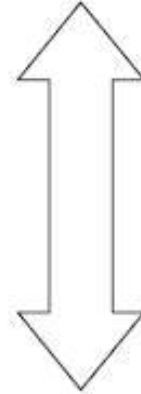
FIRST: Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.



Extreme distress

No distress

“I feel as bad as I ever have”



“Things are good”

SCORING THE RHS-15

ADD TOTAL SCORE OF ITEMS 1-14: ____

SCORING

Screening is **POSITIVE**

1. If Items 1-14 is ≥ 12 OR
2. Distress Thermometer is ≥ 5

Self administered: ____

Not self administered: ____

CIRCLE ONE:

SCREEN NEGATIVE

**SCREEN POSITIVE
REFER FOR SERVICES**

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

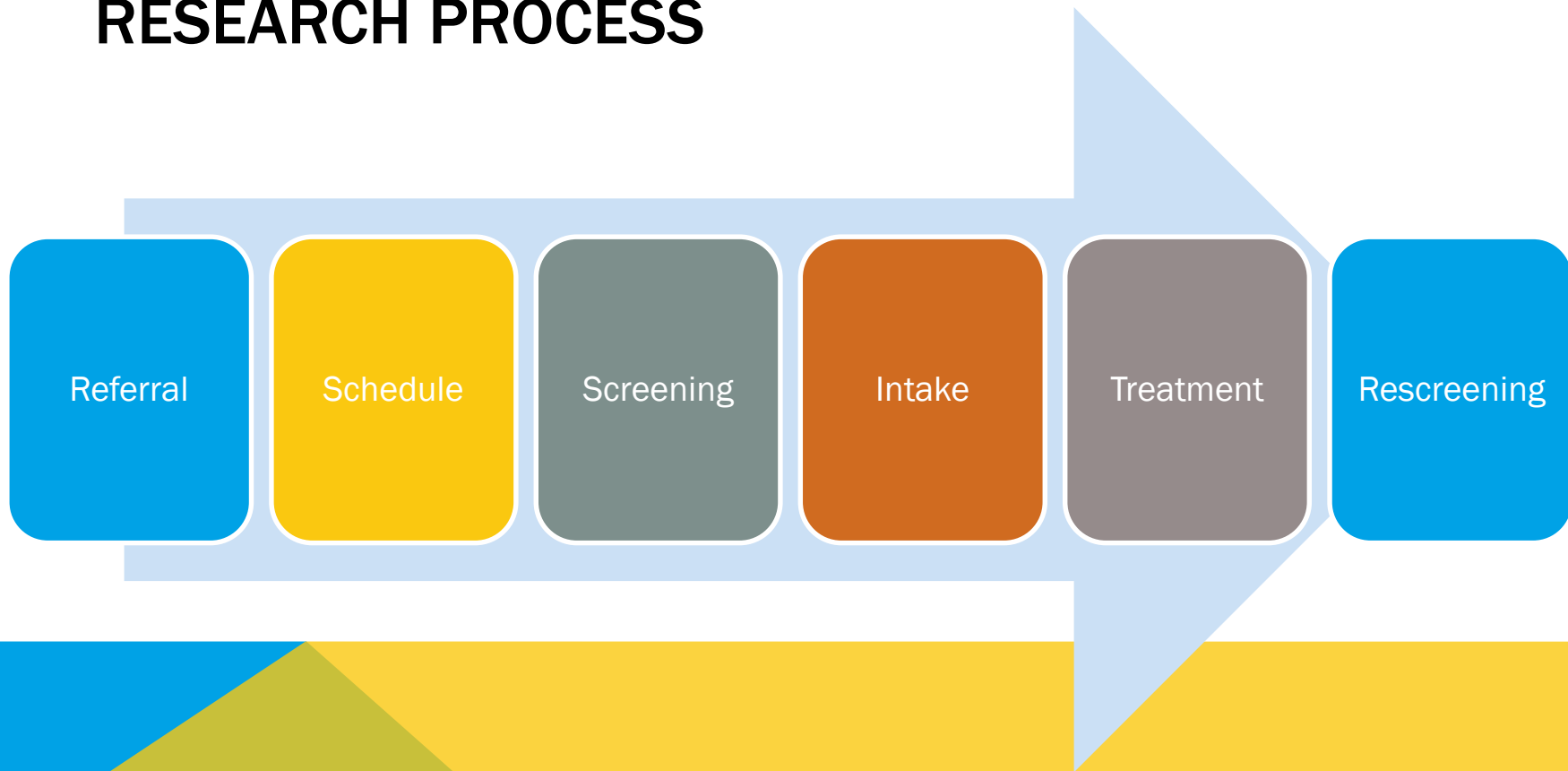
Offer Refugee Wellness counseling services to the client

- 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

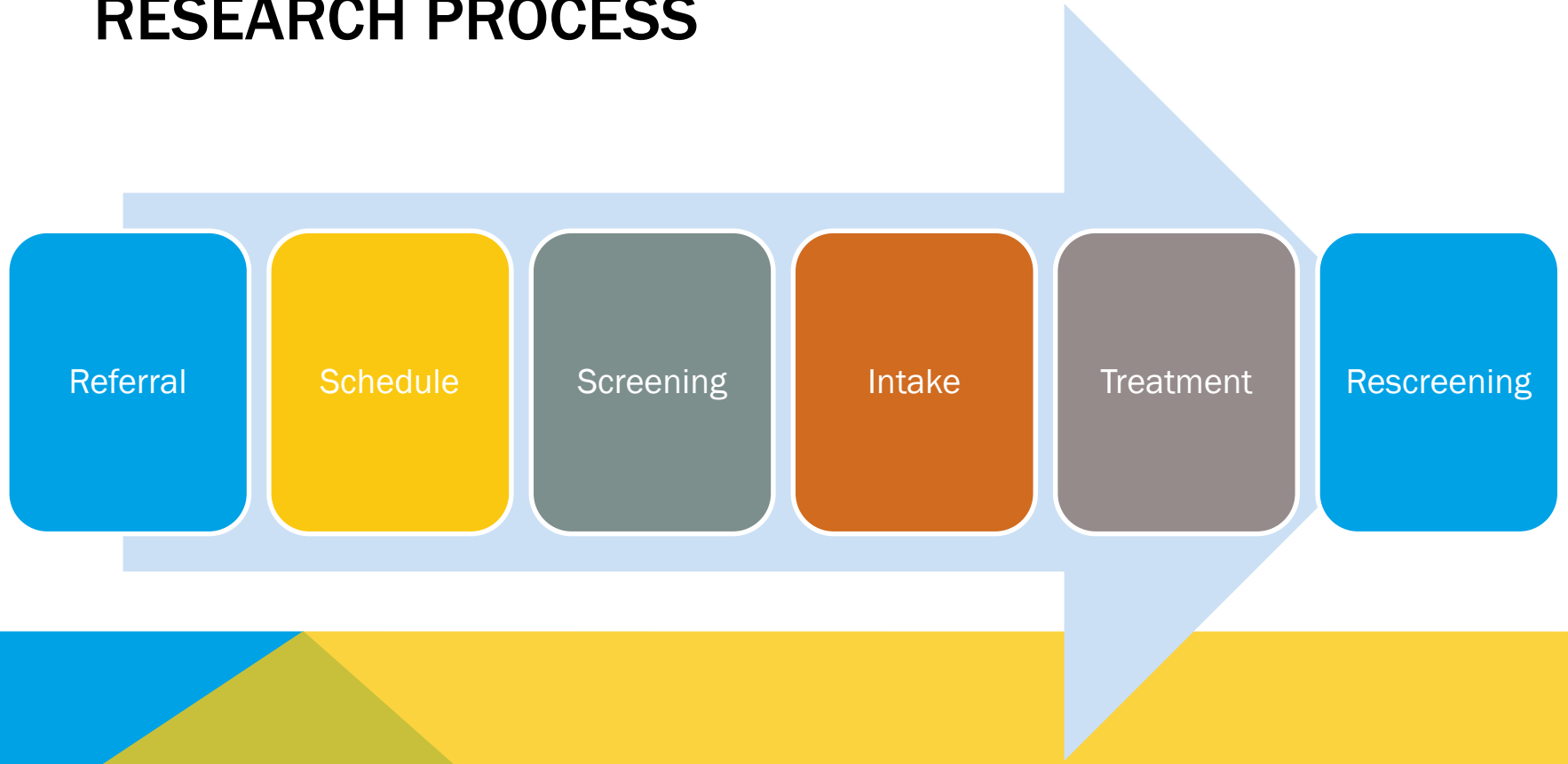
RESEARCH PROCESS



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. 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?”

RESEARCH PROCESS



CONGOLESE GROUP CASE STUDY

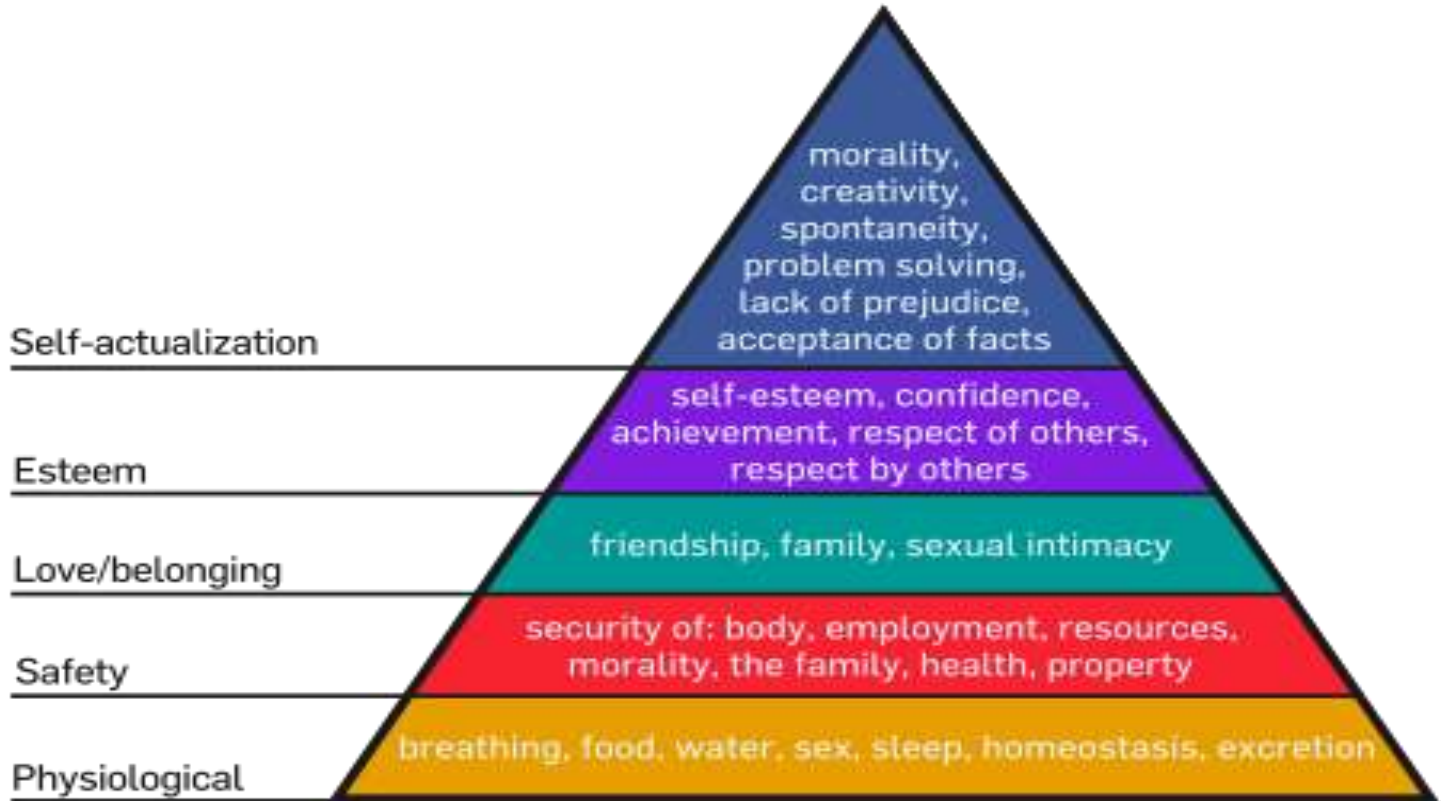


TREATMENT

What Is "Help"?

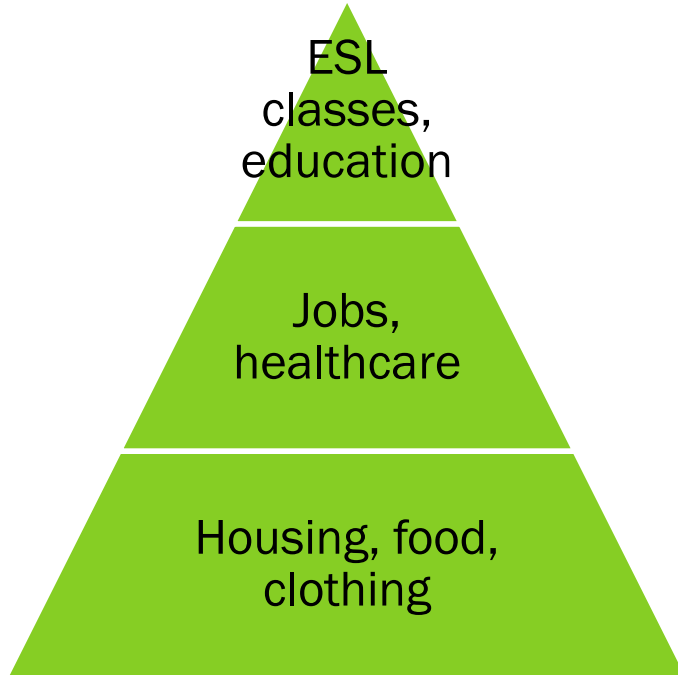


MASLOW'S HIERARCHY

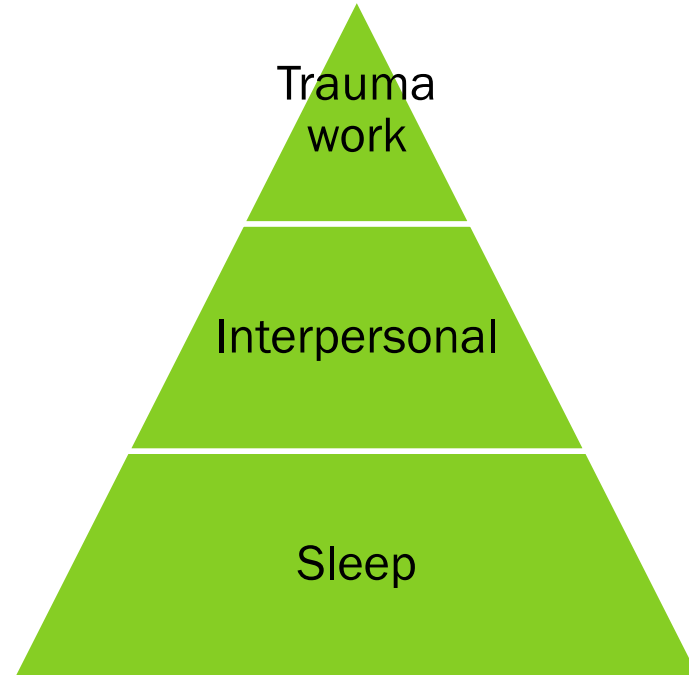


REFUGEE MENTAL HEALTH

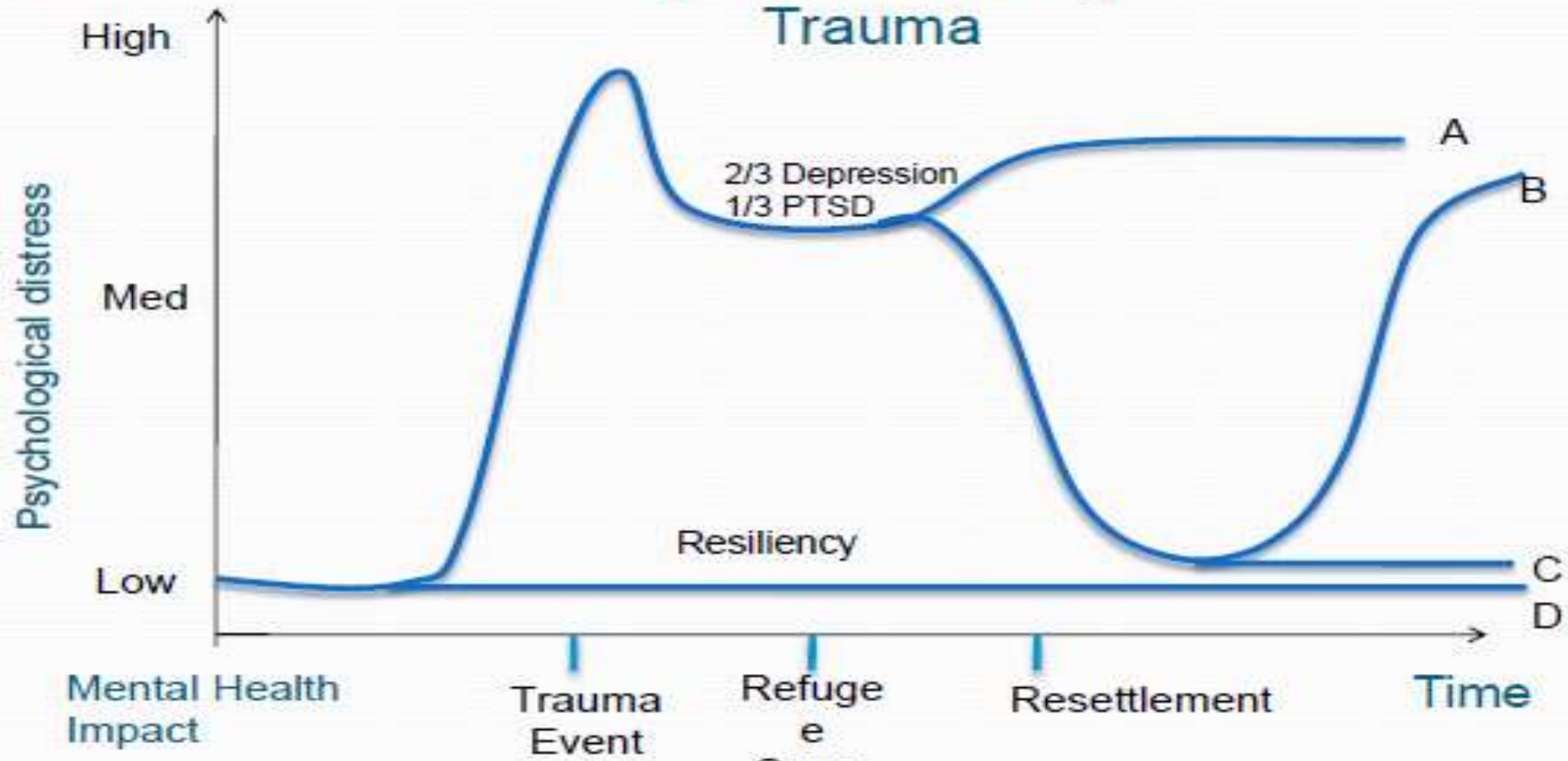
BASIC NEEDS



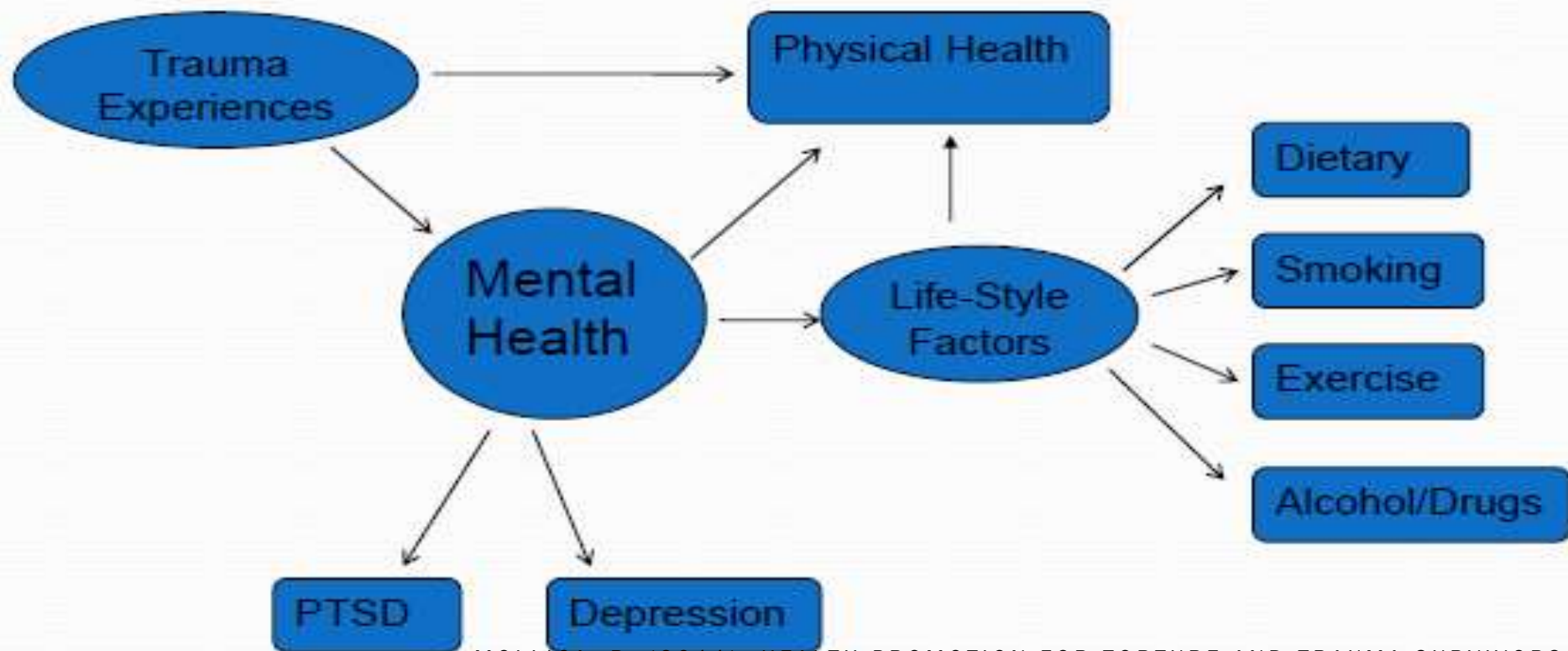
MENTAL HEALTH NEEDS



Response to Refugee Trauma

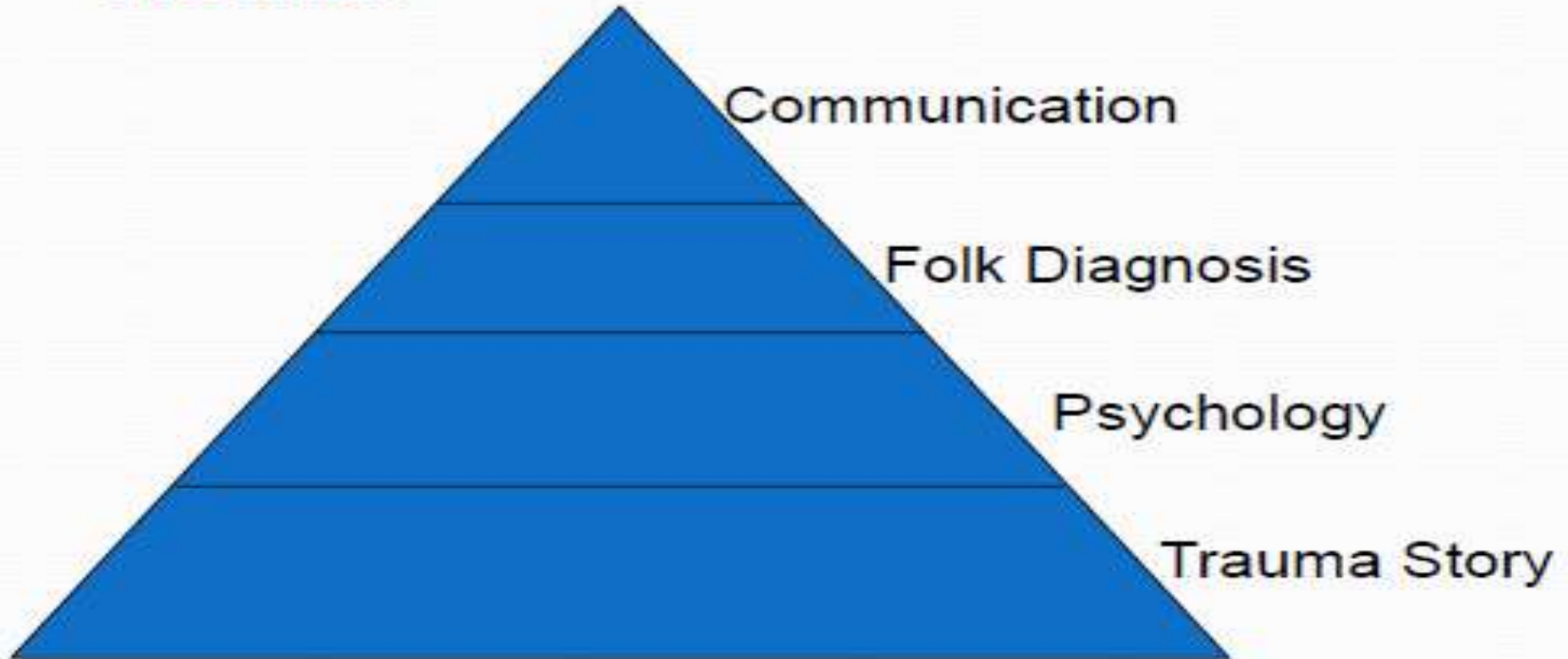


Conceptual Model: Trauma, PTSD, and Depression, and Physical Health





Foundations of Community Health



TREATMENT MODALITIES

TF-CBT

DBT

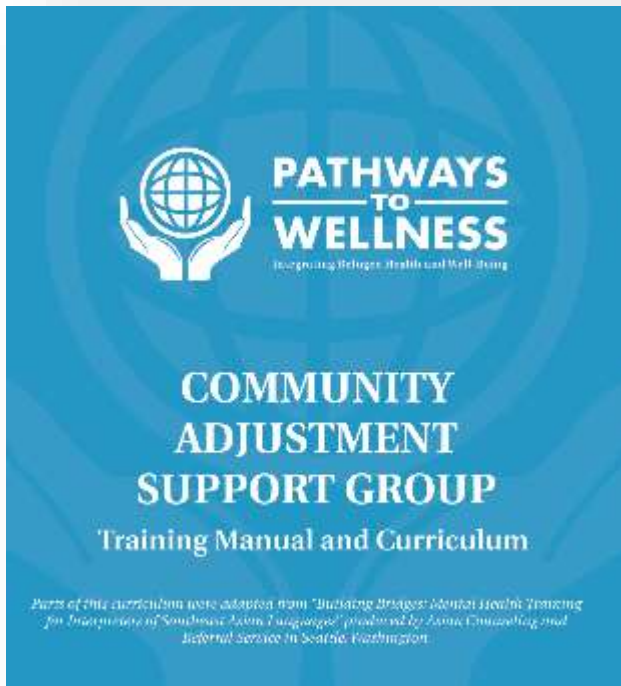
Narrative Therapies

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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