SD-TIGT Mission Statement

To promote the development and provision of trauma informed services in San Diego County’s agencies and systems through collaboration, advocacy and education.
Objectives

- Increase awareness of mental health symptoms experienced by refugees
- Develop a trauma informed approach when working with refugees
- Enhance skills to empower refugees to consider mental health treatment options
- Promote utilization of behavioral health services
Lessons to Learn

- Can I better **identify** trauma related mental health issues and those at risk?
- Am I in a better position to **educate** refugees about trauma and mental health conditions?
- Am I better able to **refer** clients to services in San Diego County?

* **Identify**  *  **Educate**  *  **Refer**  *

*Identify  *  *Educate  *  *Refer*
Outline for Learning:
Sections

1. Understanding Trauma
2. Anxiety Disorders and Depression
3. Assessment and Support
4. **Empowerment**
“One of the deepest fears for trauma survivors is that they will be unable to reconnect with the normal world”

Source: National Center of Trauma Informed Care (2008) Transcending Violence: Emerging Models for Trauma Healing in Refugee Communities
Trauma Definition

- The experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence, and/or the witnessing of violence, terrorism or disasters.

Source: National Association of State Mental Health Program Directors, 2006
Types of Trauma

- Acute Trauma
  - A single traumatic event that is time limited.

- Chronic Trauma
  - The experience of multiple traumatic events.

- Complex Trauma
  - Both exposure to chronic trauma, and the impact such exposure has on an individual.

- System Induced Trauma
  - The traumatic removal from home, admission to a detention or residential facility.

- Vicarious Trauma
Guiding Values

- Understand the prevalence and impact of trauma
- Promote safety
- Earn trust
- Embraced diversity
- Respect human rights
- Provide holistic care
- Pursue the person's strengths choice and autonomy
- Share power
- Communicate with compassion

Values Guiding Trauma-Informed Care
Core Competencies of Trauma-Informed Organizations

- Engage leadership at the top
- Make trauma recovery consumer-driven
- Emphasize *early* screening
- Develop your *workforce*
- Institute practice *guidelines*
- Avoid recurrence

Source: Adapted from The National Council for Community Behavioral Healthcare
http://www.thenationalcouncil.org/cs/traumainformed_care_a_call_to_arms
Anxiety Disorders and Depression
Section 2
Anxiety Disorders

Several major types:

- **Panic Disorder**: Sudden, intense and unprovoked feelings of terror and dread. Strong fears about when and where their next panic attack will occur, and they often restrict their activities as a result.

- **Phobias**: Intense fears about certain objects or situations e.g. planes, public places.

- **Obsessive-Compulsive Disorder**: Persistent, uncontrollable and unwanted feelings or thoughts (obsessions) and routines or rituals (compulsions) in which individuals engage to try to prevent or rid themselves of these thoughts e.g. washing hands.

- **Generalized Anxiety Disorder**

- **PTSD**

Generalized Anxiety Disorder

- Persistent worrying or obsession about concerns out of proportion event
- Inability to let go of a worry
- Inability to relax, restlessness, feeling keyed up or on edge
- Difficulty concentrating, or the feeling that mind “goes blank”
- Worrying about excessively worrying
- Distress about making decisions; fear of making wrong decision
- Carrying every option in a situation all the way out to its possible negative conclusion
- Difficulty handling uncertainty or indecisiveness

Source: http://www.mayoclinic.org/diseases-conditions/generalized-anxiety-disorder/basics/symptoms/con-20024562
Physical Symptoms May Include

- Fatigue
- Irritability
- Muscle tension or aches
- Trembling, feeling twitchy
- Easily startled
- Trouble sleeping
- Sweating
- Nausea, diarrhea or irritable bowel syndrome
- Headaches
PTSD Symptom Clusters
Source: APA, 2013

1. **Re-experiencing** triggers may precipitate an event
   - Nightmares
   - Intrusive thoughts or images of the event
   - Flashbacks
   - Physical panic in response to reminders
   - Emotional distress in response to rumors

2. **Avoidance** of triggers that could result in re-experiencing trauma
   - Internal: thoughts, feelings
   - External: conversations, situations, people, media
3. **Hyper-arousal** of the nervous system
   - Irritability and angry outbursts with little or no provocation
   - Reckless or self-destructive behavior
   - Excessive watchfulness
   - Jumpiness
   - Poor concentration
   - Insomnia

4. Negative changes in **thoughts and mood**
   - Inability to remember an important aspect of the traumatic experience (s)
   - Exaggerated negative beliefs or expectations about self, others, or the world
Depression

- Most **common** mental disorder
- Social **isolation** increases the risk of depression
- Combination of therapy and antidepressant medication can help ensure recovery
- **Exercise**: Effective, cost-effective

Source: http://apa.org/topics/depress/index.aspx
Depression

- **Sadness**, emptiness or unhappiness
- Loss of interest or **pleasure** in normal activities, such as sex
- Sleep disturbances e.g. insomnia or sleeping too much
- Tiredness and lack of energy; small tasks take extra effort
- Changes in **appetite**; reduced appetite and weight loss, but increased cravings for food and weight gain in some people
- **Worthlessness**, guilt, fixating on past failures or self-blame
- Trouble thinking, **concentrating**, making decisions and remembering
- Frequent thoughts of death, suicidal thoughts, **suicide** attempts or suicide
- Slowed thinking, speaking or body movements
- Unexplained physical problems, e.g. back pain, headaches

Source: http://www.mayoclinic.org/diseases-conditions/depression/basics/symptoms/con-20032977
Assessment and Support
Section 3
Prevalence

Meta-analysis suggests:

- 1 in 10 adult refugees in western countries has PTSD (10 times more likely than the age-matched general American population)

- 1 in 20 has major depression

- 1 in 25 has a generalized anxiety disorder

PTSD, anxiety, and depression were the main diagnoses reported by those treating torture survivors

Prevalence of one or more of these ranged from 15% to 85% of survivors


Somatization

“The truth about childhood is stored up in our bodies and lives in the depths of our souls. Our intellect can be deceived, our feelings can be numbed and manipulated, our perceptions shamed and confused, our bodies tricked with medication, but our soul never forgets. And because we are one, one whole soul in one body, someday our body will present its bill.”

Alice Miller
Protective Factors

- Religious, cultural, and ethnic beliefs against suicide
- Family, friends, and other significant relationships
- Community involvement, social integration
- Access to mental health care services
Services

- Psychoeducation (explaining and normalizing symptoms), CBT, counselling, family therapy used most frequently
- Few empirically validated for SOT
- Misunderstanding benefits of therapy = Major barrier
- In nearly all cases, psychological, social, legal, medical, economic aspects intertwined; need to be considered together


- Role of religion and spirituality in trauma recovery receiving increased attention
- May be important to refugees
- Not segregated from other aspects of life
- Ultimate questions of life and death

Source: National Center of Trauma Informed Care (2008) Transcending Violence: Emerging Models for Trauma Healing in Refugee Communities

- Ongoing need for culturally and linguistically appropriate MH services (rethinking familiar model of psychotherapy)

Supportive Care
(See handouts)

Develop key trust points to share with patients:

- Be helpful, attentive, calm, efficient with time, open, positive, patient
- Collaborate, reassure, share power, build skills, educate
- **Actively listen** (acting, reacting and over-reacting – body language and facial expression – non-judgement)
- Encourage, elicit, restate, clarify, empathize, summarize, reframe

Source: Active Listening Techniques; United States Institute of Peace 2015

Source: http://kingpinlifestyle.com/5-classic-body-language-tips-are-you-forgetting-these/
Toolkit – The 4 R’s

- Reframe
- Regulate
- Resiliency
- Resources
  - Access & Crisis Line 888-724-7240
  - 211 [www.211SanDiego.org](http://www.211SanDiego.org)
Empowerment
Section 4
Empowerment

- Health promotion and strengths-based approaches support the natural resilience displayed by many refugees

- It is essential not to pathologize the suffering of refugees

Source: National Center of Trauma Informed Care (2008) Transcending Violence: Emerging Models for Trauma Healing in Refugee Communities

- Create culturally meaningful strategies to empower individuals to regain a sense of control

Phase of Refugee Adjustment

Arrival

Reality

Adaptation

Alienation

Marginalization

Integration
Strengths-Based Focus

- Previous experiences
- Seeking support
- Coping mechanisms
- Resiliency

Hope for the future
How You Can Help

Observe

Connect

Assist

Ask

Engage
Recommended Trauma Informed Videos

- Chasing Freedom
- Heeling Neen
- Family Affair
- Buck
- Refuge: Caring for Torture Survivors
- Beneath the Blindfold
- Ted Talks- Nadine Burke Harris
Training Resources

- Receiving Communities Toolkit

- TIC in Primary Care
  https://www.youtube.com/watch?v=Pxq5qMJsIbc&feature=youtu.be

- Boston Center for Refugee Health and Human Rights
  https://vimeo.com/23377388

- National Center for PTSD associated with Veterans Affairs
  https://www.hsdl.org/?view&did=441325

- Screening Guidelines

- Mental Health First Aid  http://www.mentalhealthfirstaid.org/cs/

- ACE’s Study  http://acestudy.org/

- ACEs Connection  http://www.acesconnection.com/
Though no one can go back and make a brand new start, anyone can start from now and make a brand new ending.

Carl Bard
Interactive Discussion and Questions

- Sharing professional experiences of discussing trauma and mental health with refugee clients
- Best practices and lessons learned
Thank You!