Health Promotion for Torture and Trauma Survivors

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National Partnership for Community Training

• A program of Gulf Coast Jewish Family and Community Services with the *Florida Center for Survivors of Torture* that provides technical assistance to refugee service and community providers to increase awareness, knowledge and skills.

• **Key Partners**
  - Office of Refugee Resettlement
  - Administration for Children and Families
  - Harvard Program for Refugee Trauma
  - Massachusetts General Hospital
  - Bellevue/NYU Program for Survivors of Torture
  - Bellevue Hospital and New York University
Webinar Objectives

1. Increase awareness regarding the impact that traumatic life experiences places on the health of an individual
2. Increase the understanding of the physical impact of trauma within a cultural context
3. Provide tools and strategies for the promotion of preventative care and healthy lifestyles
Mental Health Impact

Psychological distress

Trauma Event
Refugee Camp
Resettlement

Time

High
Med
Low

2/3 Depression
1/3 PTSD

Response to Refugee Trauma

Resiliency

A
B
C
D

Depression
PTSD
The Medical Impact of Traumatic Life Experiences

- There is growing scientific evidence that in the mainstream general population there is significant association between traumatic life experiences and chronic medical disorders.
- Similarly, resettled refugees, IDP’s, immigrants, and asylum seekers who have experienced extreme violence and torture are now demonstrating serious chronic illness such as diabetes, heart disease, hypertension, and stroke in countries of resettlement.
The Ace Study: Childhood Abuse Categories

- Direct exposure to childhood abuse
  - Psychological
  - Physical
  - Sexual
- Household dysfunction during childhood
  - Substance abuse
  - Mental illness
  - Mother treated violently
  - Criminal behavior in household

Source: Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, David F. Williamson, MS, PhD, Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH. Relationship of Childhood Abuse and Household Dysfunction in Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventative Medicine. 1998; 14(4)
## The Ace Study: The Relationship Between Childhood Abuse and Household Dysfunction (n=9,508)

### Relationship Between Childhood Trauma and Medical Risk Factors

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>%</th>
<th>Adjusted Odds Ratio</th>
<th>95% Confidence Interval</th>
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</thead>
<tbody>
<tr>
<td>Current Smoker</td>
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<tr>
<td>0</td>
<td>6.8</td>
<td>1.0</td>
<td>(1.1-1.8)</td>
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<tr>
<td>2</td>
<td>10.3</td>
<td>1.5</td>
<td>(1.7-2.9)</td>
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<tr>
<td>4+</td>
<td>13.9</td>
<td>2.0</td>
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<tr>
<td>Severe Obesity (BMI&gt;35)</td>
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<tr>
<td>0</td>
<td>5.4</td>
<td>1.0</td>
<td>(1.1-1.9)</td>
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<tr>
<td>2</td>
<td>9.5</td>
<td>1.4</td>
<td>(1.2-2.1)</td>
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<tr>
<td>4+</td>
<td>12.0</td>
<td>1.6</td>
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<tr>
<td>2 or more weeks of depressed mood in past year</td>
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<tr>
<td>0</td>
<td>14.2</td>
<td>1.0</td>
<td>(2.1-3.2)</td>
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<tr>
<td>2</td>
<td>31.5</td>
<td>2.4</td>
<td>(3.8-5.6)</td>
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<tr>
<td>4+</td>
<td>50.7</td>
<td>4.6</td>
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<tr>
<td>Ever attempted suicide</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>1.2</td>
<td>1.0</td>
<td>(2.0-4.6)</td>
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<td>2</td>
<td>4.3</td>
<td>3.0</td>
<td>(8.5-17.5)</td>
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<tr>
<td>4+</td>
<td>18.3</td>
<td>12.2</td>
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<tr>
<td>Risk Factors</td>
<td>%</td>
<td>AOR</td>
<td>95% CI</td>
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<tr>
<td>--------------------------------------</td>
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<tr>
<td>Considers self alcoholic</td>
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<td>0</td>
<td>2.9</td>
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<td>(3.0-5.3)</td>
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<td>2</td>
<td>10.3</td>
<td>4.0</td>
<td>(5.4-10.2)</td>
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<tr>
<td>4+</td>
<td>16.1</td>
<td>7.4</td>
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<tr>
<td>Ever use illicit drugs</td>
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<td>0</td>
<td>6.4</td>
<td>1.0</td>
<td>(2.4-3.6)</td>
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<tr>
<td>2</td>
<td>19.2</td>
<td>2.9</td>
<td>(3.7-6.0)</td>
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<tr>
<td>4+</td>
<td>28.4</td>
<td>4.7</td>
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<tr>
<td>Ever injected drugs</td>
<td></td>
<td></td>
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<tr>
<td>0</td>
<td>1.3</td>
<td>1.0</td>
<td>(1.8-8.2)</td>
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<td>2</td>
<td>1.4</td>
<td>3.8</td>
<td>(4.9-21.4)</td>
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<tr>
<td>4+</td>
<td>3.4</td>
<td>10.3</td>
<td></td>
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<tr>
<td>Ever had sexually transmitted disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>5.6</td>
<td>1.0</td>
<td>(1.2-1.9)</td>
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<tr>
<td>2</td>
<td>10.4</td>
<td>1.5</td>
<td>(1.9-3.2)</td>
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<tr>
<td>4+</td>
<td>16.7</td>
<td>2.5</td>
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</table>
## Relationship Between Childhood Trauma and Chronic Medical Conditions

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>%</th>
<th>AOR</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ischemic Heart Disease</strong></td>
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<tr>
<td>0</td>
<td>3.7</td>
<td>3.7</td>
<td>(0.6-1.4)</td>
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<tr>
<td>2</td>
<td>3.4</td>
<td>0.9</td>
<td>(1.3-3.7)</td>
</tr>
<tr>
<td>4+</td>
<td>5.6</td>
<td>2.2</td>
<td></td>
</tr>
<tr>
<td><strong>Any cancer</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>1.9</td>
<td>1.0</td>
<td>(1.0-1.5)</td>
</tr>
<tr>
<td>2</td>
<td>1.9</td>
<td>1.2</td>
<td>(1.3-2.7)</td>
</tr>
<tr>
<td>4+</td>
<td>1.9</td>
<td>1.9</td>
<td></td>
</tr>
<tr>
<td><strong>Stroke</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>2.6</td>
<td>1.0</td>
<td>(0.4-1.3)</td>
</tr>
<tr>
<td>2</td>
<td>2.0</td>
<td>6.7</td>
<td>(1.3-4.3)</td>
</tr>
<tr>
<td>4+</td>
<td>4.1</td>
<td>2.4</td>
<td></td>
</tr>
<tr>
<td><strong>Chronic Lung Disease</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>2.8</td>
<td>1.0</td>
<td>(1.1-2.3)</td>
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<tr>
<td>2</td>
<td>4.4</td>
<td>1.6</td>
<td>(2.6-5.8)</td>
</tr>
<tr>
<td>4+</td>
<td>8.7</td>
<td>3.9</td>
<td></td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>4.3</td>
<td>1.0</td>
<td>(0.6-1.3)</td>
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<tr>
<td>2</td>
<td>3.9</td>
<td>0.9</td>
<td>(1.0-2.5)</td>
</tr>
<tr>
<td>4+</td>
<td>5.8</td>
<td>1.6</td>
<td></td>
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<tr>
<td><strong>Fair/poor health self-rating</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>16.3</td>
<td>1.0</td>
<td>(1.2-1.7)</td>
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<tr>
<td>2</td>
<td>19.9</td>
<td>1.4</td>
<td>(1.8-2.7)</td>
</tr>
<tr>
<td>4+</td>
<td>28.7</td>
<td>2.2</td>
<td></td>
</tr>
</tbody>
</table>
Conceptual Model: Trauma, PTSD, and Depression, and Physical Health

Mental Health

Trauma Experiences

PTSD
Depression

Physical Health

Life-Style Factors

Dietary
Smoking
Exercise
Alcohol/Drugs
Scientific data reveals the importance of a holistic integrated approach to the care of traumatized persons in all psychiatric and medical settings.
Community

Clinic

Informed Activated Client/Survivor

Prepared, Proactive, & Well-trained Clinical Team

Improved Functional and Clinical Outcomes

Psychology

- Humiliation
- Demoralization
- Self-Efficacy
- Learned Helplessness
- Depression
## Self Efficacy Scale

<table>
<thead>
<tr>
<th></th>
<th>Not at all true (1)</th>
<th>Barely true (2)</th>
<th>Moderately true (3)</th>
<th>Exactly true (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I can always manage to solve difficult problems if I try hard enough.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>If someone opposes me, I can find means and ways to get what I want.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td>It is easy for me to stick to my aims and accomplish my goals.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td>I am confident that I could deal efficiently with unexpected events.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td>Thanks to my resourcefulness, I know how to handle unforeseen situations.</td>
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</tbody>
</table>

6. I can solve most problems if I invest the necessary effort.

7. I can remain calm when facing difficulties because I can rely on my coping abilities

8. When I am confronted with a problem, I can usually find several solutions.

9. If I am in a bind, I can usually think of something to do.

10. No matter what comes my way, I’m usually able to handle it.

Folk Diagnosis

- Ckuot
- Pruoy Cet
- Pibaak Cet
- Tierur-na-kam
- Cuum Noeur Aaruupey

Emotional Distress Categories:
- [http://hpert-cambridge.org/?page_id=77](http://hpert-cambridge.org/?page_id=77)
Pruoy Cet
Major Depression
Health Literacy

“Health Literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”

-Healthy People 2010, Health Communication Terminology
Communication: Health-Practitioner-Patient Relationship

- Culturally Competent Communication
- Use of Interpreters

Health Practitioner need first and foremost to have a trusting and respectful relationship with the patient (e.g. empathic communication).
Vignette 1

After a primary health care training on the Harvard Trauma Questionnaire, a doctor, for the first time, decided to ask her Vietnamese female patient, whom she had seen four times per year for twelve years, to tell her trauma story. The woman revealed the tragic situation.

*Her house was bombed when she was a young girl in Vietnam; her entire family was killed except for herself and her brother. She grew up in an orphanage with her brother.*
When she was old enough to marry she met a young man who had just joined the military and they got married and had 2 children. Her husband was killed in battle 3 years later. She escaped by boat from Vietnam with her 2 children; one child died at sea of starvation. Finally she arrived in Boston after a lengthy stay in a refugee camp with her daughter. Four years ago she met a “very nice man” in the Boston Vietnamese community and they decided to marry. He died last year of cancer.

The doctor stated after hearing this story for the first time: “I felt like my patient was a stranger; I felt ashamed!”
Why Health Promotion?
The prevalence of chronic disease in traumatized communities/persons is high. The experience of extreme violence plants the seed of poor health in the survivor which will blossom into debilitating illnesses over time. Prevention strategies early on in this process is therefore a top priority.
Diabetes Prevalence: General Population vs. Cambodian Population

General Population: 5%
Cambodian Community: 20%
Prevalence of Psychiatric Disorders in Cambodian Population (Long Beach, CA; 2005)

Our Health Promotion Model is based upon the concept of self healing

The healing of the emotional wounds inflicted on mind and spirit by severe violence is also a natural process. Mind and body are powerfully linked, from the molecular level up to the thoughts and social behaviors of a person. Mind and body are similarly interrelated in their potent curative influence. After violence occurs, a self-healing process is immediately activated, transforming, through physical and mental responses, the damage that has occurred to the psychological and social self.

HPRT/Lynn Community Health Clinic Health Promotion Program Curriculum

- A five session program for Cambodian adults integrating lecture, exercises and discussion.
1. Concept of Health and a Healthy Life Style

- In many traditional cultures health is a moral concept. It is believed that a person will be healthy if they live a good, honest and decent life.

- What is health and why is it important?

- What they can do to prevent illness.

- There are no age limits to becoming healthy.
2. Nutrition “Tasting the Banana”

- What is a balanced diet?
- Dangers of junk food
- What foods should be avoided?
- What foods are good to eat?
- The benefits and risks of traditional cooking
3. Exercise

- Torture/trauma survivors commonly have generalized body pain and have learned to be detached from their physical self. Also, in many cultures, especially for women, people are “wrapped up from head to toe” and are taught to avoid or even be ashamed of revealing their physical self
  - Why should we exercise?
  - Cultural acceptable methods of exercise
  - “Permission” to exercise
4. Stress Reduction, Depression and Chronic Disease

“The pot is boiling over and the heat needs to be turned down”

- Basic concepts of stress reduction and the self-regulation of intense emotions.
- Sleep hygiene.
- Stress reduction exercises including meditation, deep breathing.
- Depression
- Link to chronic disease
5. How to talk to your Doctor

• Dr.-Patient relationship.

• Preparing notes in English.

• Importance of taking medication.
6. Graduation

- Certificate

- Ceremony

- Free 1 year pass to the YMCA
Resources

Refugee Services
National Partnership for Community Training
Gulf Coast Jewish Family & Community Services

For more technical assistance, information, please contact:

Phone: 305.805.5060
Email: partnership@gcjfs.org