Clinical Approaches in Integrative Healthcare Case Study

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Objectives

• Describe multi-disciplinary team approach to address complicated mental health concerns among refugees

• Connect common physical symptoms that may be associated with a mental health concern and how to identify them

• Share therapeutic considerations for refugees seeking care at integrative healthcare settings
Case Study

• Presentation
• Q&A
• Format Features
  – Dialogue with presenters
  – Network with national colleagues
  – Share best practices
Multi-Disciplinary Team Approach

- Develop cohesive medical and behavioral health (BH) team
  - Team-based approach
  - *Communication, Communication, Communication!!!*
    - Across multi-disciplinary staff
    - Real time consults and scheduled forums, as necessary
    - Use of “daily huddles”
  - **ONGOING** cultural trainings
- Coordination among all providers:
  - Behavioral health providers (BHPs)
  - Primary care providers (PCPs)
  - Health navigators
- Determine:
  - Which staff can best address which parts of client’s concerns?
  - What elements need to be addressed?
    - Medical
    - Behavioral
    - Cultural
    - Linguistic
    - Social
    - Legal
Multi-Disciplinary Approach (cont.)

• Have BHPs available within medical clinic
  • *While client is present* for medical appointment, consult and schedule follow-up (reduces loss to follow-up)

• Screening and Ongoing Services
  • Use of culturally appropriate screening tools
  • Appropriate referrals to BH from medical and vice versa

• Attend to interwoven physical, psychological, and cultural elements
  • Somatization as “idiom of distress”
  • “Culture-bound syndromes”
Identifying Somatic Symptoms
(physical symptoms associated with mental health concerns)

- Stress and trauma may exacerbate physical symptoms, such as diabetes and hypertension (associated with chronic stress)
  - Trauma-informed care
  - Treat both physical symptoms and underlying stress/trauma
- Common physical symptoms, especially if unresponsive to medical intervention, may stem from BH concerns
  - Rule out medical etiology FIRST
  - Examples can include chronic pain, headaches, and gastrointestinal problems
  - Symptom presentations can cut across various cultures
  - Consider all perspectives and consult with others: medical, BH, cultural navigator
Identifying Somatic Symptoms (cont.)

• “Idioms of distress”
  • Somatic symptoms generally viewed as socially acceptable manifestations of distress
  • May be individual symptoms or cluster of symptoms
  • Examples: fainting, apparent seizures, significant memory loss, wandering, disorientation
  • Become familiar with culture-bound syndromes, and consider all factors contributing to clinical presentation to avoid stereotyping

• Team-based approach encourages holistic care
  • Leverage PCP’s support to emphasize the importance of BH as part of overall treatment plan
  • Example: Discussing and supporting medication prescriptions specific to BH concerns
  • May be better received if introduced from beginning of care
  • May reduce associated stigma if all patients receive screening are also offered BH services
Therapeutic Considerations

- Cultural adaptations of behavioral health services
  - Cultural humility
  - Systems coordination
  - Flexibility
- Team-based model addressing trauma
  - How to address primary/secondary trauma
  - Communication across disciplines
    - Real time consultation
    - Debriefs with navigators
    - Team meetings (discuss cases and process staff reactions)
- Navigators integral to BH treatment approach
  - Cultural brokers
  - Part of treatment team
  - Increased patient access to care
  - Decreases unnecessary escalation of health issues
Therapeutic Considerations

• Setting
  • Multiethnic, multilingual staff
  • Physical space include culturally appealing aspects
• Engaging clients in BH services given associated stigma
• Use of short-term BH interventions
  • Consider combined focus on physical and mental health
  • May also include:
    • Management of health conditions
    • Promotion of pro-health behaviors
    • Addressing underlying BH contributors
• How to address trauma in screenings and short-term integrated care
  • Trauma-informed care throughout clinic
• Importance of wrap-around services addressing social determinants of health
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