Healing the Wounds of Violence

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Healing the Wounds of Mass Violence  
As an indigenous healer, YOU can heal the psychological effects of mass violence and torture by addressing patients’ mental health needs.

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1. ASK about the patient’s trauma story

- Ask the question!

- “Many of my patients have felt that experiences of trauma or torture have had a big effect on their health and well-being. Has this been the case for you?”

- “Have recent international events caused you any physical or emotional problems?”

- “Do you worry about future violence or war?”
ELEMENTS OF THE TRAUMA STORY (TSAT*)

- An archived webinar on the Trauma Story can be found at: http://gulfcoastjewishfamilyandcommunityservices.org/refugee/2010/09/29/dr-richard-mollica%e2%80%99s-webinar/
2. IDENTIFY concrete physical or mental effects

- Is the patient complaining of any physical symptoms?

- Is the patient exhibiting feelings of humiliation?
  - Anger/revenge
  - Hopelessness/despair

- Is the patient exhibiting symptoms of grief, anxiety, depression, post-concussive syndrome, PTSD or chronic insomnia?
IMPACT OF TRAUMA

More information about the physical affects of trauma can be found at:
http://gulfcoastjewishfamilyandcommunityservices.org/refugee/2011/09/15/register-for-the-npct-webinar-on-health-promotion-on-92811/

TRAUMA STORY

- EVENTS
- SYMPTOMS
- LIMITATIONS
- DISABILITY RESILIENCY
3. DIAGNOSE & TREAT most patients

- After a human-rights related trauma, almost everyone will experience some transient physical or psychological symptoms
  - 85% of patients will *not* suffer from *serious* mental illness and will benefit from your counseling on the nature of their symptoms and coping techniques.
  - 15% will develop a specific psychiatric disorder including:
    - complex grief reaction
    - generalized anxiety disorder
    - depression & PTSD
    - chronic insomnia
3. DIAGNOSE & TREAT most patients

- Use HPRT’s screening instruments to help you decide if serious mental illness is present

Visit [www.hprt-cambridge.org](http://www.hprt-cambridge.org) for clinically validated screening instruments for depression and PTSD
COMBINATION THERAPY

• Reliance on monotherapy of any type rarely brings about full remission

• Add on to conventional counseling
  – Body Pain → Acupuncture
  – Chronic Arthritis & Joint Pain → Physiotherapy and Physical Rehabilitation
  – Chronic Insomnia → Sleep Hygiene
  – Flashbacks/Nightmares → EMDR/Exposure Therapy (E.T.)/CBT
  – Depression/PTSD → Psychotropic drug combinations
NIGHTMARE CONTROL

• Imagery Rehearsal Therapy
  – Clients are encouraged to see nightmares as a result of more than simply traumatic experience
  – Therapist and client practice pleasant imagery
  – Client begins journaling re: disturbing dreams, then practicing to rehearse (through writing and discussion) “new dream” scenarios with therapist
4. REFER screened cases of serious mental illness

- Consider screening and referral to a mental health professional in the following circumstances:
  - Danger to self or others
  - Complicated grief
  - Severe forms of PTSD and/or depression
  - Physical and social disability
5. REINFORCE/TEACH positive coping behaviors

- Recommend coping strategies beginning with self-care

  “I want you to keep up the good work! It is good for you and will help you cope.”

  “I want you to build physical, spiritual, AND mental strength.”
THE SELF-HEALING PROJECT

- What traumatic events have happened?
- How are your body and mind repairing the injuries sustained from those events?
- What have you done in your daily life to help yourself recover?
- What justice do you require from society to support your personal healing?
6. RECOMMEND altruism, work & spiritual activities

- Scientific studies of survivors of mass violence have repeatedly revealed increased resilience associated with *altruism, work and spiritual activities*
  - Engaging in these activities and behaviors appears to prevent mental health problems and promote recovery from existing problems

- PCPs should actively recommend these activities
SOCIAL RESILIENCY AND RISK FACTORS

- Altruism
- Work
- Spirituality
6. RECOMMEND altruism, work & spiritual activities

“I strongly recommend that you work and keep busy, try to help others, and consult with your clergy or engage in spiritual activities such as meditation or prayer.”

“Did you know that engaging in these activities and behaviors can prevent future mental health problems and help you feel better faster?“

You have the power to recommend a change in behavior!
7. REDUCE high-risk behaviors

- Patients often increase their use of cigarettes, drugs, and alcohol or become involved in risky sexual behavior during times of crisis. PCPs must be alert for these unhealthy activities.

- Inquire about high-risk behaviors.

- If the response is positive, recommend steps to reduce these high-risk activities.
8. BE CULTURALLY ATTUNED to differences

- Different cultures have different views of trauma, suffering, and different ideas about the cause of illness
  - Literal translation of your questions or diagnosis may be meaningless
  - HPRT’s booklet of primary care provider resources describes the most common symptoms of emotional distress for different cultural groups.
8. BE CULTURALLY ATTUNED to differences

- Be aware of a patient’s health seeking behaviors
- Learn how to properly work with medical interpreters
  - The choice of medical interpreters is important – choose someone with both language and context skills
9. PRESCRIBE *psychotropic drugs if necessary*

- Prescribe medication where appropriate
- Pay attention to dosage and side effects in culturally diverse populations
- Culturally diverse patients have different reactions to doses and side effects
  - Consider ethnically influenced factors such as tolerance levels and body weight (*ethno-psychopharmacology is important!*)
10. CLOSE & SCHEDULE follow-up visits

- It is important to create a relationship and continuous dialogue with the patient
  - Patients greatly value the PCP’s assurance that they will take up again the patient’s trauma story during the next visit

- PCPs need a method for sensitively closing the interview, especially after a traumatic history has been revealed

- Schedule follow-up visits & add the diagnosis to the patient’s record (“problem list”)
11. PREVENT BURNOUT: *discuss w/colleagues*

- Regularly discuss cases and your reactions with at least one colleague

- In the same way a patient benefits from talking with you, you will gain strength from talking with others
HPRT BALINT GROUP MODEL

Scientific Knowledge & Skills

Empathy

Self-Care
Braided Rope

Fig. 1.—Construction of rope.
1. Trauma Story
2. Identify
3. Diagnose and Treat
4. Refer
5. Reinforce & Teach
6. Recommend
7. Reduce
8. Be Culturally Attuned
9. Prescribe
10. Close & Schedule
11. Prevent Burnout
12. Evaluation
RESOURCES

Trauma Story Assessment and Therapy (TSAT) Notebook

www.masters@hpri-cambridge.com
Textbook of Global Mental Health: Trauma and Recovery

www.lulu.com
RESOURCES

Healing Invisible Wound: Paths to Hope and Recovery in a Violent World

www.amazon.com

www.vanderbiltuniversitypress.com

www.barnesandnoble.com
For more technical assistance, information, please contact:

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