“The Use of Screening Instruments: A Door-opener for Empathy and Self-care”

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Why Primary Care?

- More access and less stigma
- Holistic approach
Healing the Wounds of Mass Violence

Today’s review of the HTQ(R) and HSCL-25 screening instruments will help the clinician with several of 11 points:

- Ask about the trauma story
- Identify concrete physical and mental effects
- Diagnose and treat depression and PTSD
- Refer screened cases of serious mental illness
- Recommend altruism, work and spiritual activities
- Prescribe psychototropic drugs more effectively
HPRT’s History

• Pioneered development and adaptation of HSCL-25 and HTQ-R

• Early 1980’s: Human Right’s movement began to measure the impact of violence; policy implications were revolutionary.

• Guide designed for scientific historians, clinical practitioners and public health policy makers.
• Provides historical context, scientific review and practical guide for use in new situations of mass violence.

• Instruments are not survey questionnaires that can be hastily translated into another language.

• They are ethnographic tools that can provide psychological and socio-cultural insights.
Results can lead to better clinical care and public health policy.

Before 1980, no measurement of horrific events and outcomes of human cruelty.

Today we are measuring the impact of violence/torture as we strive to develop successful healing strategies.
Overview

• IPC 1980: clinicians noted the tendency in patients not to volunteer detailed histories.

• Clinicians acknowledged their own discomfort probing into horrific experiences.

• Document key information in a brief, systematic and acceptable manner.
Both instruments may be used for:

- Screening;
- Individual clinical assessments;
- Treatment evaluation.
Screening

- Instruments can be a simple and inexpensive method for screening large, at-risk populations.

- In some settings, it may be valuable to screen entire populations. E.g. community health centers.

- Screening can help in clinical judgments.
Four Question Screen for Cambodians

- Are you feeling down, depressed or hopeless? Yes ☐ No ☐

- Do you suffer from nightmares? Yes ☐ No ☐

- Do you or your relatives feel you suffer from Pibaak Cet or Pruoy Cet or thinking too much? Yes ☐ No ☐
Do you have little interest or pleasure in doing things? Yes □ No □

N.B. If positive for any of the four questions please administer HSCL-25
Clinical Setting

• Simple, brief and not expensive.

• Adaptable linguistically and culturally.

• Allow for continuous quantitative measures
Screening Instruments: Design of HTQ-R

The HTQ-R is composed of five parts:

1. Trauma events
2. Personal description
3. Brain injury
4. Post-traumatic symptoms
5. Scoring of the instrument
Part I: Trauma Events

• Earliest version of HTQ had 17 trauma events and 4 options:
  
  E = experienced
  W = witnessed
  H = heard about
  N = No

• In the HTQ Revised version (HTQ-R), response options have been simplified to “yes” or “no”.

• The current version of the Cambodian HTQ-R has 41 trauma events (context specific).
Torture History

• The HTQ-R (item 11) operationalizes torture. We say: Torture i.e. while in captivity you received deliberate and systematic infliction of physical and mental suffering”.

• Example: brainwashing among Indochinese refugees was common, not among Bosnians.

• A list of 28 specific torture events has been included and can be used to determine what specific torture events had occurred (see HTQ-R).
Part II: Personal Description

This section allows respondents to record in an open-ended manner the worst event that they had experienced during the period of exposure to mass violence and persecution. It provides the clinician or researcher with insight into the respondents’ own subjective experiences and relative weight that is assigned to a particular event.
Part III: Brain Injury

- This section was also added to HTQ-R as evidence indicated that head trauma was frequent among populations who had experienced extensive violence.

- Brain injury is often associated with psychiatric symptoms and impaired social functioning.

- Some of the psychological symptoms reported by torture and trauma survivors may be secondary to organic central nervous dysfunction (shrapnel, bullet wounds, starvation).
Part IV: Post Traumatic Symptoms

• The HTQ-R includes 40 symptoms, items similar to the HTQ (original).

• The first 16 were derived from DSM-IV criteria for PTSD.

• Items 17 to 40 aim to gauge personal perceptions of psychosocial functioning in response to the complex stresses of persecution, violence and displacement.
The clinical importance of refugee specific symptoms still needs to be determined.

The original 14 refugee-specific items were expanded to 24 items in six underlying domains of social functioning that are now included in the HTQ-R (SPIESS).
Part V: Scoring

• Scoring of the HTQ-R is straightforward.

• Please note that a PTSD score of 2.5 is considered checklist positive in an Indochinese population.
Screening Instruments: Design of HSCL-25

- The HSCL-25 is very adaptable.
- The HSCL-15 for depression is more handy in a primary care setting.
- We have kept the HSCL-25 in its original form.
- Please note that a score of 1.75 is considered checklist positive for depression.
Empathy and Screening Instruments: Some Ideas

Scientific Knowledge & Skills

Empathy

Self-Care