Training The Next Generation Of Refugee Service Providers

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National Symposium:
Connecting Leaders, Impacting Communities & Sustaining Programs: Strengthening the National Torture Treatment Network
Who are we?

Office of Refugee Resettlement

National Partnership for Community Training

Florida Center for Survivors of Torture
NYU/Bellevue Program for Survivors of Torture
Harvard Program in Refugee Trauma
What information presented at the training had the most impact on you and your job?

“The sheer numbers of refugees that come in that have gone through something like torture. It was shocking to me. It changed my approach. We have a large international population; many came as refugees. In terms of thinking about how to counsel or even interact (with them), it definitely helped me to think about things in a different way.”

- Program Coordinator (attended Utica, NY training 2013)
Commitment to our Stakeholders

Psycho social Education Groups

Live Trainings

Webinars

Country Condition Reports

Consult Calls

E-Learning

Onsite Provider Consults

Information Guides

Training Videos

Intro Videos
Our Training Curriculum

- Torture Prevalence and Overview
- Trauma-Informed Care
- Marginalization of Traumatized Refugees

- Health Promotion
- Empathy and Self-care
- Multicultural Issues in Service Provision
- Addressing Mental Health, PTSD and Suicide in Refugee Communities

- Making a Specialized Referral
- Effective Use of Screening Instruments
- Group Treatment

- Addressing Substance Abuse in Refugee Communities
- Importance of Primary Care Relationships
- The Role of Faith Leaders
- Working Clinically with Refugee Children and Families
- Stress Reduction Techniques
Have you changed your behavior in any way since the training?

“Yes, we have. ....We had a couple interpreters ...we’ve had them in and had discussions about how we want them to interact with the clients.” – Local government employee (attended Utica, NY training 2013)
Training Impact, quantitative

Mean Participant Confidence Pre- and Post-NPCT Training - Indianapolis, IN

- Definition of torture: Pre 3.72, Post 4.51
- Prevalence of torture in refugee populations: Pre 3.46, Post 4.44
- Understanding the consequences of torture: Pre 3.47, Post 4.55
- Providing care or services to torture survivors: Pre 3.01, Post 4.14
- Identify mental effects of extreme violence: Pre 3.30, Post 4.21
- Identify physical effects of extreme violence: Pre 3.23, Post 4.22
- Treat the mental effects of extreme violence: Pre 2.74, Post 3.69
- Treat the physical effects of extreme violence: Pre 2.67, Post 3.60
- Role of culture in working with torture survivors: Pre 3.38, Post 4.47
- Working across cultures in service provision: Pre 3.54, Post 4.29
- Importance of referrals: Pre 3.96, Post 4.64
- Importance of health promotion: Pre 4.35, Post 4.76
NPCT Training Overall Evaluation - Indianapolis, IN - 2014

- This training opened my eyes (Awareness): 96.4%
- This training gave me the tools to move forward (Applicability): 91.1%
- This training made me feel more confident in my capacity to work with survivors of torture (Capacity): 85.7%
- This training made me want to take action (Empowerment): 98.2%
- The level of this training met my personal objectives (Difficulty level): 82.1%
- I felt involved in the learning process during this training (Active involvement): 87.5%
- This training had a positive impact on me (Overall): 94.6%
1. What information presented at the training had the most impact on you and your job?

“It’s important for us to know how to relate to these people. These victims. It’s so different from what our upbringing has been. It’s important to know what’s happened, and how the victims are responding, the cultural values they bring with them because of what’s happened with them. The training was very good. [interviewer: ‘So the most impact for you was the background info on the refugees?’ respondent: ‘yes, the background’]”

– Social Worker (attended Fargo, ND training 2013)

2. Have you changed your behavior in any way since the training?

“I would say I definitely now think more about .... we knew there were gaps before – but now we see a case and after this training we say that’s really a gap – of service, of understanding. Since we had this great training, we have to reconvene and get the community educated and also the service providers more comfortable.”

– Manager at interpreting agency (attended Utica, NY training 2013)
E-Learning Course

An 8-week online course offers consultation and capacity building to communities trained by NPCT. The course consists of assignments, consultation calls, webinars, case studies, discussion posts and project mentorship.

Example of Project Implementation and Community Impact

Medical case management and resettlement program at Catholic Charities in Houston, Texas is adding a clinical component.

- Received Preferred Communities funding
- Using RHS-15 packet from Pathways to Wellness
- Developing a bio-psycho-social assessment interview to use at intake
- Working with psychiatrists specialized in torture and with Burmese to develop intervention for substance abuse
Web-based Learning

Trauma, Spirituality, and Faith
- Elizabeth Power, M.Ed.
- 151 Participants

Working with Interpreters
- Nancy Murakami, L.C.S.W.
- 276 Participants

Disability Exceptions for U.S. Citizenship
- Wendy Gonzalez; Lisa Bell; James Lavelle, L.C.S.W.; Richard Mollica, M.D., M.A.R.; Kathleen Connors, Ph.D.
- 347 Participants
Webinars

Increasing Trend in Webinar Participation
Over Past 5 Years

Number of Participants vs. Webinars 2010 - 2015
Increased suicide rates identified with Bhutanese in Ohio

ORR reaches out to NPCT to assess situation and provide TA support

NPCT connects with Office of Family Assistance and State Refugee Coordinator to determine need and how we can address it

NPCT sets up a webinar on PTSD & suicide for providers

Outcome
- State coordinator provided with tools for screenings
- Two key refugee leaders identified
- Orientation to Bhutanese issues at local health center
- Advocacy campaign begun with city councilors

NPCT sets up consultation call on advocacy and group formation for refugees
Map

- 28 sites reaching 4,195 individuals
- 16 Webinars reaching 2,459 people
- Monthly dissemination of resources to 4,134 individuals
- 21 Consultation Calls reaching 207 individuals
- 4 E-Learning courses for 34 individuals

Have you used any of the information from the training on your job?

“Yes. Knowing some of the things that people may go through, or modifications or accommodations they may need because of status as refugees or victims of torture. Being able to provide patients or workers with the appropriate help, things they need or resources in the community.” – Interpreting business employee (attended Indianapolis, IN training 2014)
NPCT’s work is informed by our Refugee Services Program, which include:

- Florida Center for Survivors of Torture
- Resettlement & Placement
- Preferred Communities/ Medical Case Management Program
- Match Grant Program
- Refugee Youth Services
- VOICES Interpretation Services

Our technical assistance is designed on the work these programs do locally.
1. Best, promising and emerging practices: A compendium for providers working with survivors of torture (No. 1, 2011)

2. Upcoming Literature Review on *Group Treatment for Torture Survivors*  
   NPCT/NCB Collaboration on group treatment as a viable modality for traumatized refugees
Innovations in Training

Richard F. Mollica, MD, MAR
Professor of Psychiatry, Harvard Medical School
Director, Harvard Program in Refugee Trauma
Director, Cambodian and Refugee Clinic, Lynn Community Health Center
HPRT Overview

• Initiated one of the 1st refugee mental health programs in US in Dec. 1981

• After 34 years of service, over 10,000 survivors of mass violence and torture treated in the HPRT clinic in Boston

• Introduced into the field:
  – Hopkins Symptom Checklist (HSCL)
  – Harvard Trauma Questionnaire (HTQ)
  – HSCL & HTQ in over 30 languages
HPRT Overview

• Primary Health Care Trainings Conducted:
  – USA
  – Peru
  – Cambodia
  – Croatia
  – Bosnia Herzegovina
  – Italy – L’Aquila Earthquake
  – Japan – Kobe Earthquake
  – 9/11 – Bellevue
  – Boston Marathon Bombing
  – Global Mental Health Certificate Program: Harvard Medical School – 430 alumni working in over 85 countries

• Over 160 scientific publications
• Numerous awards
Learning Environment

- Scientific Background
- Educational Theory
- Resources & Tools
- Training and Utilization
- Monitoring Use & Outcomes
Medical Environment: Primary Health Care

Integrated holistic approach to the traumatized patient

11 Point Toolkit

Learning Environment
- Lectures
- Harvard/UCI CMEs

HTQ & HSCL Screening Instruments (iPad)

11 Point Toolkit (App)

Psychopharm Manual (App)
# TABLE 2. ELEVEN POINT TOOLKIT MODEL

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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. Ask</td>
<td>About the patient’s “trauma story”</td>
</tr>
<tr>
<td>2. Identify</td>
<td>Concrete physical and mental effects</td>
</tr>
<tr>
<td>3. Diagnose &amp; Treat</td>
<td>Grief reactions, generalized anxiety, depression, PTSD, and insomnia</td>
</tr>
<tr>
<td>4. Refer</td>
<td>Screened cases of serious mental illness</td>
</tr>
<tr>
<td>5. Reinforce and Teach</td>
<td>Positive coping behaviors</td>
</tr>
<tr>
<td>6. Recommend</td>
<td>Altruism, work, spiritual activities</td>
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<tr>
<td>7. Reduce</td>
<td>High risk behaviors</td>
</tr>
<tr>
<td>8. Be culturally attuned</td>
<td>In communicating and prescribing</td>
</tr>
<tr>
<td>9. Prescribe</td>
<td>Psychotropic drugs if necessary</td>
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<tr>
<td>10. Close &amp; Schedule</td>
<td>Follow-up visits</td>
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<tr>
<td>11. Prevent Burnout</td>
<td>By discussing with colleagues</td>
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</tbody>
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Medical Environment: Virtual Patient
Virtual Clinical Encounters (VCEs) – an educational computer simulation model

- ‘An interactive computer simulation of real-life clinical scenarios for the purpose of healthcare and medical training, education or assessment’ (Ellaway et al, 2008)

- A controlled setting where the learner can train and be assessed on performance of specific skills
THINK! Participants’ experiences of evaluation

- Any experience with a virtual patient?
- Can a VP show empathy?
- Is it as realistic as a real patient for teaching?
Virtual Clinical Encounter

- Introduction
- Chief Complaint
- Medications & Allergies
- Lifestyle
- Family and Social History
- Past and Current Health Status
- Past Psychiatric history
- Orientation
History-taking section
The Patient Health Questionnaire-9 PHQ9

To get the patient's answer to this questionnaire, kindly click on each question below and Mrs. K. will immediately answer.

<table>
<thead>
<tr>
<th>Over the last 2 weeks, how often have you been bothered by any of the following problems?</th>
<th>Not At All</th>
<th>Several Days</th>
<th>More Than Half the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td></td>
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<tr>
<td>2. Feeling down, depressed, or hopeless</td>
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<td>3. Trouble falling or staying asleep, or sleeping too much</td>
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<td>4. Feeling tired or having little energy</td>
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<td>5. Poor appetite or overeating</td>
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<td>6. Feeling bad about yourself— or that you are a failure or have let yourself or your family down</td>
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<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
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<tr>
<td>8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual</td>
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</tr>
<tr>
<td>9. Feeling down, depressed, or hopeless</td>
<td></td>
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</tbody>
</table>

PHQ-9 Total Score: 

<table>
<thead>
<tr>
<th>Total Score</th>
<th>Depression Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>Minimal depression</td>
</tr>
<tr>
<td>5-9</td>
<td>Mild depression</td>
</tr>
<tr>
<td>10-14</td>
<td>Moderate depression</td>
</tr>
<tr>
<td>15-19</td>
<td>Moderately severe depression</td>
</tr>
<tr>
<td>20-27</td>
<td>Severe depression</td>
</tr>
</tbody>
</table>

Submit
Feedback section

Overall I experienced the consultation as quite uncomfortable.
5 Domains of Diagnosis and Treatment

• Trauma Story
• Medical
• Psychological
• Social
• Spiritual
www.hprt-cambridge.org
Training the Next Generation of Refugee Service Providers

Hawthorne E. Smith, Ph.D.

Clinical Director
Bellevue/NYU Program for Survivors of Torture
Bellevue/NYU Program for Survivors of Torture

- Marriage of two teaching hospitals
- Bellevue Hospital Center
- New York University School of Medicine
Bellevue/NYU Program for Survivors of Torture

- Founded in 1995
- Over 4,000 men, women and children served
- Over 100 countries represented in our client population
- Help to rebuild the bodies, minds, and spirits of people who have been tortured or persecuted.
- Holistic, interdisciplinary, resilience based approach
Common Reactions to Torture and Refugee Trauma

Cognitive

Physical

Emotional

Behavioral
Interdisciplinary Approach to Treatment

- Physicians - primary care and/or specialists
- Psychologists
- Psychiatrists
- Social Workers
- Educational Specialists
- Legal Service Providers
- Advocates
Trauma-Informed Approach to Service Provision

• Safety

• Empowerment

“It does not have to be therapy to be therapeutic.”

Hawthorne Smith, Ph.D.
Bellevue/NYU PSOT
Didactic and Academic Training

Hawthorne Smith, Ph.D.
Bellevue/NYU PSOT
Experiential Training

- Intake Interviews and Reports
- Social and Legal Assessments
- Group Facilitation
- Individual therapy
- Six-month Follow-Up Assessments
- Psychiatric Consultations and Treatment
- Medical Shadowing
- Engagement in the Asylum Process
Interdisciplinary Approach to Learning

- Intake Conferences
- Treatment Planning
- Case Conferences
- Monday Night Clinic
- Six Month Follow-Ups
- Care Coordination Team
- Cross-Discipline Staffing and Supervision
- Peer Supervision
- Navigating the Asylum Process
- Discharge Planning

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Bellevue/NYU PSOT
Addressing Secondary Trauma

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Bellevue/NYU PSOT
The Learning Curve Continues...

- Recognizing and utilizing the experiences and insights of our clients and our trainees
- Anansi – “A little wisdom to be found everywhere”

Wisdom, Courage, Hope
Contact Information

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