

Disclosure Statement

- *Faculty:* Deliana Garcia, MA
- *Disclosure:* I have no real or perceived vested interests that relate to this presentation nor do we have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas.

Objectives

1. Participants will identify some of the common manifestations of behavioral health and/or trauma in a primary care setting.
2. Participants will discuss how to effectively apply strategies to address behavioral health concerns for migrants and other underserved populations in a primary care setting.
3. Participants will identify at least two tools that can be used to address behavioral health issues in a primary care setting.
4. Participants will evaluate the impact of different strategies and tools to real-life case presentations.

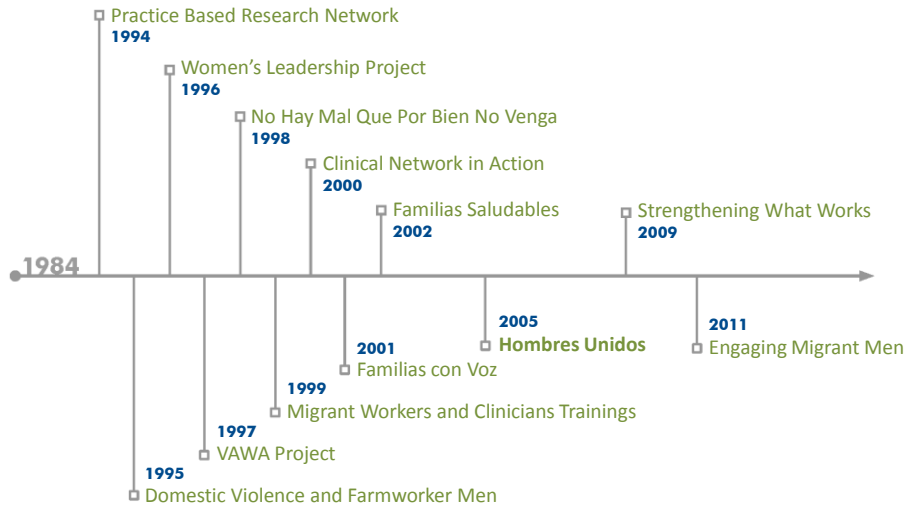
Complexity faced by a clinician in a primary care setting

A patient presents:

The concern is “what’s in front of
you?”

Do you respond to the cause or do
you address the illness or injury?

History of Family Violence Prevention Program



Risk Factors v Protective Factors

Risk Factors

Individual

low self esteem, depression, unemployment, gender roles, prior history, low academic achievement, desire for power and control, etc.

Relationship

marital instability, male dominance, economic stress, unhealthy family relationships, etc.

Community

poverty, low social capital, peer behaviors and attitudes, weak community Intimate Partner Violence (IPV) sanctions, etc.

Societal

gender norms, societal norms that maintain women's inferiority, violence tolerance levels

Focus Population

Risk Factors v Protective Factors

Protective Factors

Emotional health

Connectedness with friends and adults

High socioeconomic status

Focus Population

Our Population

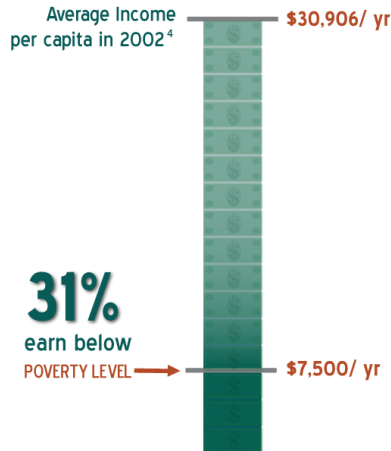


*Even dirty-dangerous-difficult jobs become hard to get. *Korea Economic Weekly*, 9 February 1998.



Population ¹

71% foreign born



1. Findings from the National Agricultural Workers Survey (NAWS) 2007 - 2009. Demographic and Employment Profile of United States Farm Workers.
4. Per capita 30,906 personal income in 2002 U.S. Department of Commerce Bureau of Economic Analysis <http://www.bea.gov/newsreleases/regional/spi/2004/spi0404.htm>

INTEGRATING PROCESSES

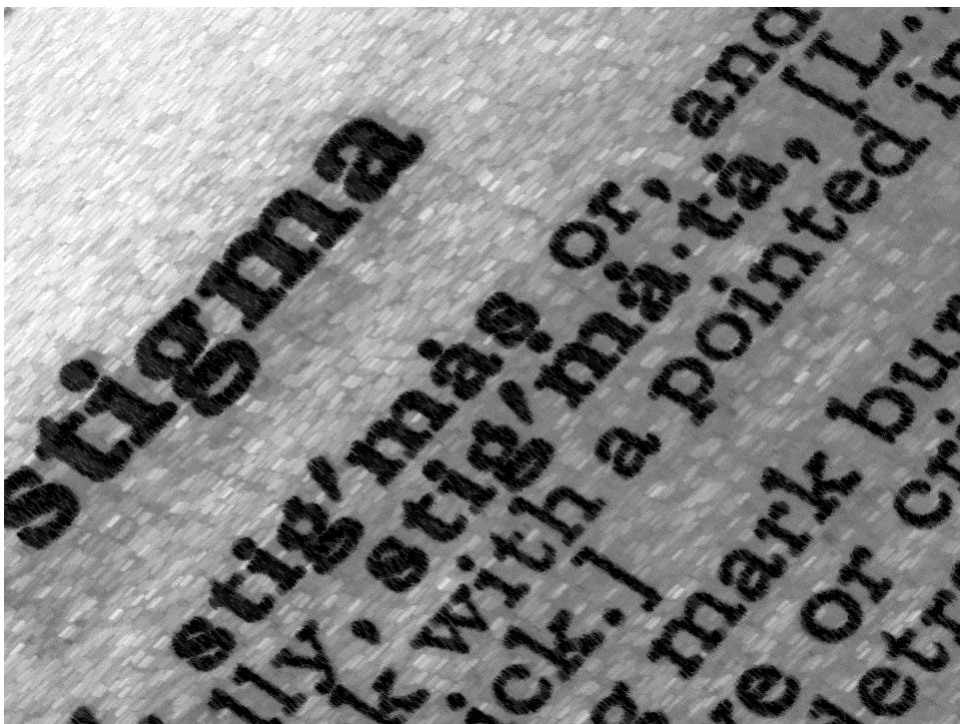
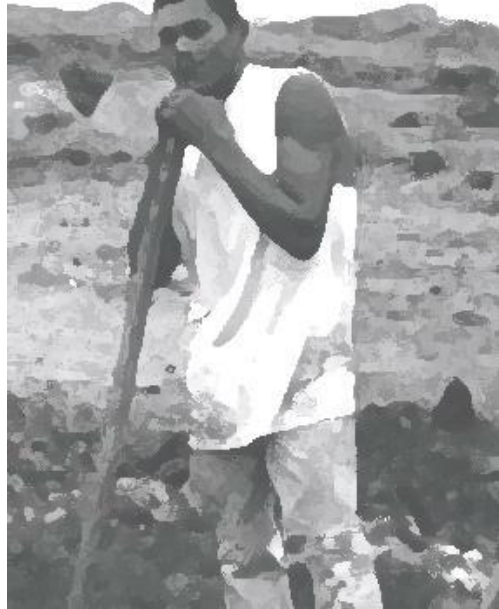


Both need to be addressed by clinician in brief time allowed

Caring for Migrants

Young low-income men tend to present in clinics only with acute illness or injury

If the client's condition permits, young men and young women should be screened for traumatic events, even if they are presenting with unrelated illnesses or injuries



Integrating Refugee Health and Well-Being

Creating pathways for refugee survivors to heal

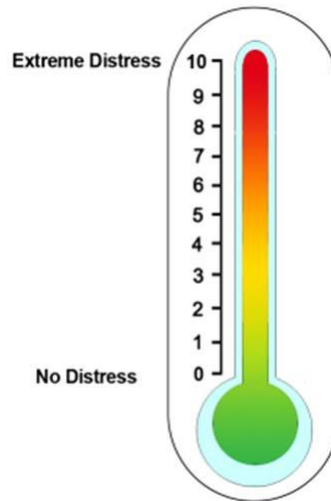


REFUGEE HEALTH SCREENER - 15 (RHS-15)



SYMPTOMS	NOT AT ALL	A LITTLE BIT	MODER- ATELY	QUITE A BIT	EXTREMELY
1. Muscle, bone, joint pains	0	1	2	3	4
2. Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Too much thinking or too many thoughts	0	1	2	3	4
4. Feeling helpless	0	1	2	3	4
5. Suddenly scared for no reason	0	1	2	3	4
6. Faintness, dizziness, or weakness	0	1	2	3	4
7. Nervousness or shakiness inside	0	1	2	3	4
8. Feeling restless, can't sit still	0	1	2	3	4
9. Crying easily	0	1	2	3	4

Distress Thermometer



Trauma Informed Care



What Does it Mean to be Trauma Informed?

To bring into our jobs and daily routines, a knowledge and understanding of trauma and its far-reaching effects



Photo by MHP Salud

Defining Trauma

Trauma can be acute:

- Serious injuries
- Acts of violence
- Physical or sexual abuse
- Life-threatening experience



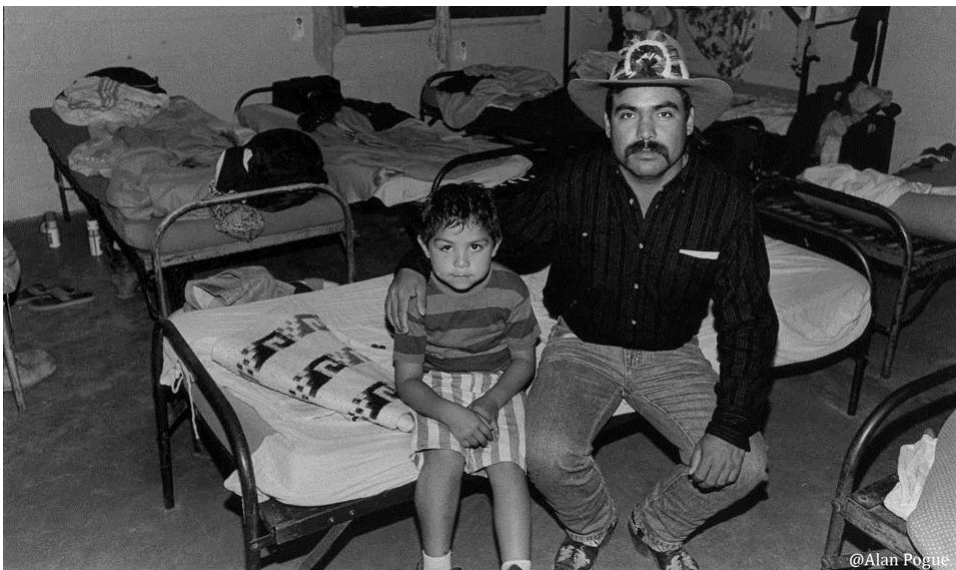
Photo www.rand.org



Defining Trauma

Or Chronic:

- Repeated physical or sexual abuse over time
- Surviving amidst violence in family/community
- Life-threatening neglect



Children in circumstances where adults are trying to create a safe environment can be traumatized by the changing surroundings as much as a single or acute traumatic event

Effects of Trauma

Behavior we see in triggered traumatized individuals appears impulsive, very out of touch with what is going on in the environment; they are responding to internal stimuli



Effects of Trauma

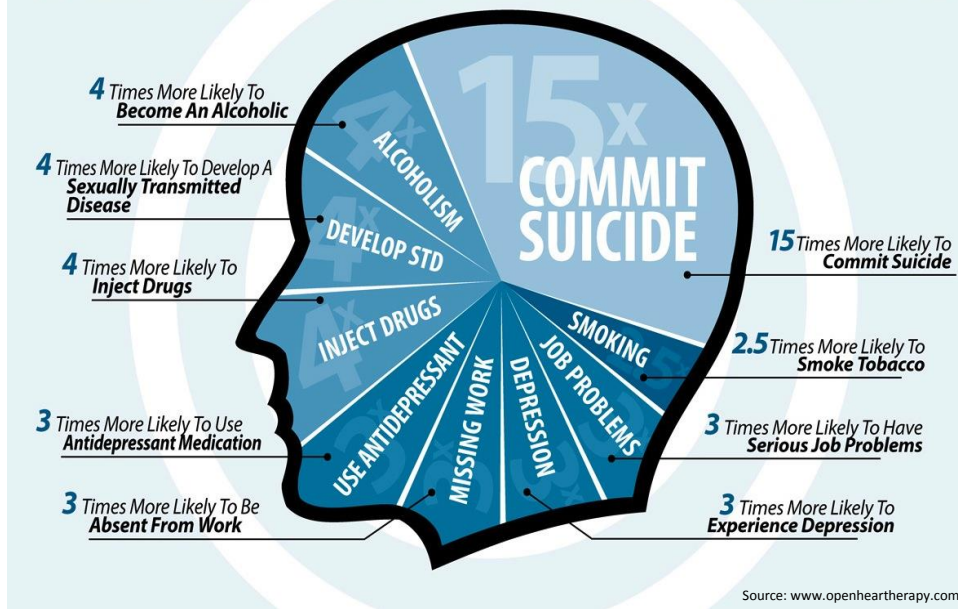
A history of trauma **can** make it difficult to:

- Cope with stresses of everyday life
- Trust others
- Benefit from relationships
- Maintain memory, attention, thinking
- Regulate behavior
- Control expression of emotions



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PEOPLE WHO HAVE EXPERIENCED TRAUMA ARE:



The Good News



People who have experienced trauma can and do bounce back

We can help people develop resilience by providing trauma-informed and culturally competent services and care

The Four Rs



Realize the widespread impact of trauma and understands potential paths for recovery

Recognize the signs and symptoms of trauma in clients, families

Respond by fully integrating knowledge about trauma into policies, procedures, and practices

Seeks to actively **resist** re-traumatization



Recommendations for effective trauma assessment with adults



Structural Vulnerability Domains and Potential Sample Questions	
Financial Status	<p>How do you make money? Do you have any difficulties doing this work? Do you have enough money to live comfortably—pay rent, get food, pay utilities and phone, basic living supplies? Do you run out of money at the end of the month? Do you receive any forms of government assistance? Are there other ways you make extra money or do you depend on anyone else for their income? Have you ever been unable to pay for medical care or medicines at the pharmacy? Do you have access to preventive and primary care?</p>
Residence	<p>Where do you sleep? How long have you lived there? Is that a stable or reliable place for you to live? Do you feel the place that you live is safe and clean?</p>
Risk Environments	<p>Are you exposed to any toxins? Are you exposed to any violence? Are you exposed regularly to drug use?</p>
Food Access	<p>Do you have adequate nutrition and access to healthy food? What does your regular diet consist of?</p>
Social Network	<p>Which people make up your social network, family and friends? Is this network health or unhealthy for you? Do you have people who function as a social support system for you when needed?</p>
Legal Status	<p>Do you have any legal trouble? Do you fear any repercussions related to your legal status? Are you eligible for public services?</p>
Education	<p>Are you able to read? In what language(s)? What level of education have you reached?</p>
Discrimination	<p>Have you experienced discrimination based on your skin color, your accent or where you are from? Have you experienced discrimination based on your gender or sexual orientation? Have you experienced discrimination for any other reason?</p>
Presumed Worthiness	<p>The clinician could ask themselves if this person is likely to be considered by others as someone not to be trusted because of aspects of their appearance, ethnicity, accent, addiction status, personality, or other traits. The clinician could ask themselves if other people are likely to assume that the patient deserves their plight in life or their sickness due to any of their traits. The clinician could ask themselves if other people are likely to assume that the patient does not deserve top quality health care due to any of their traits.</p>

Source: Unpublished article, Seth Holmes, MD, PhD

INTEGRATING PROCESSES



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Thank you



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