11-Point Toolkit: Clinical Vignettes

Healing the Wounds of Mass Violence, Torture and Disaster

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The HPRT 11-Point Toolkit

1. **Ask** about the patient's " *trauma story*"
2. **Identify** concrete physical & mental effects
3. **Diagnose & Treat** generalized anxiety, depression, PTSD, grief, & chronic insomnia
4. **Refer** screened cases of serious mental illness
5. **Reinforce & Teach** positive coping behaviors
6. **Recommend** altruism, work & spiritual activities
7. **Reduce** high-risk behaviors
8. **Be Culturally Attuned** in communicating & prescribing
9. **Prescribe** psychotropic drugs if necessary
10. **Close & Schedule** follow-up visits
11. **Prevent Burnout** by discussing with colleagues

1. Ask *about the patient's trauma story*

A 60-year-old Iraqi General under the late President Saddam Hussein was in charge of communications during the Iran-Iraq War. After seeing hundreds of his unit needlessly slaughtered, he protested to his commanding officers… Shortly thereafter, he was arrested and brought to Saddam. After being interrogated, he was thrown into prison where he was brutally tortured for several years. Upon his release, he made it to Jordan and then sought asylum in the United States. After ten years as a successful taxi driver, he became overwhelmed with daily flashbacks and nightmares. He became so depressed that he couldn't bring himself to get out of bed. Yet, after two years of intense treatment in our clinic with medication and counseling, he made a complete recovery. When addressing his case to a psychology intern, he stated about his healing process: "my doctor and his team listened to my story every week. This **cured** me."

2. Identify *concrete physical and mental effects*

A Cambodian patient is a 45-year-old married woman in America. She came to the US in 1982 with the remaining members of her family at the age of 12. Between 75' and 79' under the Khmer Rouge (KR), she lived in a children's camp separated from her parents. The KR killed her father and uncles because they were soldiers for the government. She remembers always being hungry; missing her parents, but didn't witness any killing. Her main complaint is that her "headaches" have become so severe she cannot go to work or take care of her two young daughters. She also has weakness and dizziness and has no idea why medication does not help at all. She fears she has a brain tumor.

3. Diagnose and Treat *generalized anxiety, depression, grief reactions, chronic insomnia, PTSD*

An Iraqi woman in her late 50's, newly arrived in America with her family, has come in for treatment. Her major complaint is that she can only sleep 2-3 hours a night since her brother and mother died. She tells you a brief history that she lived a middle-class life in Kuwait until Saddam Hussein invaded and the Gulf State was burned to the ground. She and her family fled into Jordan and were able to resettle in America. Her entire extended family remained behind in Iraq and lived through the US invasion without injury. A few months ago her older sister in Iraq suddenly died of a heart attack. Then her father died two months later from another medical problem. She is so heartbroken she feels she cannot live without her sister. She was everything to her. The death of her father was also shocking.

A sixty-year-old Cambodian man had been brought into the clinic in a wheelchair. He had worked hard at

his factory job for years after suffering torture under the Khmer Rouge (KR). During the KR period, as a young man, he was forced to lift extremely heavy sacks of rice onto trucks. The pain in his lower back began at this time. It is now so severe that he cannot walk and must use his wheelchair to get around. On the HSCL- 25 and HTQ he scored high for depression and PTSD. An MRI reveals disease in his lumbar spine. Medical and behavioral health care has only relieved half of the pain. Neuropsychological testing reveals major cognitive dysfunction. An examination of his history tells us he was beaten by the KR many times on the head with bamboo sticks to the point of unconsciousness, sometimes for more than 24 hours. A new treatment approach is taken with many improvements in pain relief.

4. Refer *screened cases of serious mental illness*

A young Cambodian man is a patient in the clinic. This young man had been a US marine for 5 years and was discharged with an honorable mention after two tours of duty in Iraq and one in Afghanistan. He deals with "auditory hallucinations and nightmares." He has daytime flashbacks of his military activities. The "voices" are "someone" telling him "he is a bad person." They are not, however, commanding him to do anything.

He binge drinks at least twice a week, which briefly makes him feel better. Sometimes he is so angry that he punches holes in the walls at his mom's house, where he lives. This scares her because he can't control it. He doesn't know why he is so angry or why he is punching. He has 2 big knives and access to a gun at another ex-marine's house. He says he is not suicidal or homicidal. He has never tried to hurt himself and will not tell us if he has hurt other people.

5. Reinforce and Teach *positive coping behaviors*

A young Cambodian woman in her late 20's comes to the clinic. She can only sleep two hours a night. This sleep problem began six months ago when her Cambodian-American husband kicked her out of the house and moved in with another woman. Two years ago her husband came to Cambodia and arranged a marriage with her parents.

Although she had never met him before, she agreed. She came to the US and they seemed to like each other. Then he began shouting at her and treating her like a slave. She refused and he walked out leaving her isolated and alone and without a green card.

Working with her clinician and a lawyer she went to ESL and learned English, made American friends, and worked 12 hours a day, 6 days a week in a Cambodian restaurant. Although the last few years have been "a roller-coaster ride," her hard work and diligence paid off and she now has a green card as well as a good job and is attending community college.

6. Recommend *altruism, work, spiritual activities, and alternative healing approaches*

1. A refugee from the Congo who has seen brutal, horrific violence lives alone in a small town. Every weekend he looks forward to working in an area where he shares food with refugee families from many other countries. It is hard work emotionally. He asks for your advice – "Should I continue doing this?"

2. A Vietnamese ex-political detainer was brutally tortured for years in a "Re- education camp" in Vietnam after the Vietnam War. He is a very religious Roman Catholic and loves Church. However, when he goes to Church and prays, he is flooded with flashbacks of his prison experiences. So now he avoids attending Mass and receiving the Sacraments. What should he do?

3. A refugee from Uganda was badly tortured in his home country. He now has chronic, total body pain that causes great suffering. It is so bad that he cannot sleep at night. His therapist recommends that he add acupuncture to his standard medical treatment. He agrees. Is this a reasonable clinical recommendation?

7. Reduce *high* *risk behaviors*

A divorced Cambodian man in his early 40's seeks help at the clinic for depression. Since his wife left him for another man and took away his kids, he has felt very despondent. He has been "partying" more, ever since his wife walked out a year ago. On the HSCL-25 he scores moderate for depression. He doesn't have PTSD symptoms. On the physical exam by his PCP, he is healthy with normal lab results but he is found to have a penile discharge and is diagnosed with Gonorrhea and successfully medicated. Further examination shows that he is binge drinking, chain smoking, and sleeping around without a condom. When asked why he was doing all of this, he stated, "I am trying to have fun." Outside of his separation, he has not revealed the nature and extent of his traumatic life history.

8. **Be Culturally Attuned** *in communicating and prescribing*

A new psychiatrist has joined the refugee clinic and has noticed…

- Patients from different cultures have their own folk diagnoses for describing their suffering.
- There is stigma associated with Western psychiatry.
- Interpreters become upset during interviews:
  - The interpreter is so anxious that he/she laughs while the patient is telling their story.
  - The interpreter is so distressed by the interviews that he/she is having nightmares.
  - The patient says that the interpreter knows family and friends and will gossip about them.
- Patients use traditional healers, religious healers, herbs, potions, and incantations.
- Patients bring the therapists gifts.
- In some cultures the chief and/or male head of the household makes decisions.

9. **Prescribe** *psychotropic drugs if necessary*

The new psychiatrist to the clinic service is facing challenges caring for his patients…

- Every time he gives medication to one patient, the patient experiences terrible side effects and is unwilling to take any more medications.
- A patient tells him, "Only crazy people see a psychiatrist."
- A patient says the medication will make him "crazy."
- The patient says, "When I feel sick, I take the medication. When I feel good, I stop it."
- A patient asks, "My relative likes the medication. Can I have more to give to them?"
- The patient claims, "Your medication makes my nightmares worse."
- The patient reveals, "I am embarrassed to tel you that it is negatively affecting my sex life."
- "If one pill works, three pills will work better, right?"

10. Close and Schedule *follow up visits*

Important to keep in mind…

- Look at the patient
- Thank the patient for revealing their trauma story.
- Confirm they understand the treatment.
- Explain the possible side effects of any prescribed medication.
- Tell the patient that you will pick up on their story during the next visit.
- Work into your evaluation of the present illness the personal narrative/trauma history of the patient.
- Pick up and acknowledge the patient's personal narrative during the next visit.
- Assure the patient that you can collect their trauma story over many interviews.

11. Prevent Burnout *by discussing with colleagues*

The new therapist to the clinic is beginning to care for a lot of cases where extreme violence has occurred. Terrible things come up during therapy. Sometimes the therapist cannot believe what he is hearing. For the first time in his life, the therapist has begun to have very scary nightmares and cannot sleep at night. He also finds himself sad and despondent at times. You see this happening, what do you do?

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Every week the clinic requires an update on your productivity. You seem to be falling behind and they are threatening to cut your pay. As if this isn't bad enough your fellow colleagues seem demoralized. The weekly clinical discussions are gone! There is no academic or intellectual stimulation. You are working very hard and the demands are becoming more and more difficult to meet. The interpreting is poor and there are no social workers to assist you. Your supervision seems poor. You have no mentor. Management and leadership don't seem to care about you. You feel tired and exhausted all the time and are not trying your "hardest" at work.

Historical Space

Mass violence creates a new *historical space* in a society. Ordinary attitudes, feelings, and behaviors are transformed. The healer and sufferer find recovery in therapeutic solidarity. Within this historical space, justice forms the core of the survivor-healer relationship.

"Two people, working together in a community – in a shared empathic partnership – to create a new w o r l d v i e w "

– RFM