

INTEGRATED BEHAVIORAL HEALTH CARE FOR KAREN REFUGEES HEALING HEARTS CASE STUDY 2

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CLIENT DEMOGRAPHICS

- ☐ Male, early 50s
- ☐ Came to the United States several years ago with his wife and child
- ☐ Torture survivor

PRESENTING PROBLEMS

The client avoided talking about his trauma, suffered from nightmares, and was diagnosed with an anxiety disorder and major depressive disorder. The clinician explained, "I learned he used to be a very funny, extroverted, leader type of guy. He had lots of hobbies and was popular in his community, but after the torture he didn't want to associate with people. He just wanted to keep to himself, isolating himself from his family and wishing he could live in the jungle alone. I asked him about how he had changed and he just said, 'I've changed, torture changes you.'"

There were other obstacles to rehabilitation. The client believed he had to speak English in order to make a medical appointment at the primary care clinic. Being co-located at the clinic allowed the Healing Hearts care team to accompany the client to set up an appointment, request a reminder call, and learn how to schedule future appointments independently.

COURSE OF TREATMENT

The client's psychotherapist first offered him education on psychotherapy, the impact of trauma, and the healing process from PTSD. The therapist focused on the client's torture and found that narrative exposure therapy was effective and provided this client with an opportunity to share his story. At the same time, the case manager learned about what the client used to enjoy and encouraged him seek those types of activities.

GREAT SUCCESS

The care team witnessed the client regaining interest in the things he enjoyed prior to experiencing torture. The Healing Hearts clinician explained, "I learned he ... made a friend at school, really enjoyed going out with his befriender, and wanted to learn how to ride a bicycle. I told him, 'You used to feel really sad and heavy,' and he said, 'I don't really feel that way anymore.'" This case demonstrates: the significant psychosocial impact of this intervention, the value of psychological and case management synergy, and the practical need to support clients to navigate the medical system.