

## INTEGRATED BEHAVIORAL HEALTH CARE FOR KAREN REFUGEES HEALING HEARTS CASE STUDY 3

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### CLIENT DEMOGRAPHICS

- ❑ Female, mid 50s
- ❑ Came to the United States several years ago with her family
- ❑ War trauma survivor, secondary survivor of torture

### PRESENTING PROBLEMS

The client experienced chronic sleep problems, body pain, major depressive disorder, and PTSD. The psychotherapist noted that “her main complaints were [expressed as] physical health problems and so my job was to try to help her see some of this as being mental health related.”

### COURSE OF TREATMENT

In an interview, the Healing Hearts psychotherapist told us that he had offered the client "a lot of education about what PTSD is, what depression is, [and] how pain ... can also be associated with trauma responses and with depression."

After the client was sufficiently stabilized, her care team formed treatment goals, including: education on managing chronic pain, skill development in acceptance and commitment therapy, trigger identification, and general education about sleep habits, medication use, and self-care.

### BENEFITS OF INTEGRATED CARE

Early in this client's treatment, the primary care physician (PCP) consulted with the Healing Hearts psychotherapist about psychotropic medications; after this, the PCP reported feeling more comfortable prescribing these types of medications. The Healing Hearts team was also able to do follow-up with the client and the PCP about her use of medications. For instance, when the case manager and therapist learned that the client was taking a medication she had been prescribed during treatment incorrectly and at a dangerous level, they were able to communicate this to the PCP and clarify how to use this medication safely. This helped address the side effects the client was experiencing from the medication. This case demonstrates: the value of immediate and meaningful PCP and clinician collaboration and the importance of multiple points of contact to provide continuity of care. Relatedly, a challenge of this form of IBHC is the additional expectation of clinicians to collaborate on distinctly medical concerns.