

National Capacity Building Project: Technical Assistance of the Survivor of Torture Programs

# Integrated Health – Mental Health and Primary Care Collaboration Opening Pandora's Box

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The  
CENTER for  
VICTIMS of  
TORTURE



Harvard  
Program  
in Refugee  
Trauma



NATIONAL  
CONSORTIUM  
OF TORTURE  
TREATMENT  
PROGRAMS



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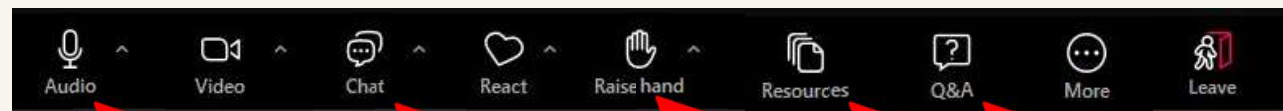
## Overview

- This webinar is brought to you today by the The National Capacity Building Project is a project of the Center for Victims of Torture in partnership with Harvard Program in Refugee Trauma and the National Consortium of Torture Treatment Programs.

## Attendee Controls

All functions are located at the bottom of your screen

- All participants are in mute mode.
- Please use the chat box to send comments to the presenters.
- To pose your question aloud, please raise your hand. A moderator will assist you with unmuting your line.
- Please be sure to mute your line when your done.
- Please use the Q&A icon to ask questions to the presenters.
- To view the resources currently available, please click the Resources icon.





## Disclaimer

We will be talking about trauma today. Trauma impacts all in different ways but it is something we have all had some experience with. The information, images, and discussions can be triggering or uncomfortable at times. Make sure you monitor and take care of yourself when and if you need to.

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# Integrated Health –Mental Health and Primary Care Collaboration Opening Pandora’s Box



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## INTEGRATED PRIMARY CARE & BEHAVIORAL HEALTH

- What is Integrative Care?
  - Why does Integrative Care matter?
  - What is the evidence base for Integrative Care?
  - Case Study
-



# INTEGRATED PRIMARY CARE & BEHAVIORAL HEALTH

- What is Integrative Care?
  - Integrated health care is an approach characterized by a high degree of collaboration and communication among health professionals sharing of information among team members related to patient care and the establishment of a comprehensive treatment plan to address the biological, psychological and social needs of the patient. (APA 2026)
  - Integrated care enhances how medical teams address both physical and mental health needs, resulting in improved overall health outcomes.

Source: American Psychiatric Association, 2026

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# INTEGRATED PRIMARY CARE & BEHAVIORAL HEALTH

- Why does Integrative Care matter?
  - Improved Patient Outcomes
  - Enhanced Provider Satisfaction
  - Increased Access and Standardized Care
  - Lower Healthcare Costs
  - Higher Patient Satisfaction

DRH1

Source: Nundy S, Cooper LA, Mate KS. The Quintuple Aim for Health Care Improvement: A New Imperative to Advance Health Equity. *JAMA*. 2022;327(6):521–522. doi:10.1001/jama.2021.25181.

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## Slide 8

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**DRH1** Suggest replacing "Equitable Access" with "Increased Access and Standardized Care" or something similar.  
DRH, 2026-04-16T15:30:34.660



# INTEGRATED PRIMARY CARE & BEHAVIORAL HEALTH

- What is the evidence base for Integrative Care?
  - Mental and physical health conditions frequently co-occur.
  - Roughly 30% of adults with physical illnesses also have behavioral health conditions.
  - Behavioral factors, such as, depression, stress, substance use often worsen health conditions.

Source: Reed SJ, Shore KK, Tice JA. Effectiveness and Value of Integrating Behavioral Health Into Primary Care. *JAMA Intern Med.* 2016;176(5):691–692. doi:10.1001/jamainternmed.2016.0804

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## INTEGRATED PRIMARY CARE & BEHAVIORAL HEALTH

- Case Study – USAF Family Support Program
  - Primary Health Care Teams
  - Behavioral/Mental Health Teams
  - Chaplaincy Teams
- All three teams worked in close collaboration focused on the patient and family’s well-being. This model also built stronger alliances among the three teams. Following the success of this model, the USAF adopted it world-wide.



**“How do we find the person behind the facts?”**

“Naked Truth”

“Naked Facts”

“Disengaged reason”

**Thomas Sprat**

1635 – 1713

*English clergyman and member of Royal Scientific Society*

# Pandora's Box





# Pandora's Box



# Pandora's Box

“There’s not enough time”  
(The Scarcity Model).

“This will open up a lot of  
disturbing stories in the  
patient.”

“Patient will lose control.”

“Patient will not be able to  
stop telling their story  
before the end of the  
appointment”





## Pandora's Box

"I don't know what to do."

"I do not get paid for this."

"If the patient gets upset, I have to call in behavioral health immediately."



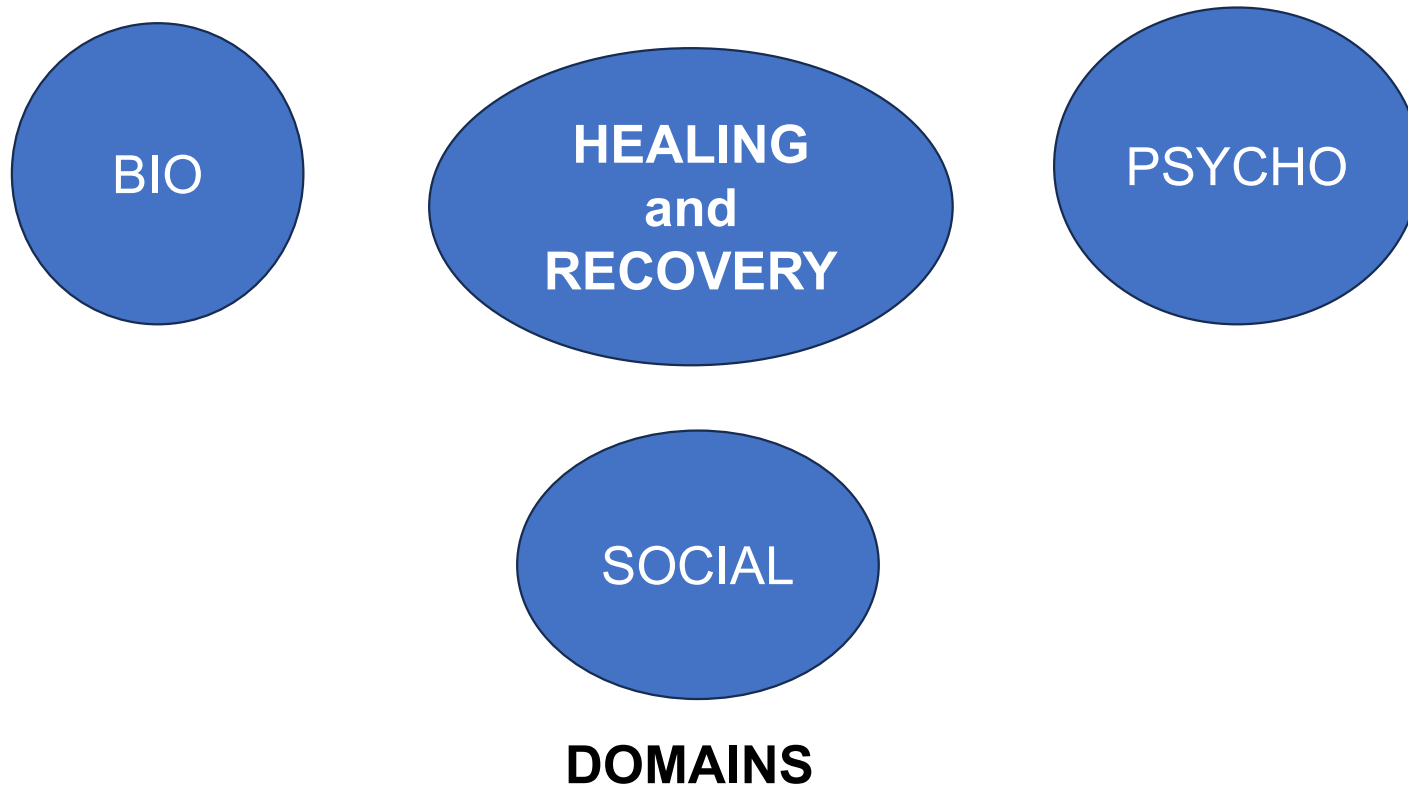
## **Integrated Systems of Care Biopsychosocial Approach**

The biopsychosocial approach was introduced by Prof. George Engel in 1977. The model is both a philosophy of clinical care and a practical clinical guide. Philosophically, it is a way of understanding how suffering, disease, and illness are affected by multiple levels of organization, from the social to the molecular. At the practical level, it is a way of understanding the patient's subjective experience as an essential contributor to accurate diagnosis, health outcomes, and humane care.

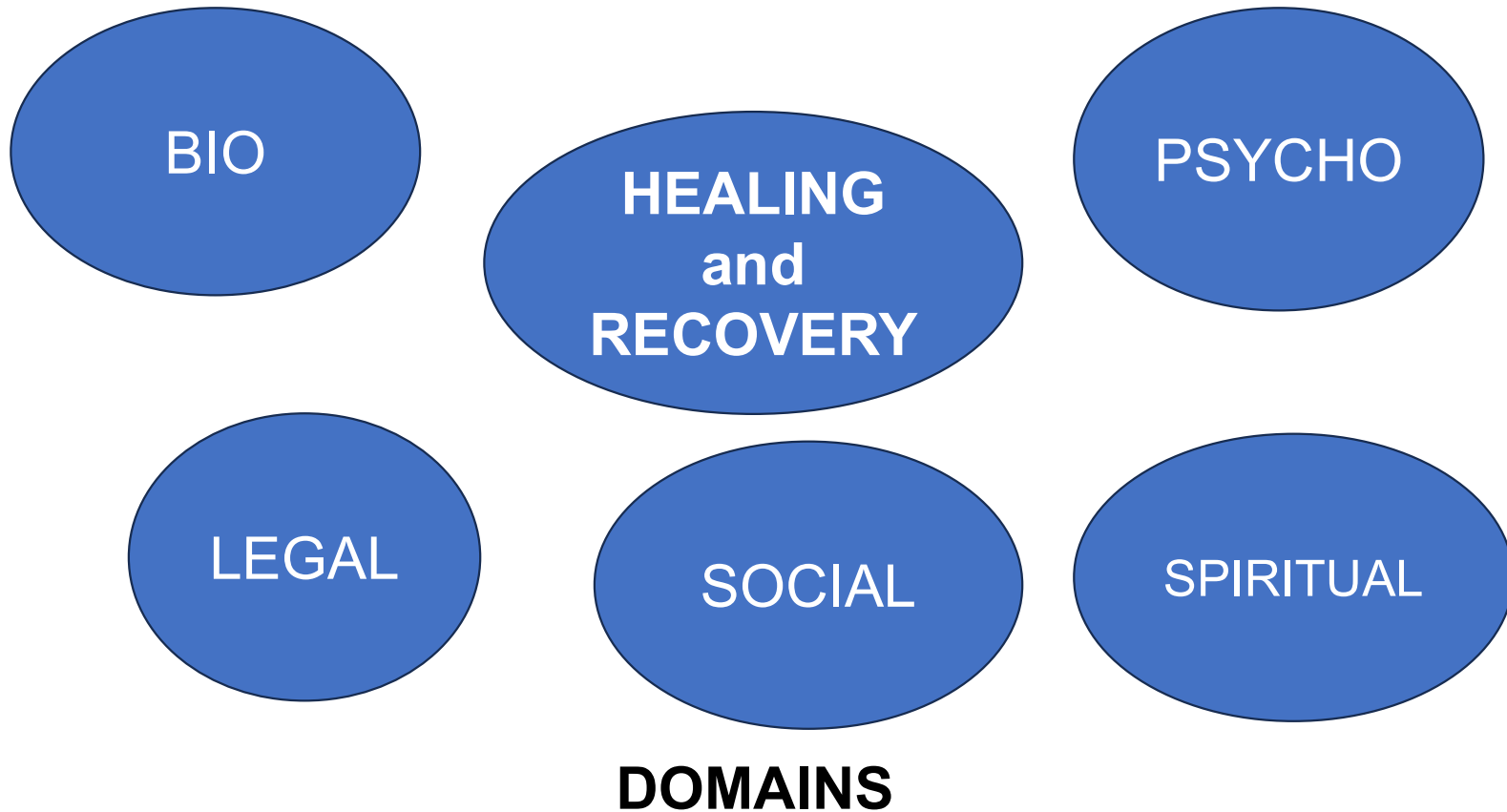
Borell-Carrio FC et al. The biopsychosocial model 25 years later: practice and scientific inquiry. *Ann Fam Med* 2004;2:576-582.

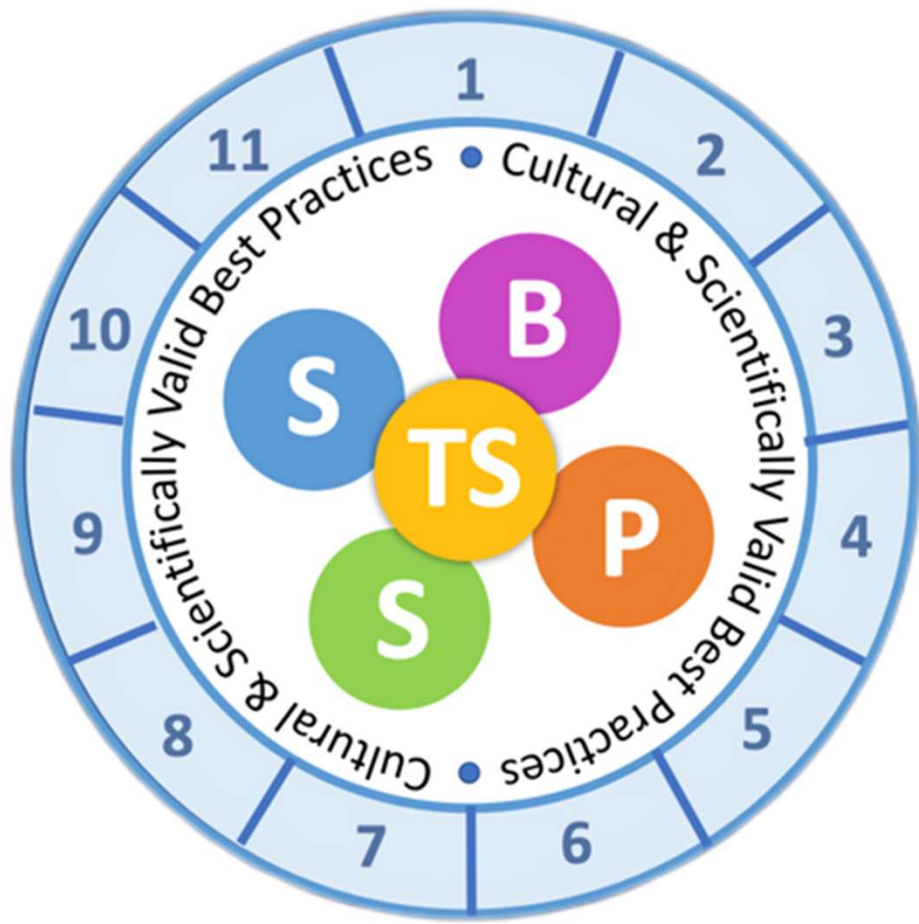
Engel C. The need for a new medical model: a challenge for biomedicine. *Science* 1977;196:129-136.

# Biopsychosocial Model



# SOT Biopsychosocial-spiritual-legal Model









# The Trauma Story





## The Universal Nature of Traumatic Life Experiences

- Every human being experiences tragedies in their lifetime.
- This is inescapable.
- A profound pain and fear enters us when we realize that one human being has intentionally hurt another.



“ It is an intense pleasure, physical, inexpressible to be at home, among friendly people and to have so many things to recount: but I cannot help noticing that my listeners do not follow me. In fact, they are completely indifferent: they speak confusedly of other things among themselves as if I was not there. My sister looks at me, gets up and goes away without a word ... A desolating grief is now born in me.”

- Primo Levi

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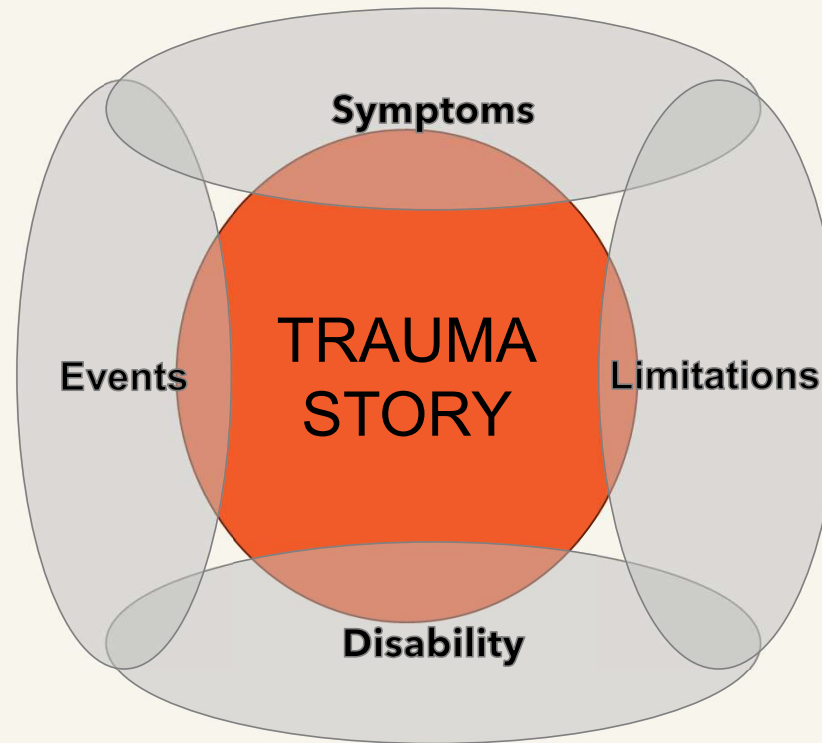
# Major Responses to Trauma

- **The “Will to Deny”**
  - Friends, family members, and society *actively* reject acknowledging the trauma story and the impact of trauma on the survivor.
- **“Losing the World”**
  - When visiting Philoctetes, the Greek chorus immediately sings,
    - *“I am a stranger in a strange land.”*



Portrait of Philoctetes by Jean Germain Drouais

**Body, Mind,  
and Spirit are  
Imprinted by  
the Trauma  
Story**



# Listening to the *Trauma* Story





## Listening to the Trauma Story is a Key to Healing

**STEP 1 - TIMING:** Go slowly; Do not try to “dig up buried treasure”. Wait until trust is established.

**STEP 2 - “A LITTLE BIT, A LOT, OVER A LONG PERIOD OF TIME”:** The *Trauma Story* can be told in brief, small pieces (e.g., 10 minutes or less each session) consistently over time.

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## Listening to the Trauma Story is a Key to Healing

**STEP 3 - DEEP LISTENING:** Listen closely to the conversation, as well as the silence. Pay attention to the body's reaction to the storytelling; monitor the empathic response.

**STEP 4 - EMPATHIC REGULATION:** Begin storytelling session with deep breathing which calms the listener and storyteller; monitor empathic distress; cool high emotional arousal down by taking a break or do more deep breathing.



## Listening to the Trauma Story is a Key to Healing

### **STEP 5 - AVOID THE TOXIC TRAUMA STORY:**

Stay away from the telling of brutal facts with high emotional arousal.

### **STEP 6-CREATE A NEW POSITIVE**

**NARRATIVE:** The healer (listener) can assist the survivor (storyteller) in creating a new positive and hopeful worldview together.

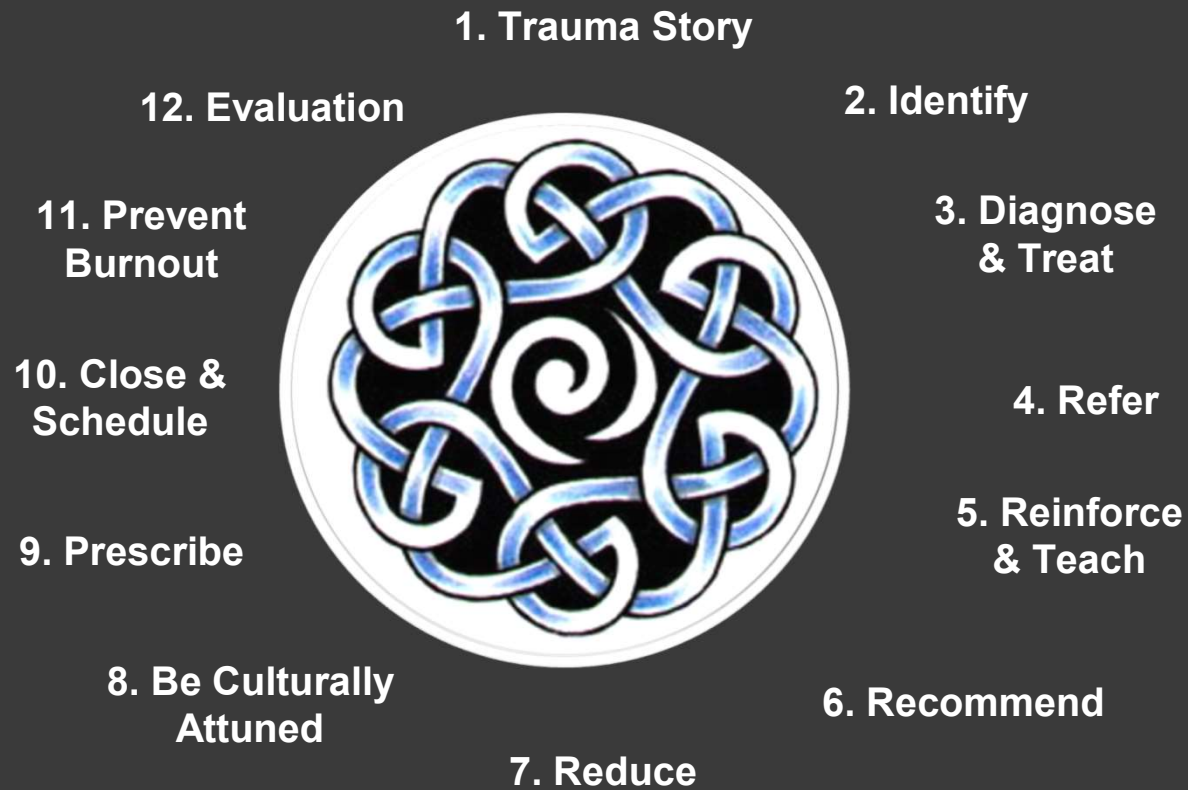


## Harvard Program in Refugee Trauma

# 11-POINT TOOLKIT

for Primary  
Healthcare &  
Behavioral Health





# What You Can Do

- 1 **Ask** about the patient's "trauma story"
- 2 **Identify** concrete physical and mental effects
- 3 **Diagnose & Treat** generalized anxiety, depression, PTSD, grief, chronic insomnia, traumatic head injury
- 4 **Refer** screened cases of serious mental illness
- 5 **Reinforce & Teach** positive coping behaviors
- 6 **Recommend** altruism, work & spiritual activities

# What You Can Do

7 **Reduce** high-risk behaviors

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8 **Be Culturally Attuned** in communicating & prescribing

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9 **Prescribe** psychotropic drugs if necessary

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10 **Close & Schedule** follow-up visits

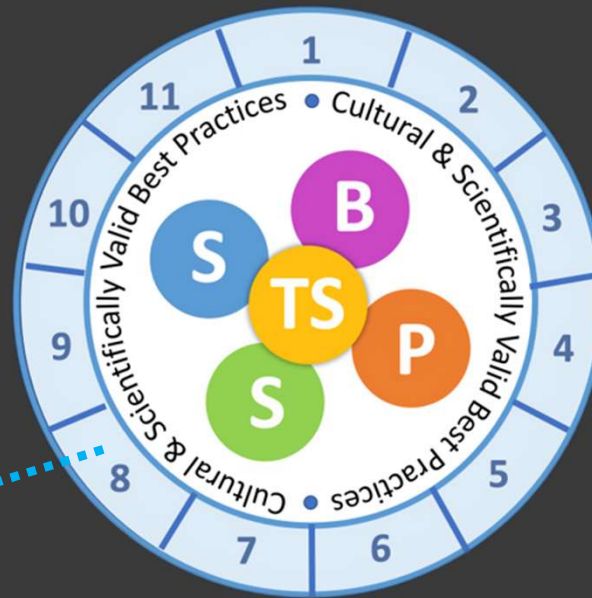
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11 **Prevent Burnout** by discussing with colleagues

# 11-Point Toolkit

for Primary Healthcare & Behavioral Health

- TS** – Trauma Story
- B** – Bio-Medical
- P** – Psycho
- S** – Social
- S** – Spiritual

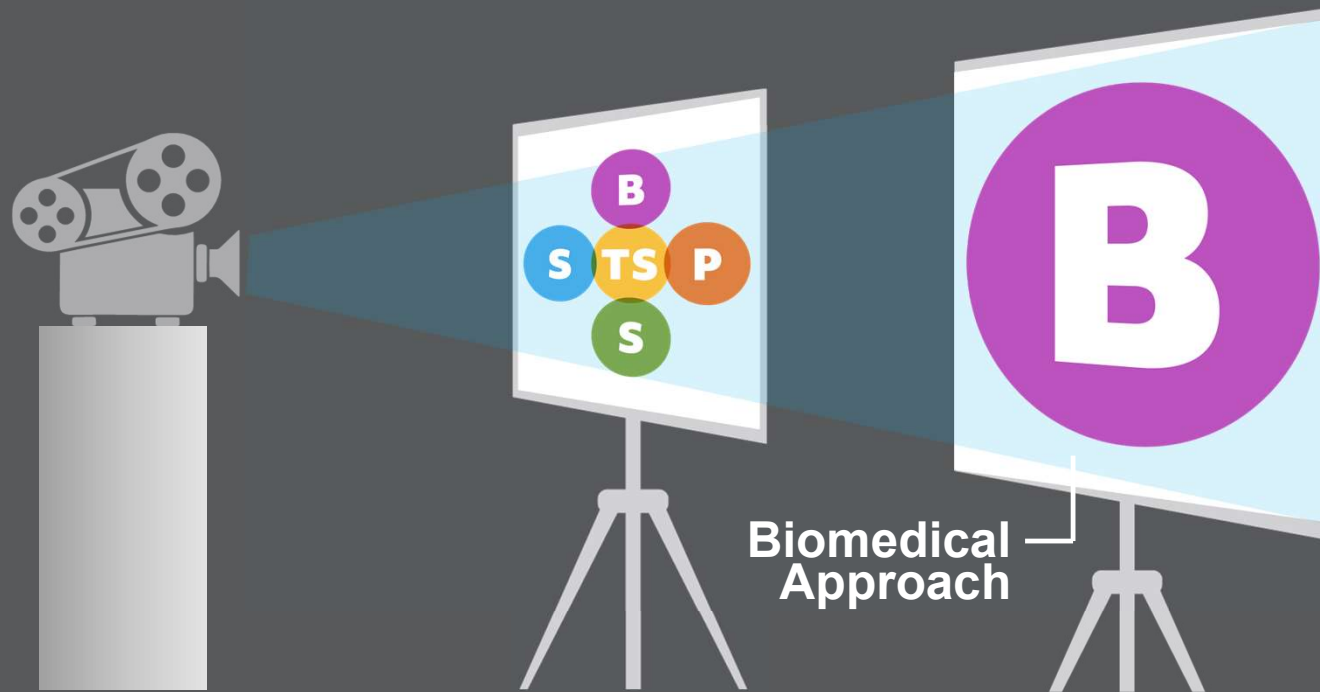


Cultural and Scientifically Valid Best Practices

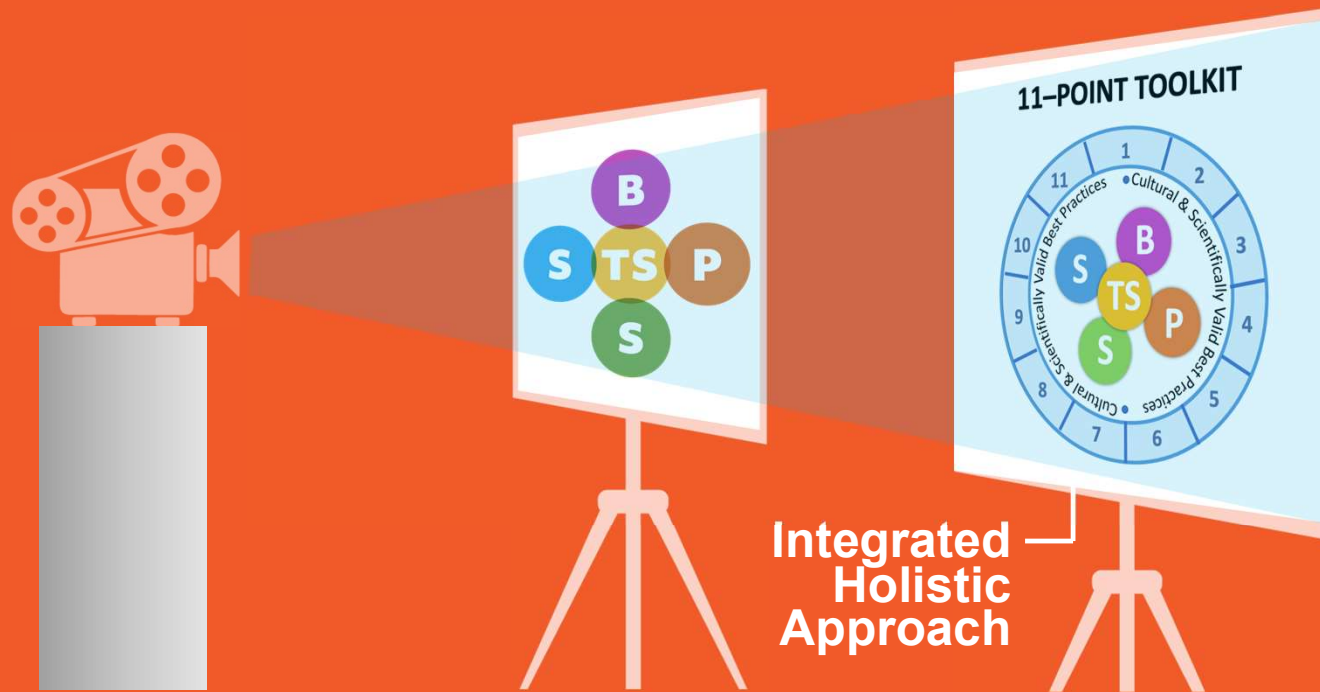
# 11-Point Toolkit

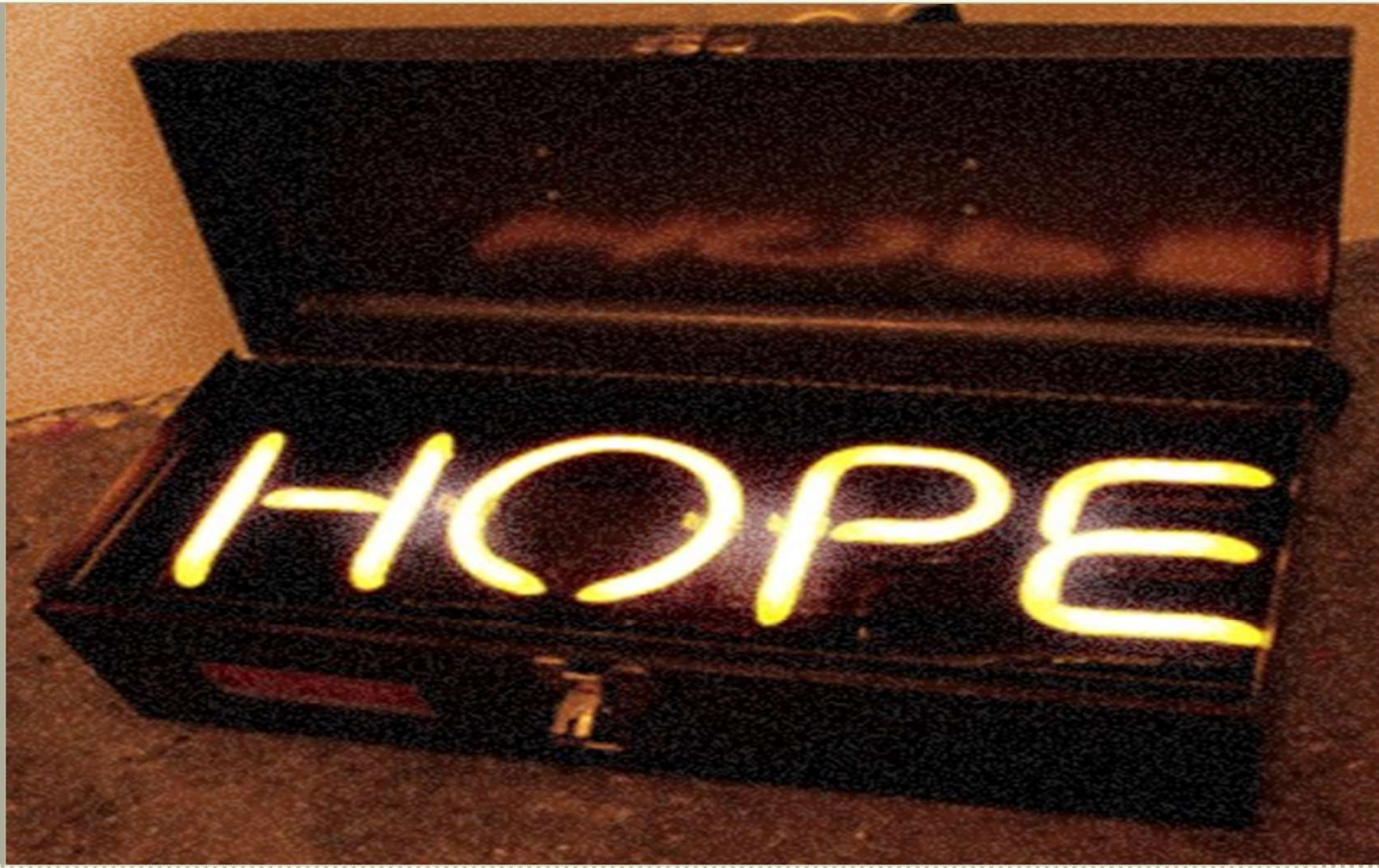
	<i>Trauma Story</i>	<i>Bio-Medical</i>	<i>Psycho</i>	<i>Social</i>	<i>Spiritual</i>
1 Ask	X	X	X	X	X
2 Identify		X	X		
3 Diagnosis & Treatment	X	X	X	X	X
4 Refer		X	X		
5 Reinforce & Teach			X	X	X
6 Recommend				X	X
7 Reduce		X	X	X	
8 Be Culturally Attuned	X	X	X	X	X
9 Prescribe			X		
10 Close & Schedule		X	X	X	
11 Prevent Burnout	X	X	X	X	X


# Biomedical Worldview



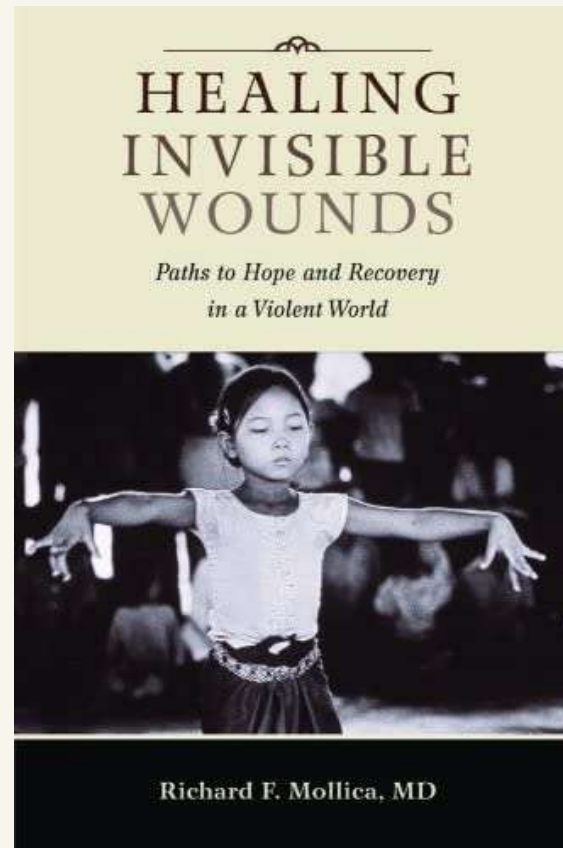
# New Medicine for a Wounded World








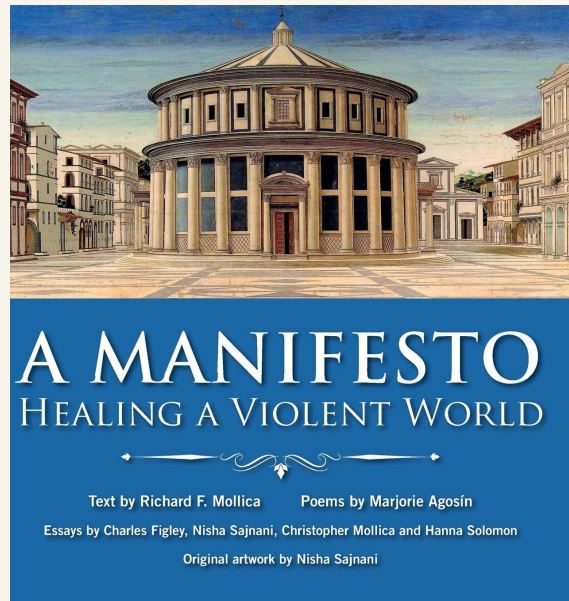
Resources:  
Healing Invisible  
Wounds: Paths  
to Hope and  
Recovery in a  
Violent World



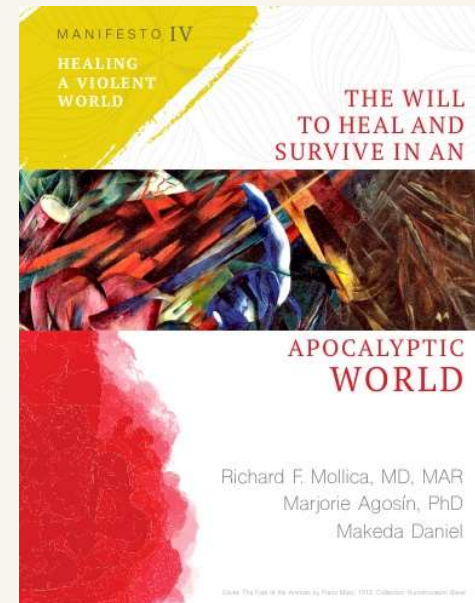
**Available on Amazon.com**



Resources: A  
Manifesto:  
Healing a Violent  
World &  
Manifesto IV:  
Healing a Violent  
World



**Available on Amazon.com**



**Available on Lulu.com**



# Questions?

Have a question or something you want to discuss more in-depth? Here are some options for you:

- Type your questions in the Q&A, or
- Type your questions in the chat, or
- Raise your hand using the reaction button.

Have a questions after the presentation? Here is the contact information for our presenter:

- Name: HPRT Team
  - Email: [hpert.gmh@gmail.com](mailto:hpert.gmh@gmail.com)
-

Thank you for  
attending this  
webinar!



Please scan QR  
code for evaluation

## Integrated Health –Mental Health and Primary Care Collaboration Opening Pandora’s Box **April 21, 2026**

The National Capacity Building Project is a project of the Center for Victims of Torture in partnership with Harvard Program in Refugee Trauma and the National Consortium of Torture Treatment Programs. More resources are available at [www.healtorture.org](http://www.healtorture.org).



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