

Enhancing Empathy by Measuring Torture Symptoms with Survivors

James Lavelle, LICSW
Co-Founder of HPRT
July 2016

Funded by
The Office of Refugee Resettlement



The Patient Health Questionnaire-2 (PHQ-2)

Over the past 2 weeks how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.	0	1	2	3
2. Feeling down, depressed or hopeless.	0	1	2	3

Reference: Kroenke, K., Spitzer, R.L., et al. (2003). The patient health questionnaire-2: Validity of a two-item depression screener. *Medical Care*, 41(11): 1284-1292.

Screening Instruments by James Lavelle

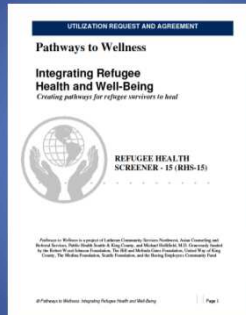
Personal Health Questionnaire (PHQ-9)

Over the last 2 weeks how often have you been bothered by any of the following?

1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
add columns: + -				
<small>(Healthcare professional: For interpretation of DSM-5, TOTAL: + - please refer to accompanying scoring card.)</small>				

Reference: Kroenke, K., Spitzer, R.L., & Williams, J.B. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine, 16*(9): 606-613.

Refugee Health Screener-15 (RHS-15)



Hollifield, M., Verbillis-Kolp, S., Farmer, B., et al. (2013). The Refugee Health Screener-15 (RHS-15): development and validation of an instrument for anxiety, depression, and PTSD in refugees. *General Hospital Psychiatry, 35*(2): 202-209.

HPRT MENTAL HEALTH SCREENING

FROM OCTOBER 2013 TO MARCH 2014	
TOTAL NEW ARRIVALS SCREENED	101
TOTAL NEW ARRIVALS POSITIVE	50
TOTAL NEW ARRIVALS ACCEPTING REFFERALS	25

IRAQ, BURMA, SUDAN, BHUTAN, CUBA, DRC, SOMALIA, ERITREA, COLOMBIA, HAITI, RUSSIA, AFGHANISTAN, ETHIOPIA, IRAN, PAKISTAN, TANZANIA

Screens conducted in collaboration with Lynn Community Health Center Refugee Clinic / Department of Public Health MA

HPRT MENTAL HEALTH SCREENING

FROM OCTOBER 2014 TO MARCH 2015

TOTAL NEW ARRIVALS SCREENED	126
TOTAL NEW ARRIVALS POSITIVE	60
TOTAL NEW ARRIVALS ACCEPTING REFFERALS	40

NEW ARRIVALS FROM DRC, IRAQ, AFGHANISTAN, SOMALIA, KENYA, BURMA, ERITREA, SUDAN, BHUTAN

Screens conducted in collaboration with Lynn Community Health Center Refugee Clinic / Department of Public Health MA

Healing the Wounds of Mass Violence

Today's review of the HTQ(R) and HSCL-25 screening instruments will help the clinician with several of 11 points:

- Ask about the trauma story
- Identify concrete physical and mental effects
- Diagnose and treat depression and PTSD
- Refer screened cases of serious mental illness
- Recommend altruism, work and spiritual activities
- Prescribe psychotropic drugs more effectively
- Increase capacity for empathy

8

Brief History



9

Overview

- IPC 1980: clinicians noted the tendency in patients not to volunteer detailed histories.
- Clinicians acknowledged their own discomfort probing into horrific experiences.
- Need to document key information in a brief, systematic and acceptable manner.

10

(continued)

The HTQ and HSCL-25 allow:

- Systematic recording
- Physical injuries
- Common symptoms of depression, PTSD and anxiety
- Psychosocial functioning.



11

Settings

Both instruments may be used for:

- Screening;
- Individual clinical assessments;
- Epidemiological and risk factor research.

12

Screening

- Instruments can be a simple and inexpensive method for screening large, at risk populations.
- In some settings, it may be valuable to screen entire populations. E.g. case registry, LCHC.
- Screening can help in clinical judgments.

13

Four Question Screen for Cambodians

1. Are you feeling down, depressed or hopeless?
Yes No
2. Do you suffer from nightmares? Yes No



14

(continued)

3. Do you or your relatives feel you suffer from Pibaak Cet or Pruoy Cet or thinking too much? Yes No
4. Do you have little interest or pleasure in doing things? Yes No

N.B. If positive for any of the four questions please administer HSCL-25

15

Clinical Setting

- Simple, brief and enhance empathy.
- Adaptable linguistically and culturally.
- Allow for continuous quantitative measures

16

Adaptation of Instruments

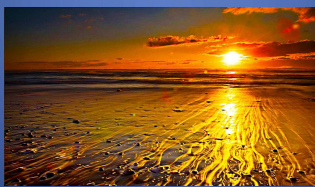
Requires more than a linguistic translation:

- Mini ethnography
- Cultural and societal variations exist in the type, experience and meaning attributed to torture and must be considered in adaptation of the instruments.
- Translation / Back Translation / Consensus

17

Gold Standard

The HTQ-R and HSCL-25 have been utilized in over 500 studies.

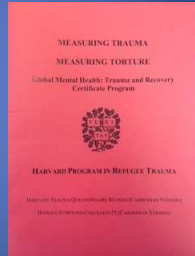


18

Screening Instruments: Design of HTQ and HSCL-25

The HTQ is composed of five parts:

1. Trauma events
2. Personal description
3. Brain injury
4. Post-traumatic symptoms
5. Scoring of the instrument



Part I: Trauma Events

- Earliest version of HTQ had 17 trauma events and 4 options:

- E = experienced
- W = witnessed
- H = heard about
- N = No

- In the HTQ Revised version (HTQ-R), response options have been simplified to “yes” or “no”.
- In the Site II Study (1989), a factor analysis identified 6 dimensions.

Eight Trauma Dimensions and Examples (HTQ-R):

Category	Examples
Material deprivation	Lack of shelter, food or water
War-like conditions	Used as human shield
Bodily injury	Beating to the body
Forced confinement and coercion	Forced labor
Forced to harm others	Forced to harm relative
Disappearance, death or injury of loved ones	Kidnapping of spouse, murder of daughter
Witnessing violence to others	Witness torture, rape or sexual abuse
Head injury	Beatings to the head, suffocation

Torture History

- The HTQ-R (item 11) operationalizes torture according to the World Medical Association Declaration of Tokyo adopted in 1975. We say: Torture i.e. while in captivity you received deliberate and systematic infliction of physical and mental suffering”.
- Example: brainwashing among Indochinese refugees was common, not among Bosnians.
- A list of 28 specific torture events has been included and can be used to determine what specific torture events had occurred (see HTQ-R).

22

Part II: Personal Description

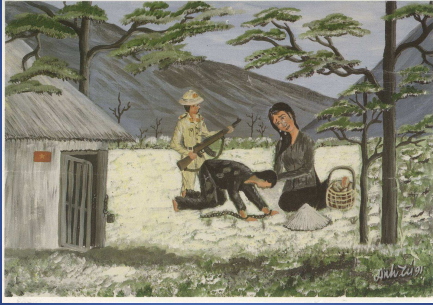
This section allows respondents to record in an open-ended manner the worst event that they had experienced during the period of exposure to mass violence and persecution. It provides the clinician or researcher with insight into the respondents’ own subjective experiences and relative weight that is assigned to a particular event.

23

Part III: Brain Injury

- This section was also added to HTQ-R as evidence indicated that head trauma was frequent among populations who had experienced extensive violence.
- Brain injury is often associated with psychiatric symptoms and impaired social functioning.
- Some of the psychological symptoms reported by torture and trauma survivors may be secondary to organic central nervous dysfunction (shrapnel, bullet wounds, starvation).

24



25

Part IV: Post Traumatic Symptoms

- The HTQ-R includes 40 symptoms, items similar to the HTQ (original).
- The first 16 were derived from DSM-IV criteria for PTSD.
- Items 17 to 40 aim to gauge personal perceptions of psychosocial functioning in response to the complex stresses of persecution, violence and displacement.

26

(continued)



- The clinical importance of refugee specific symptoms still needs to be determined.
- The original 14 refugee-specific items were expanded to 24 items in six underlying domains of social functioning that are now included in the HTQ-R (SPIESS).

27

Part V: Scoring

The symptom section is scored as follows:

1. For the responses to each item, assign the following numbers:
 - 1 = not at all
 - 2 = a little
 - 3 = quite a bit
 - 4 = extremely
2. Add up the items 1-40 and divide by 40 to get the total score:
Total Score: $\frac{\text{item 1} + \text{item 2} + \dots + \text{item 40}}{40}$

28

Screening Instruments: Design of HSCL-25

- The HSCL-25 is very adaptable.
- The HSCL-15 for depression is more handy in a primary care setting.
- We have kept the HSCL-25 in its original form.
- NB 1.75 is considered checklist positive for depression.

29

Empathy and Screening Instruments: Some Ideas

30



Empathy

The picturing of the life experience of the patient in the clinician's mind and the sharing of the patient's emotional state. The pain and suffering of the patient is directly and spontaneously imagined by the clinician.

32

Some Ideas: Enhancing Empathy

- 1. If you don't ask...
- 2. Clears-up confusion
- 3. Increases authenticity
- 4. Secret = Curse
- 5. Emotions are regulated
- 6. "Getting below the line"
- 7. SI's frame the Trauma Story
- 8. The potential for Emphatic failure
- 9. Partnership
- 10. Suffering witnessed in detail

33
