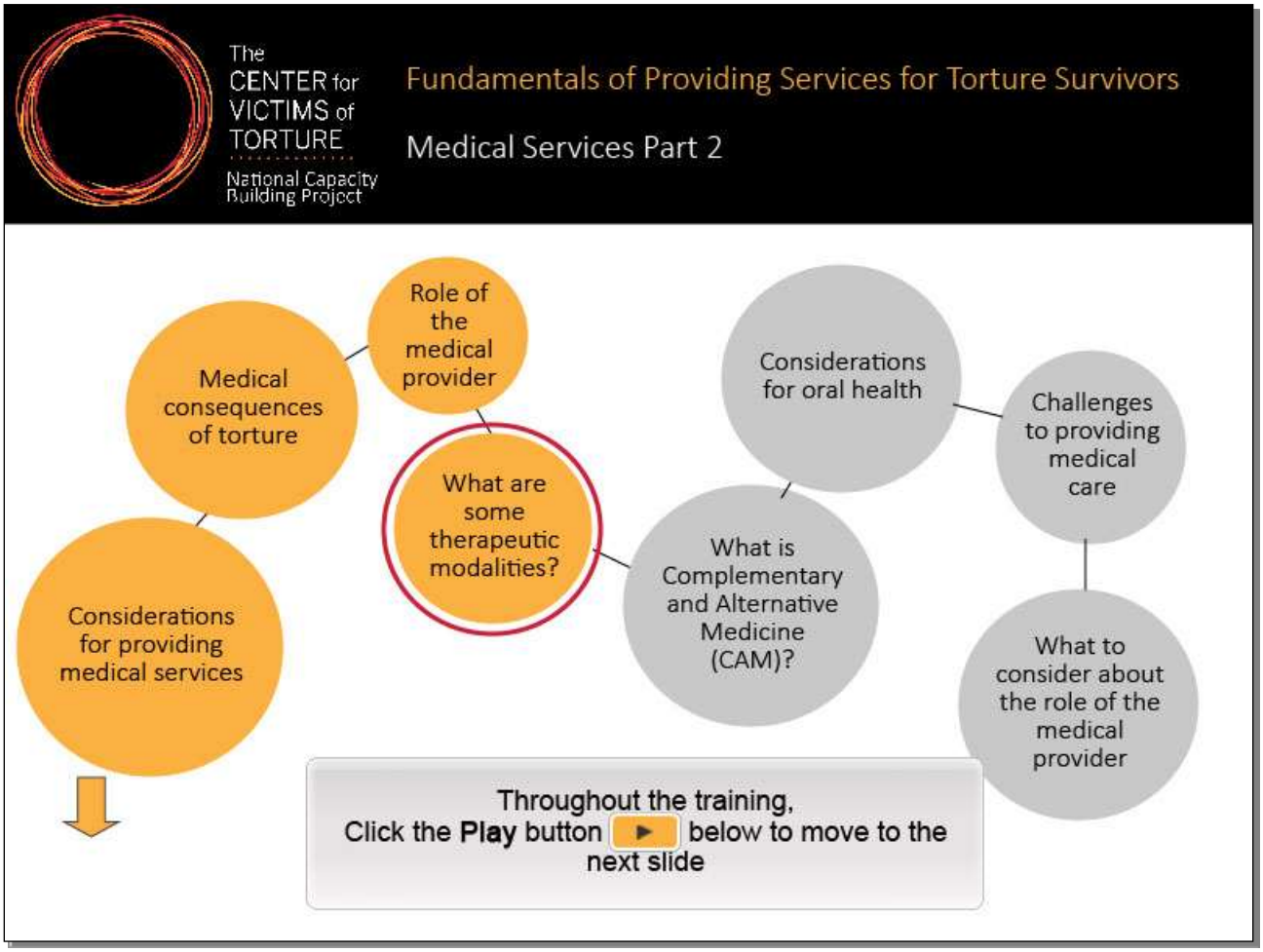
Medical Services Part Two

Slide 1 – Next: Therapeutic Modalities



Welcome to Part 2 of Medical Services. Now that we've considered some basic concepts related to providing medical services, let's discuss some examples of therapeutic modalities.

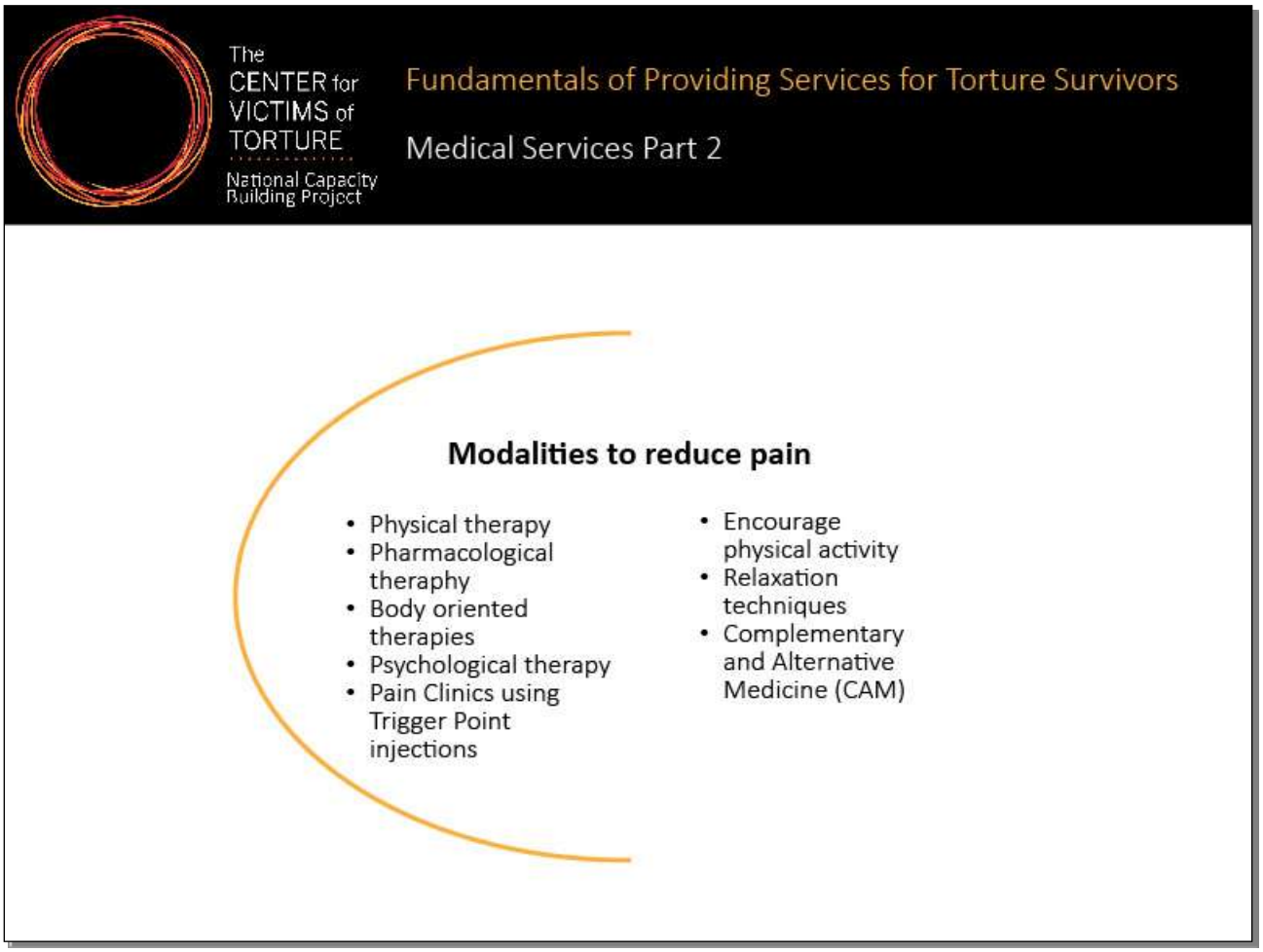
Slide 2 – Modalities to Reduce Pain

Therapeutic modalities for chronic pain include physical therapy, pharmacological therapy with different classes of agents, body-oriented therapies and psychological therapy (especially for somatic components). Multidisciplinary pain clinics can also be useful. Psychological symptoms may exacerbate pain, and pain is exacerbated and influenced by psychological symptoms.

The medical provider can play an important role in educating the survivor about the relationship between trauma, psychosocial stressors and chronic pain, and educating them about the prognosis - as the survivor heals from trauma, pain may lessen.

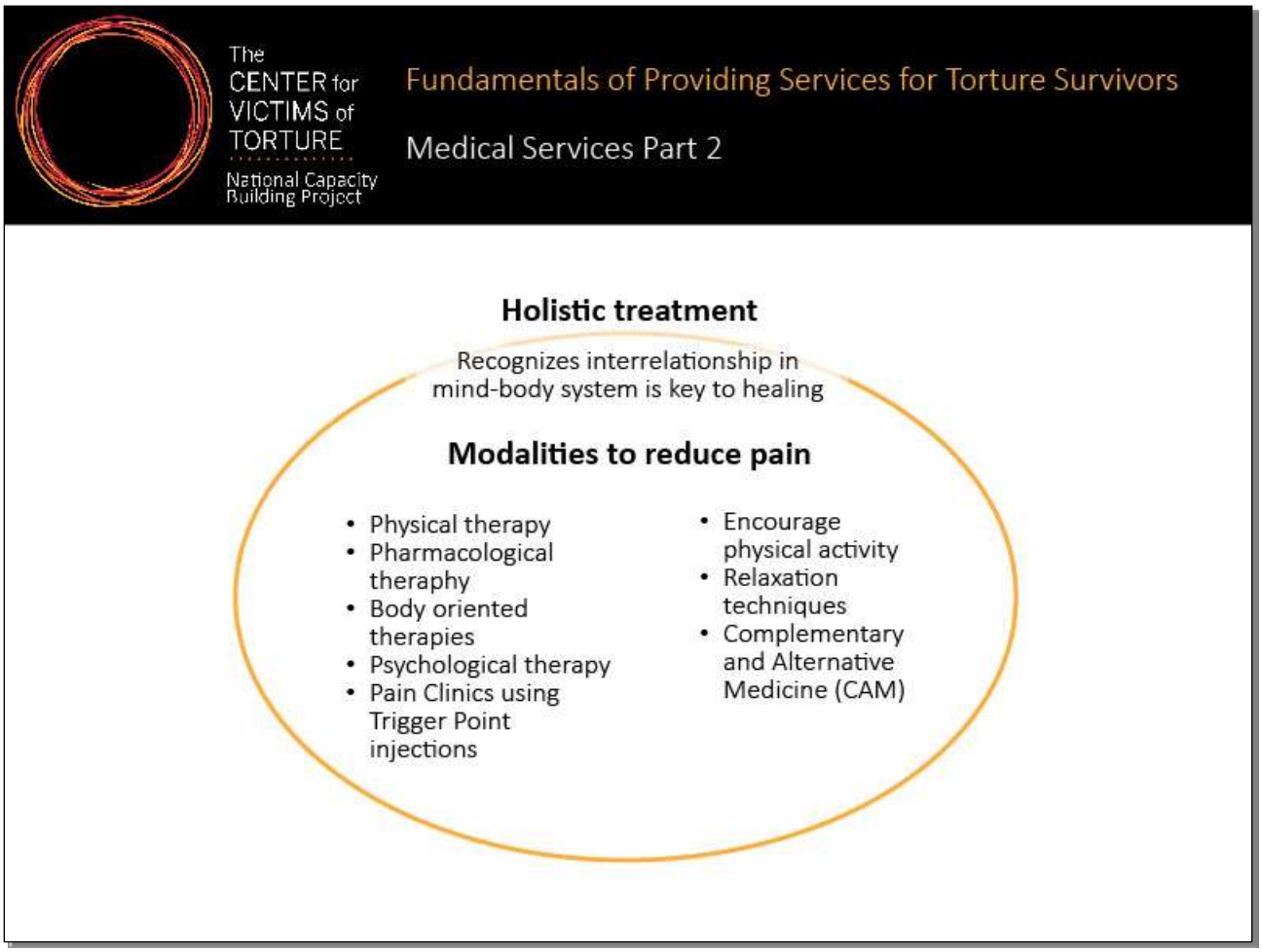
Chronic pain can be extremely challenging to treat, and may remit and then relapse with stressful situations.

Slide 3 – Modalities to Reduce Pain 2



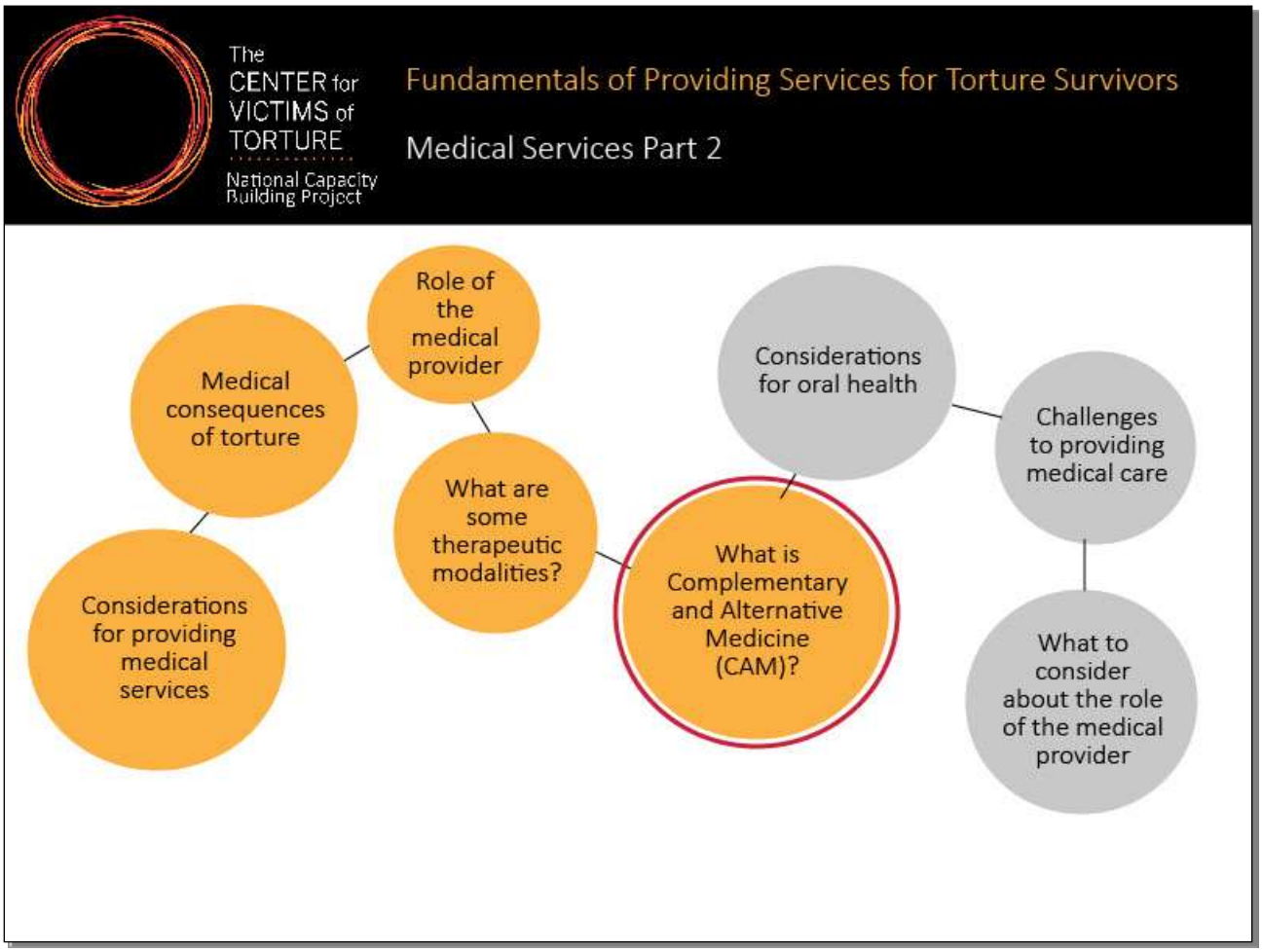
Encouraging physical activity, teaching relaxation techniques, and use of complementary and alternative medicine are all potentially useful tools in the armamentarium of pain treatments.

Slide 4 – Holistic Treatment



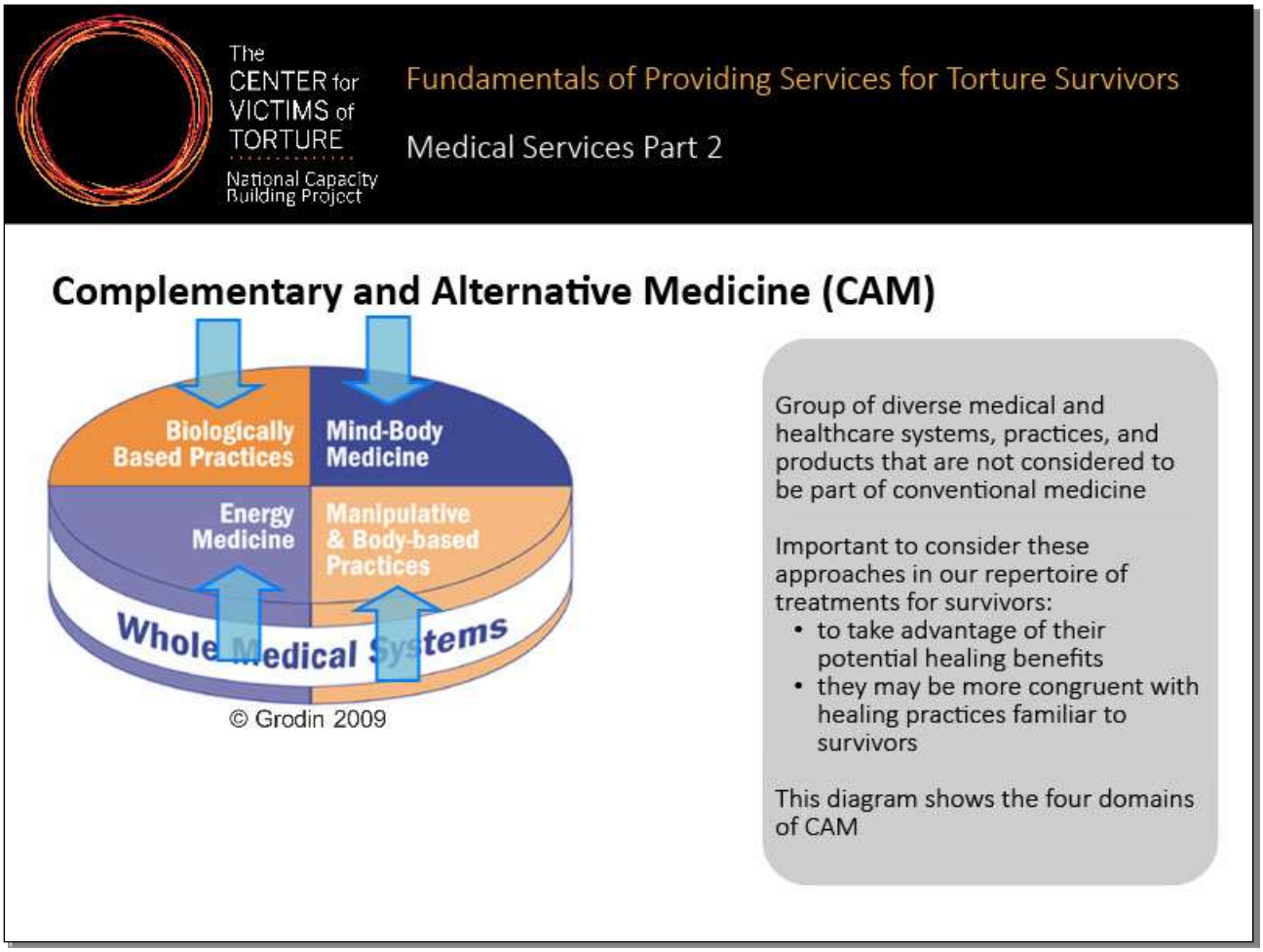
A holistic treatment approach recognizes the interrelationship in mind-body system, which is important to healing in trauma survivors. It aims to restore the overall balance in mind-body system and views health as an ongoing process, which encompasses physical, psychological and social factors. We have to look beyond the strictly physical aspects of healing.

Slide 5 – Next: CAM



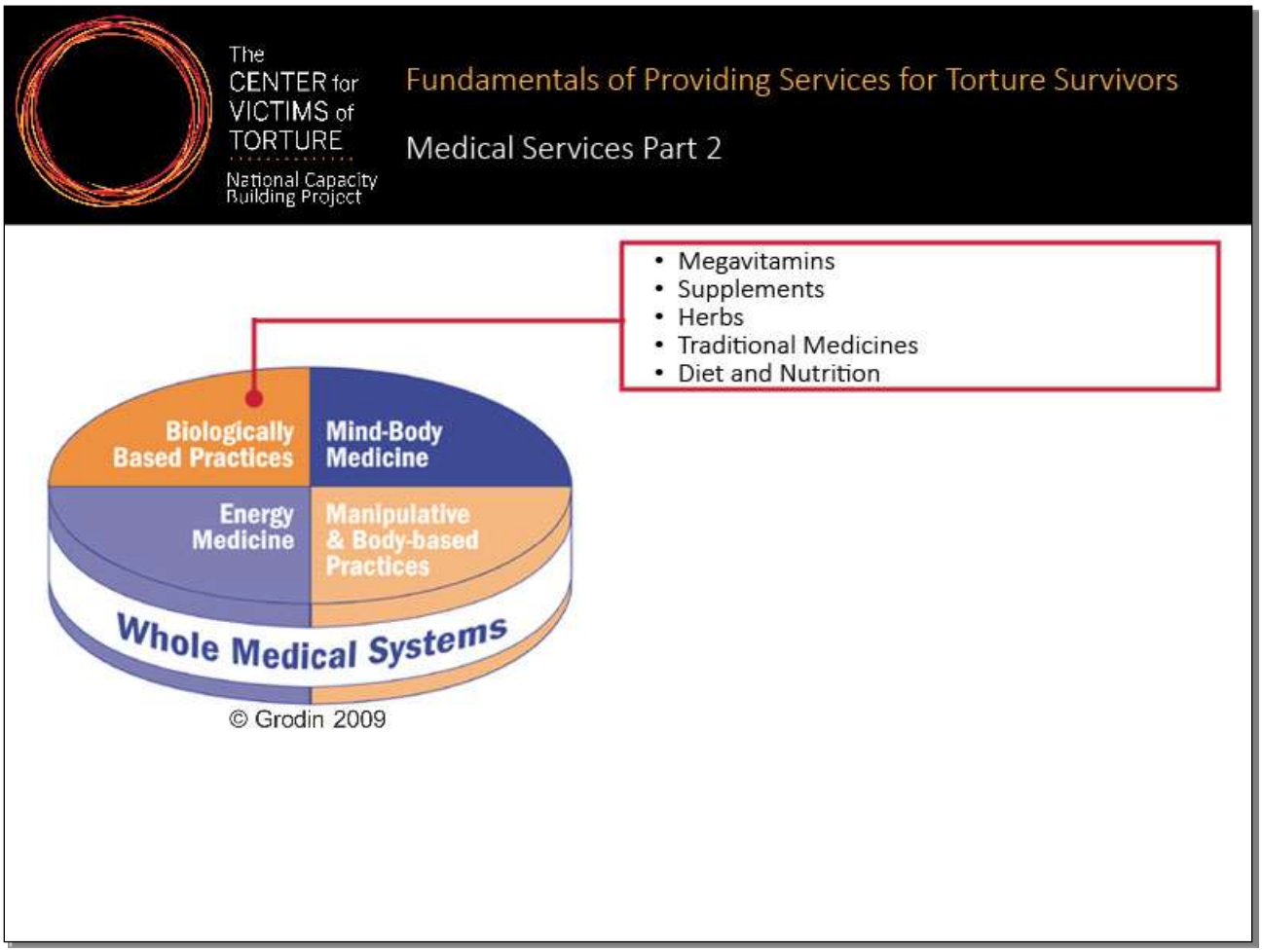
Because many professionals are somewhat unfamiliar with Complementary and Alternative Medicine, and because these approaches may have particular utility in treating torture survivors, I'm going to focus on this area in some detail. The following slides were developed by my colleague Dr. Michael Grodin, a specialist in CAM.

Slide 6 – Whole System



Complementary and alternative medicine (referred to as CAM) is a group of diverse medical and healthcare systems, practices, and products that are not presently considered to be part of conventional medicine, according to the NIH National Center for Complementary and Alternative Medicine. While there is a paucity of Evidence-Based Medicine using CAM in the treatment of torture survivors, there are encouraging initial reports. It's important to consider these approaches in our repertoire of treatments for torture survivors in order to take advantage of their potential healing benefits and because they may be more congruent with healing practices that survivors are familiar with in their home countries. Of course, use of these treatments requires appropriate training. There are 4 basic CAM domains: Mind Body Medicine, biologically based practices, Manipulative and body-based practices, and energy medicine. Whole medical systems involve multiple mixtures of CAM and Traditional healing.

Slide 7 – Biological

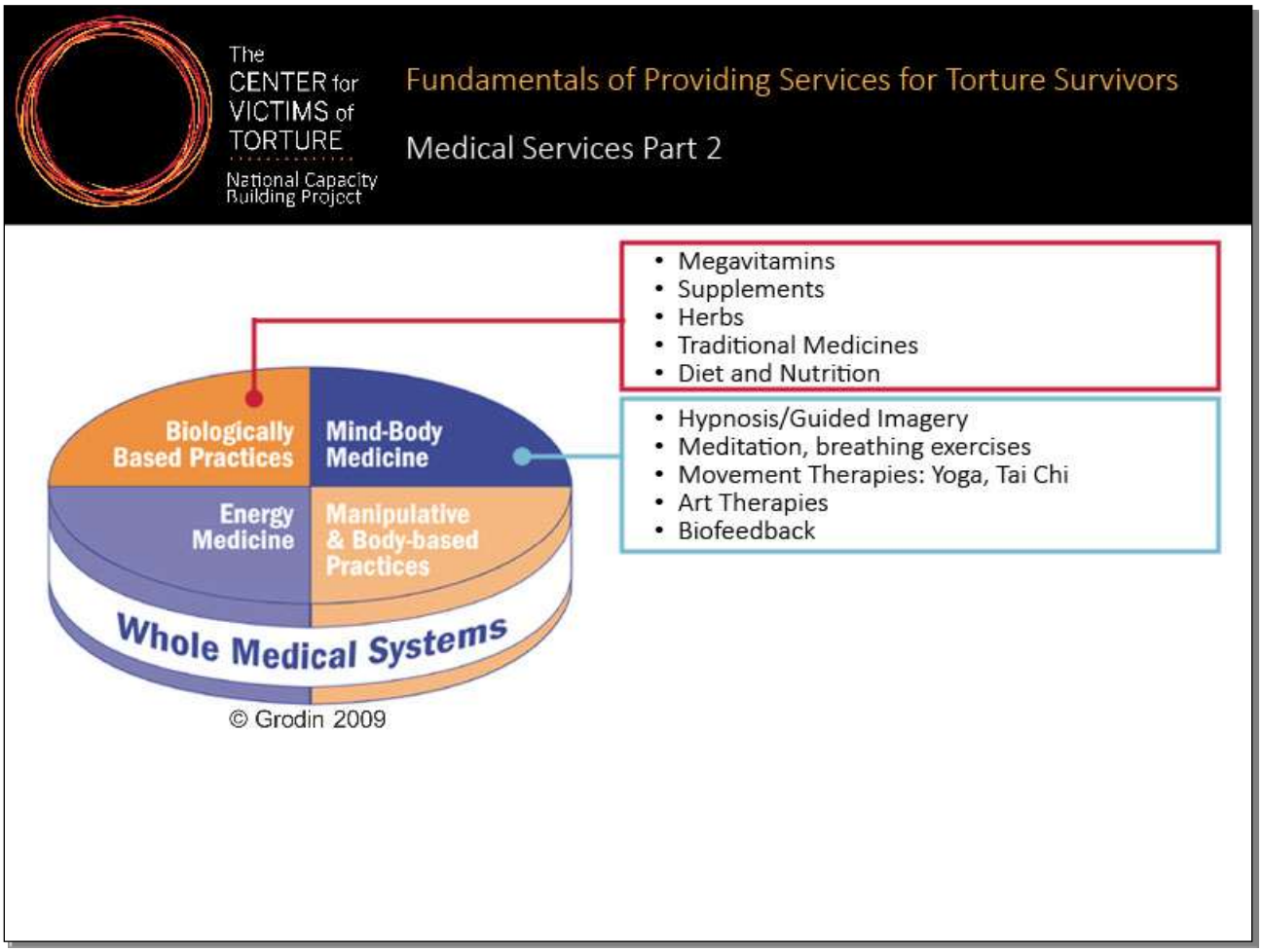


Examples of biologically based practices include megavitamins, supplements, herbs, and traditional medicines (an example is Somali black seed).

Slide 8 – Photo: Black Seeds

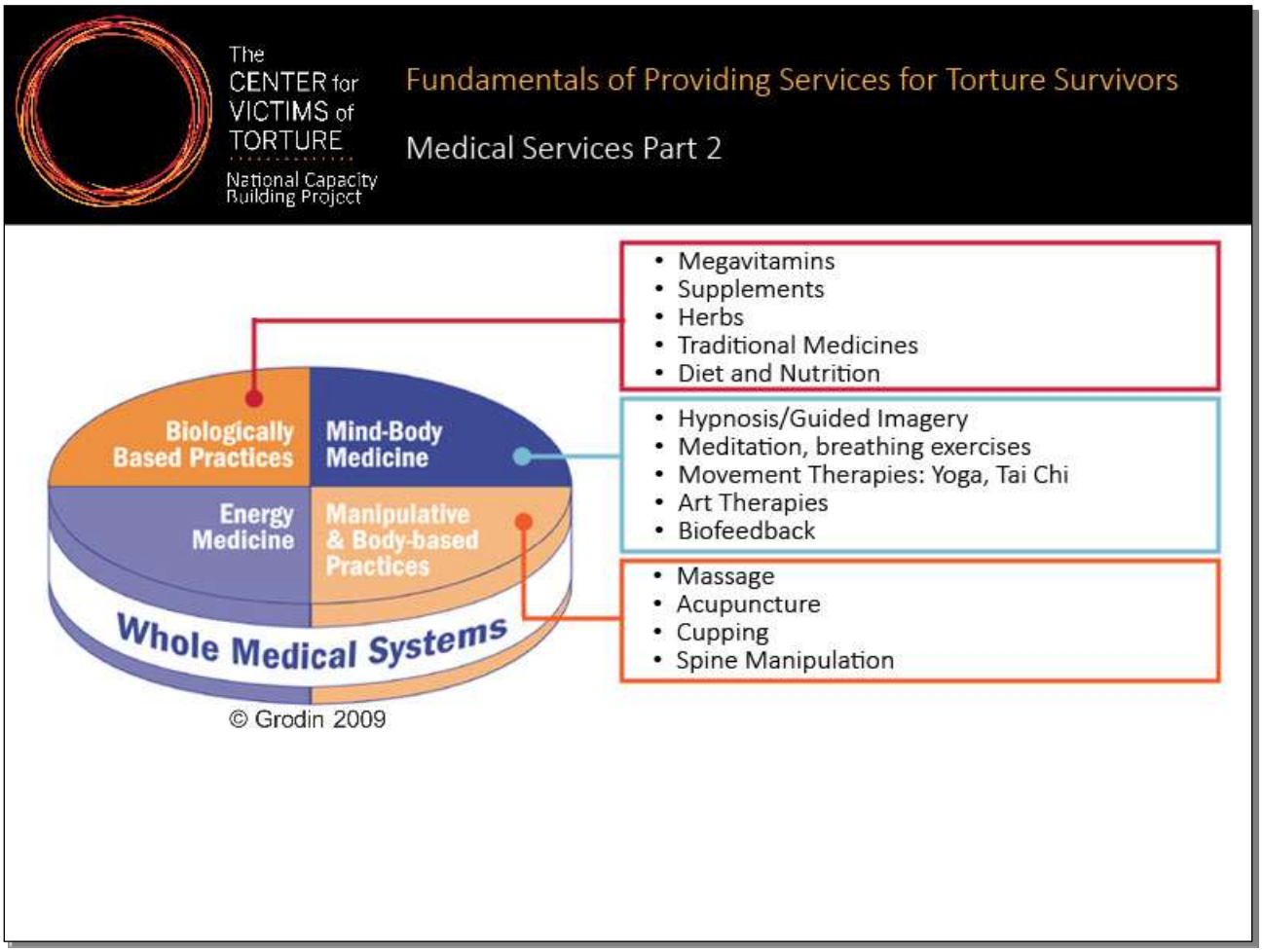
This is Somali black seed - substituted for blood pressure medicine by a survivor in my practice. I did not take an adequate history and didn't know she wasn't taking her blood pressure medication until during a clinic visit she pulled out the prescription bottle filled with black seed to give me 7 seeds to treat my cough. When asked where her blood pressure medicine was, she told me she had thrown it out because she thought the black seed worked better. In this case, the CAM could have been harmful because she substituted it for a blood pressure medicine that she needed. This patient required respectful education about hypertension and adherence to her medical regimen, in addition to close follow up.

Slide 9 – Mind-Body



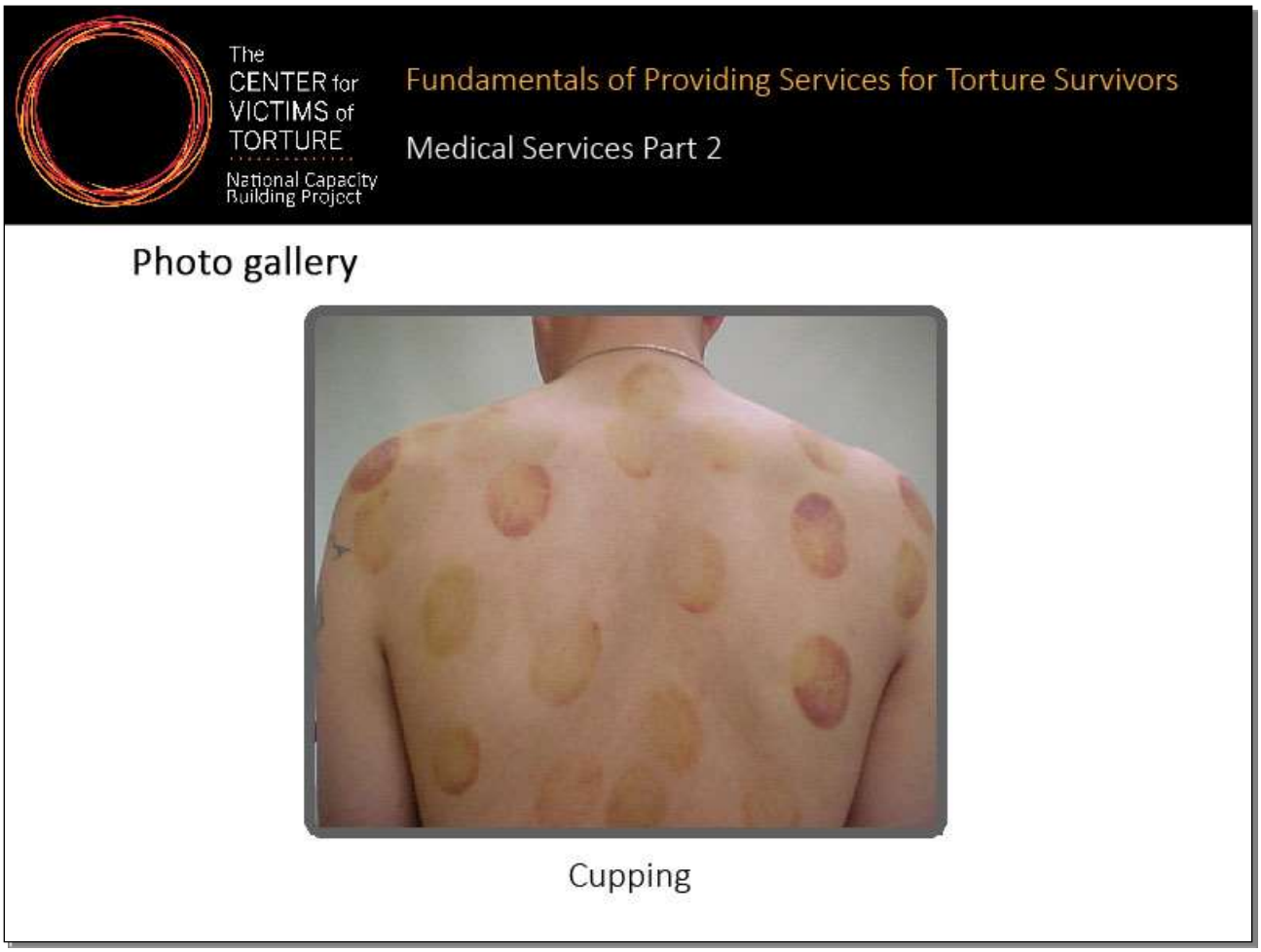
Examples of mind body medicine include hypnosis, meditation, yoga, tai chi, art therapy, and biofeedback.

Slide 10 – Body-Based



Examples of manipulative and body-based practices include massage, acupuncture, cupping, and spine manipulation.

Slide 11 – Photo: Cupping

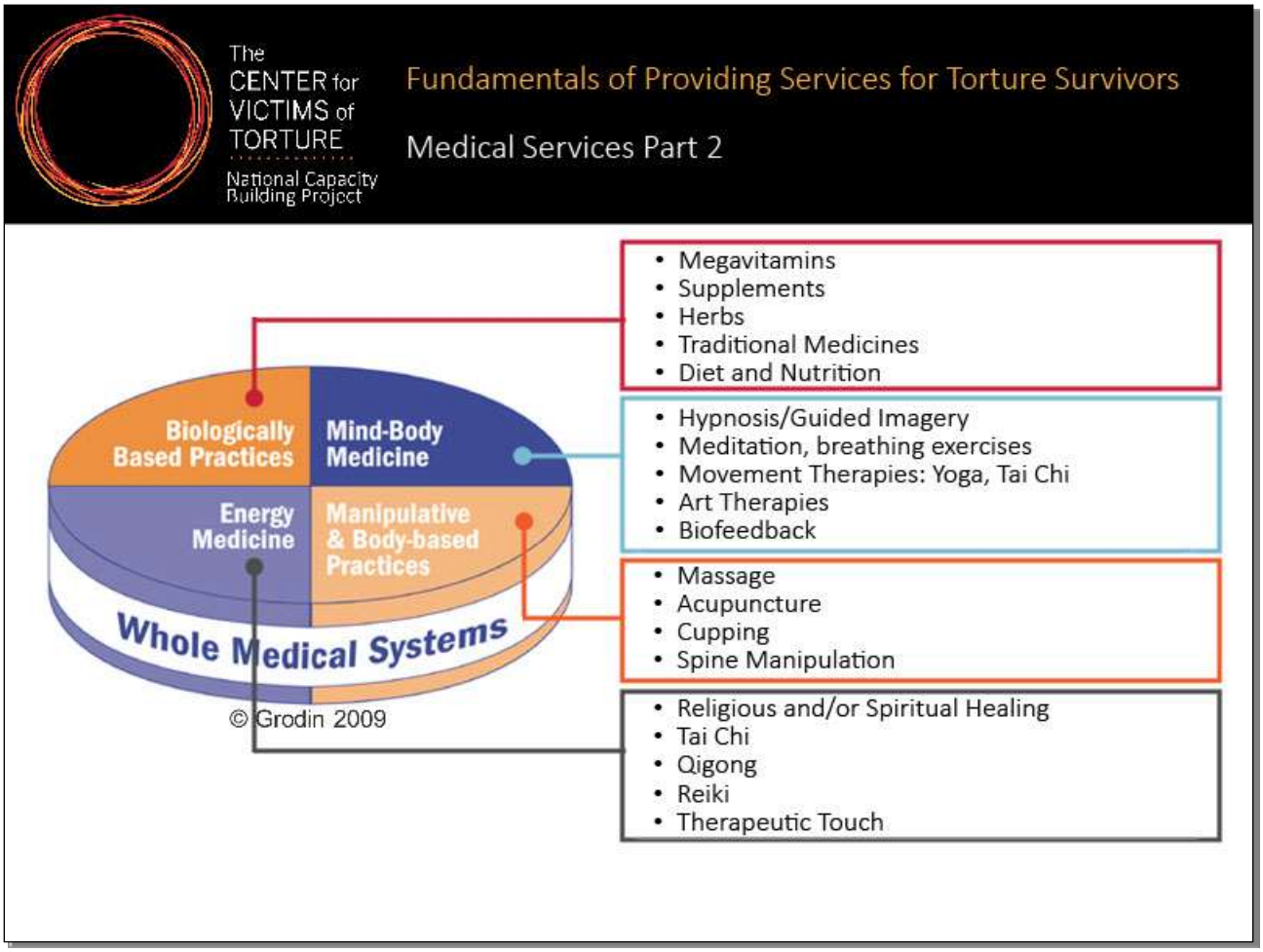


This is a survivor who utilized cupping as part of therapeutic approach to HIV in addition to antiretroviral therapy. While I do not endorse cupping as an effective treatment for HIV, after determining it is not harmful, I incorporated it as a means of showing respect and gaining the survivor's trust.

Slide 12 – Cupping Demonstration

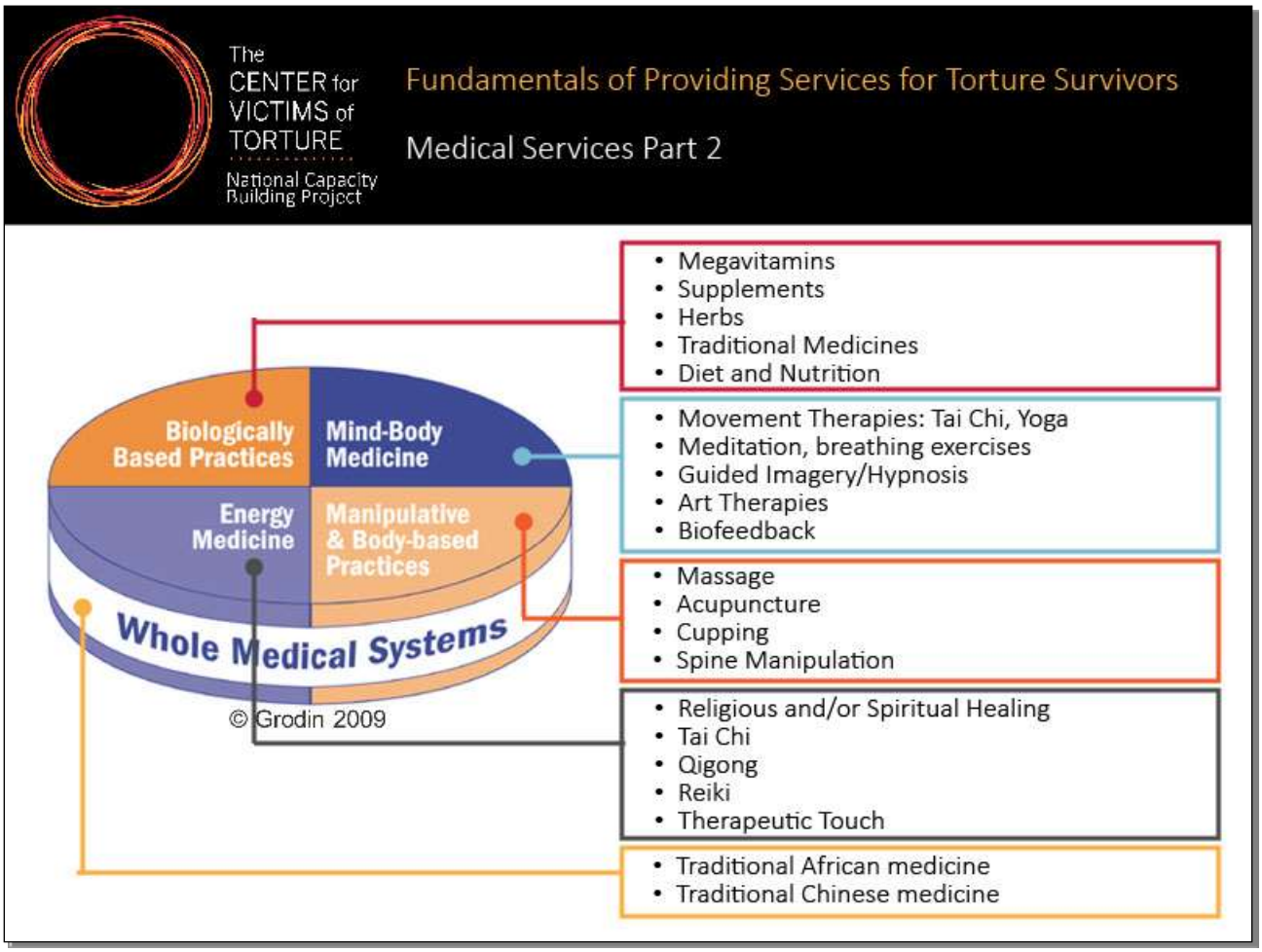
This is how cupping is performed. A negative pressure is created within the cup.

Slide 13 – Energy



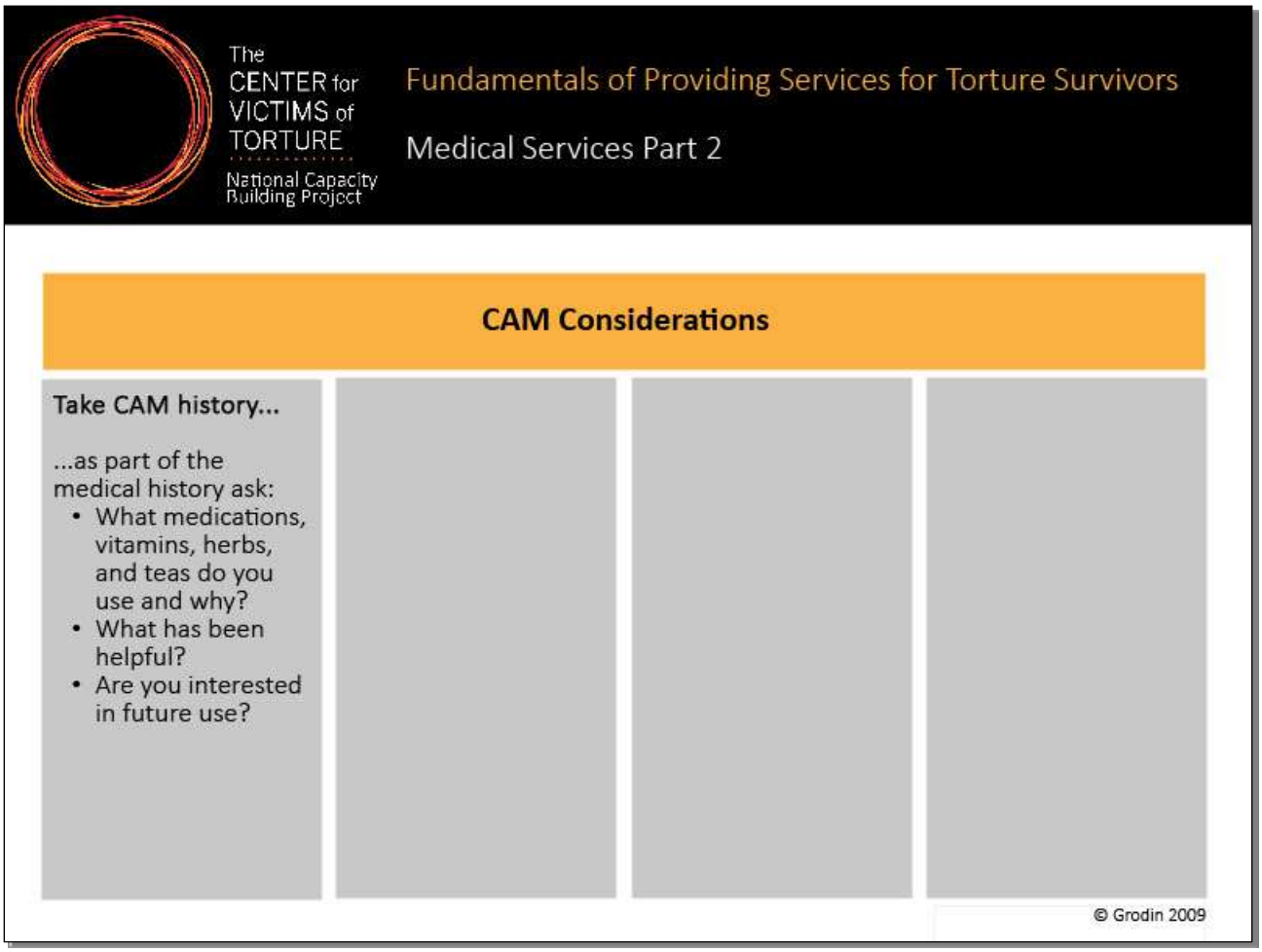
Examples of Energy medicine include religious healing, Tai Chi, Qi Gong, which is a Chinese meditative practice that uses slow graceful movements and controlled breathing to promote circulating Qi within the body and promote overall health. Reiki is a Japanese technique for stress reduction and promotion of healing administered by laying on hands.

Slide 14 – Traditional Medicine



Traditional African Medicine and Traditional Chinese Medicine are examples of whole medical systems.

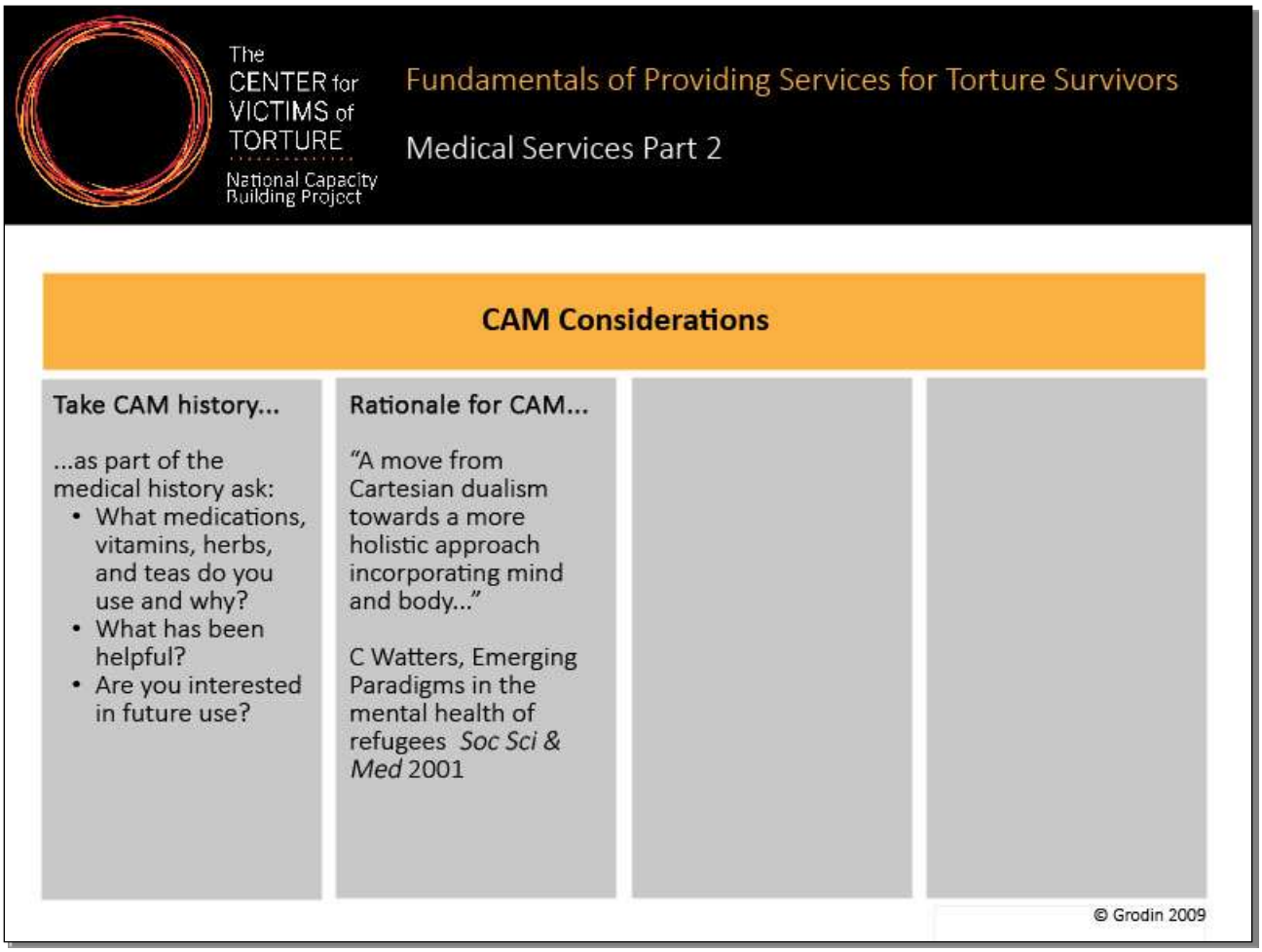
Slide 15 – CAM History



Survivors from many countries already use CAM, in fact for them it is not alternative, but the primary method of treatment or healing. A more appropriate term would be Integrative Medicine.
For this reason, it's important to take a CAM history as part of the medical history and to do so in an open nonjudgmental way. Here are some questions to ask:

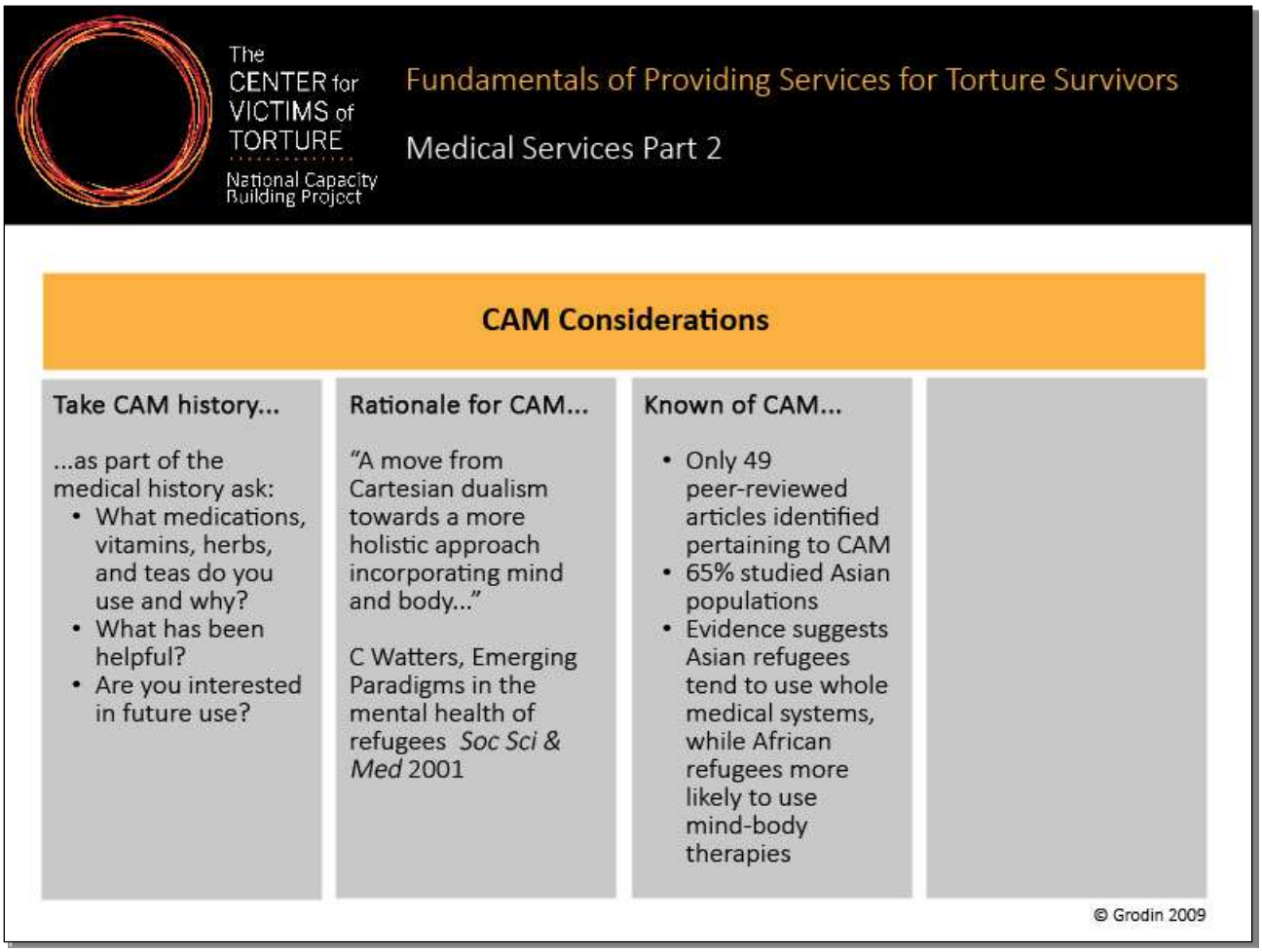
What medications, vitamins, herbs, or teas do you use, and why?
What has been helpful?
Ask about potential interest in future use. If you're working with a survivor using traditional medicines or treatments, it's also important to know or to have a consultant who knows how to evaluate the effectiveness and safety of these approaches and for possible drug-supplement interactions and unsafe therapies. Medical providers have reported situations in which traditional approaches were not appropriate, helpful or even safe for the conditions on which they were used, whereas in other cases they are appropriate and effective.

Slide 16 – CAM Rationale



A rationale for CAM modalities in the treatment of refugees is quoted here: "A move from Cartesian dualism towards a more holistic approach, incorporating mind and body, is being suggested by research in the field of psychoneuroimmunology, which reveals the impact of psychological influences on measurable physiological change."

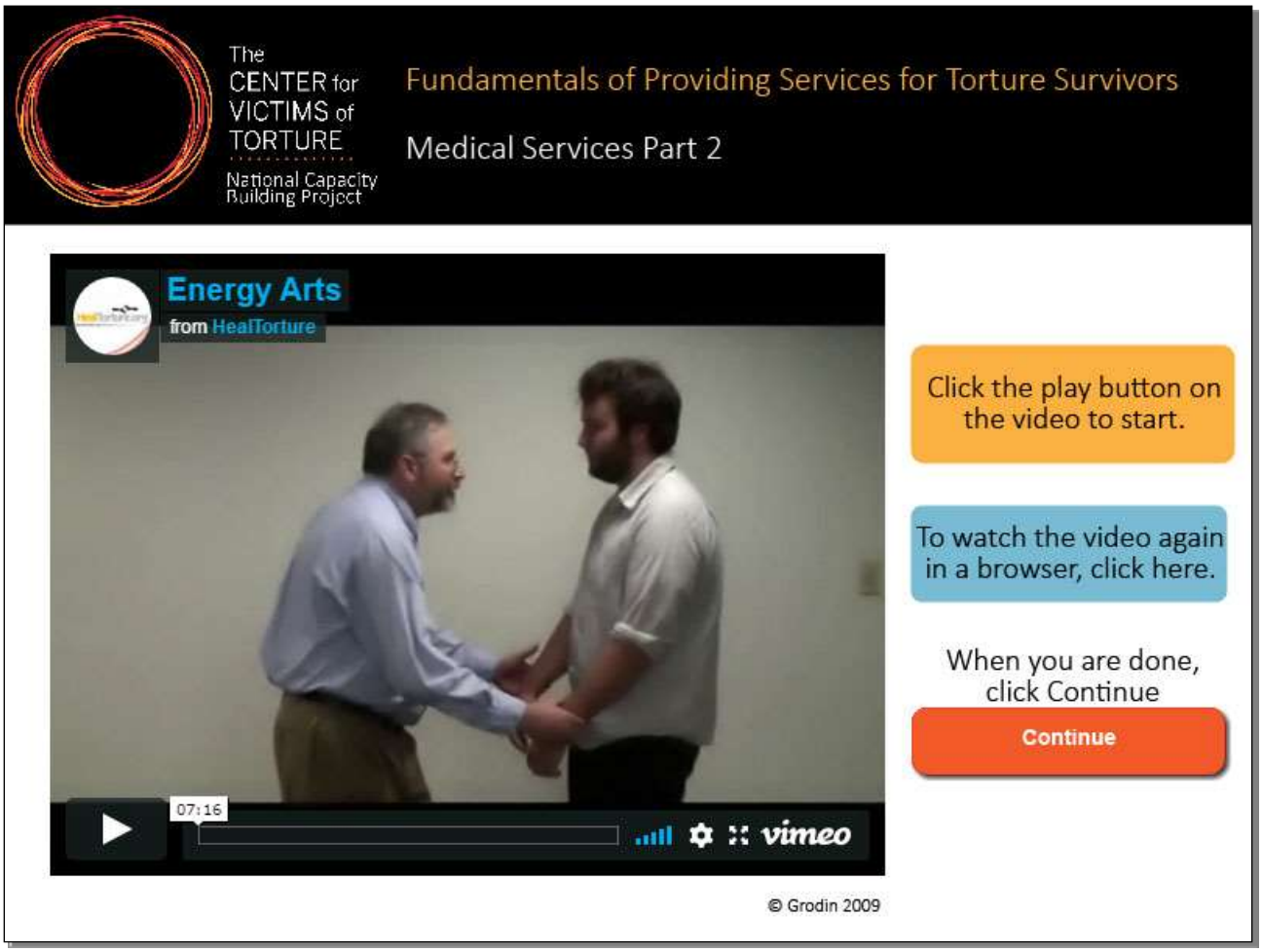
Slide 17 – CAM Known



The existing literature on the use of CAM in refugee populations is meager - an extensive review of the literature found only 49 peer reviewed articles pertaining to CAM among refugees, and the majority studied Asian populations. There is little evidence-based data on efficacy or outcome of CAM practices in survivors of torture or refugees. Dr. Grodin and colleagues published a preliminary case series using Qi Gong and Tai Chi in treating survivors of torture and refugee trauma which supports the potential efficacy of reducing psychological symptoms and pain in this population. There is also some promising observation data out of Boston, using acupuncture for refugees with Post traumatic Stress Disorder. Although not designed as a clinical trial, there were noted to be considerable reductions in symptoms relating to Post traumatic Stress Disorder in 14 out of 16 patients. Also importantly, it was very well accepted. The use of CAM as part of the holistic treatment plan in survivors of torture merits further investigation.

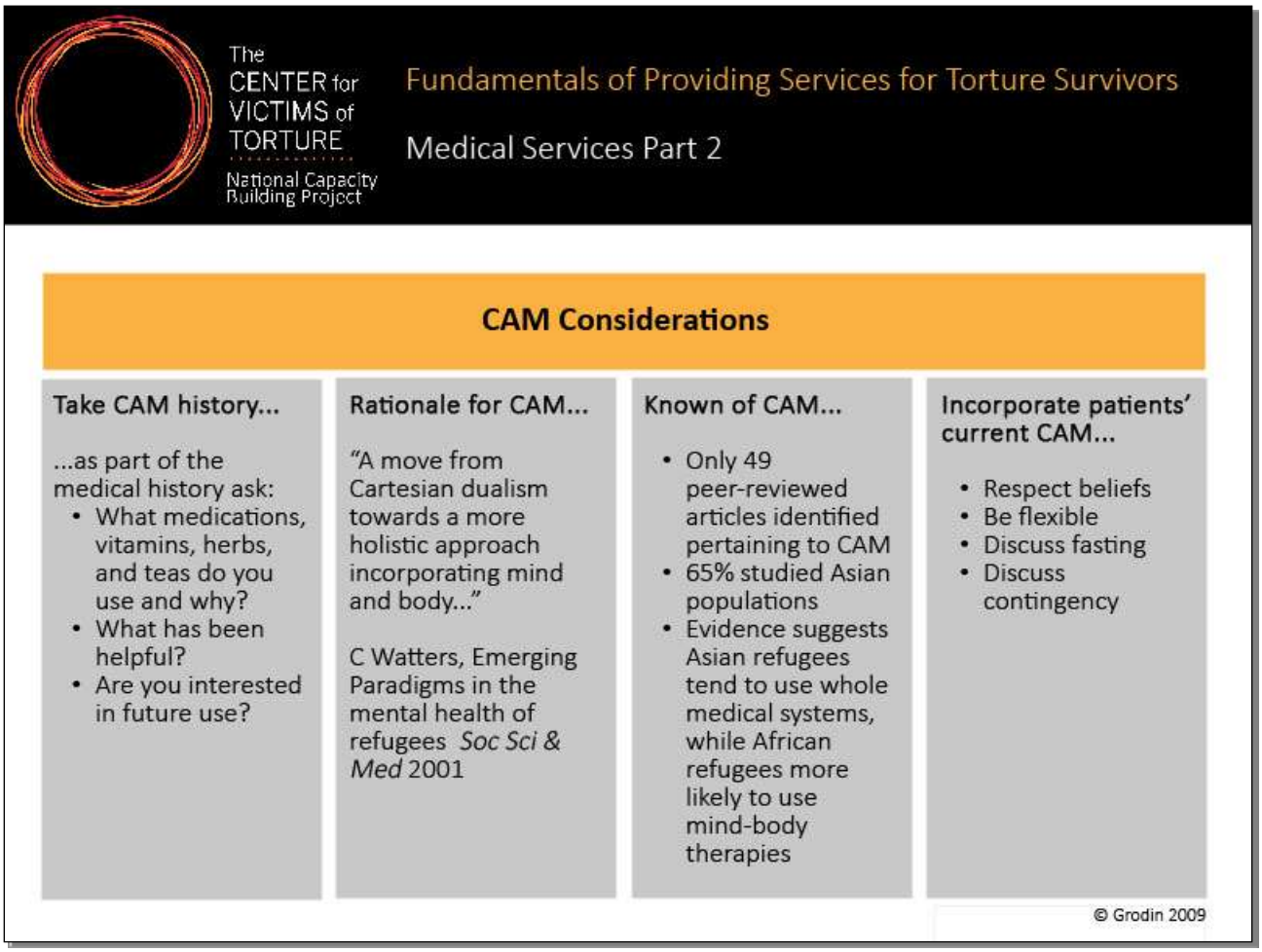
Next we will a 7 minute demonstration of Qi Gong techniques by Dr. Grodin. You'll see that the approach has the benefits of being gentle, pleasant and non-invasive.

Slide 18 – Energy Arts Video



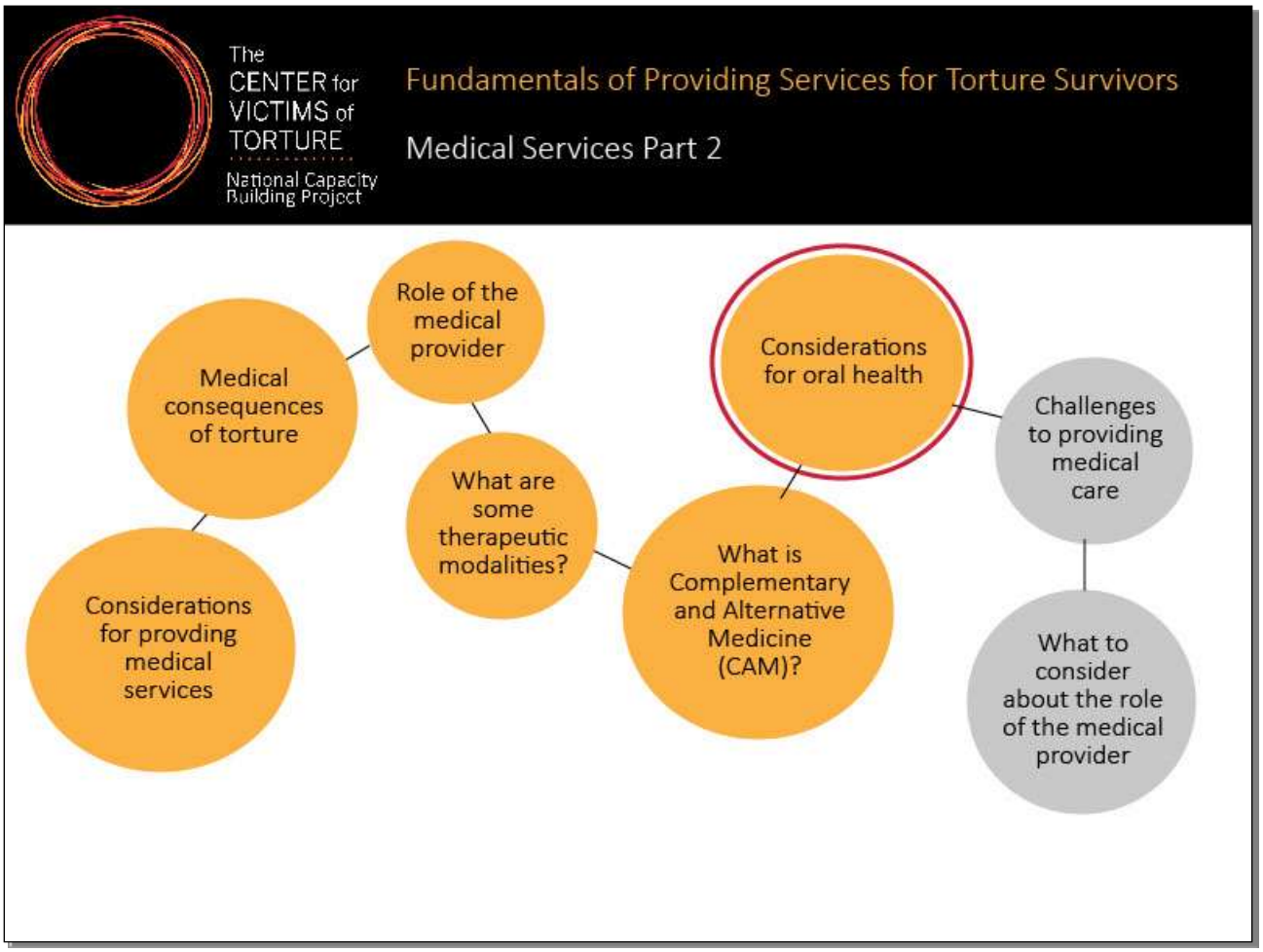
Click the Play button to watch the demonstration. When you are done, click Continue.

Slide 19 – CAM Current



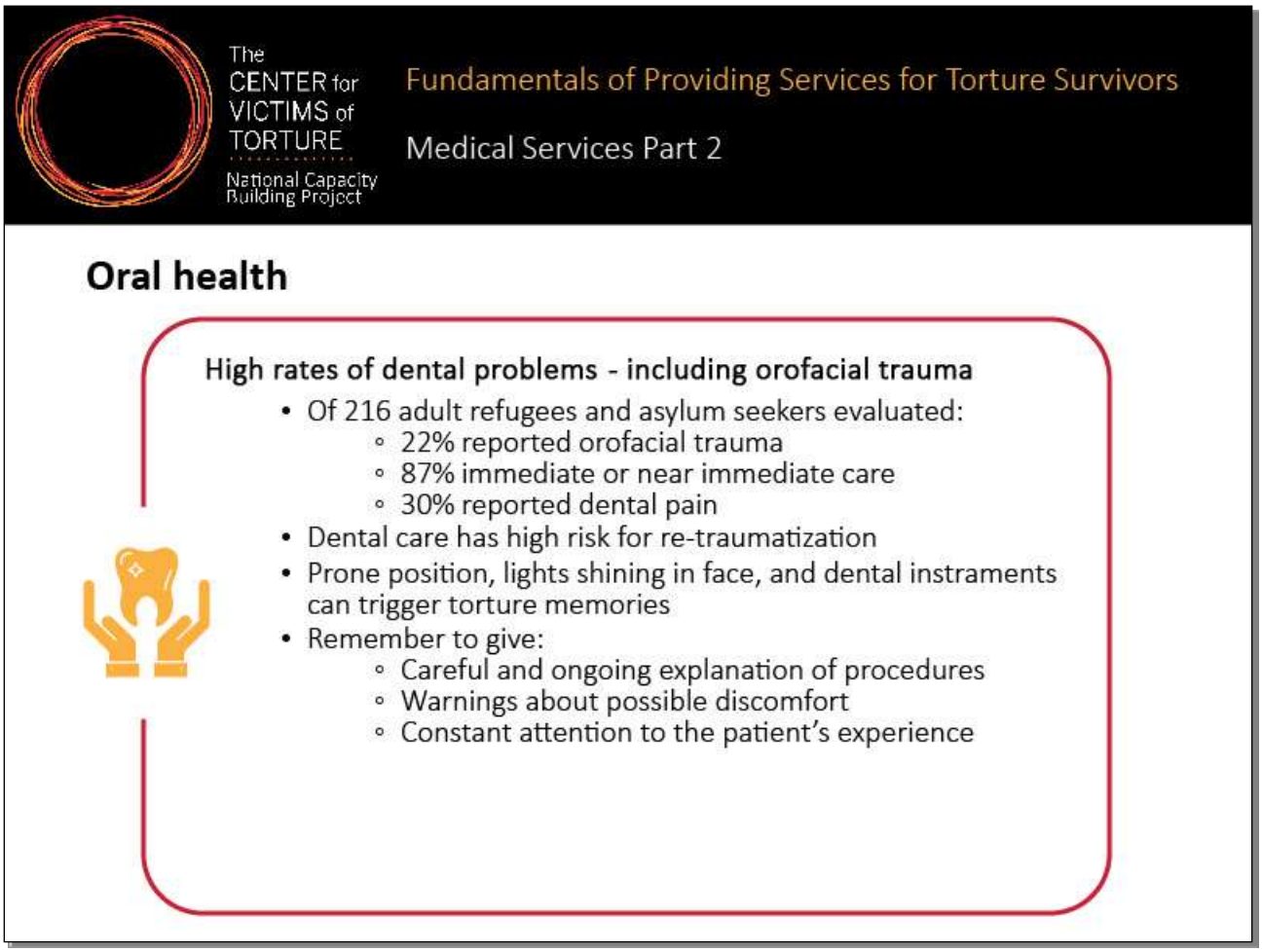
Incorporating patients' current CAM practices into the treatment plan requires willingness and flexibility. In addition, there should be discussion of fasting practices (for example, during Ramadan) and discussion of contingency plan if medical issues arise.

Slide 20 – Next: Oral Health



We've discussed considerations, consequences, roles, treatment modalities, and shared some examples of Complementary and Alternative Medicine. Now, let's discuss an issue commonly dealt with by survivors, oral health. Oral health is an extremely important part of the medical evaluation as well as the assessment by intake workers, case managers, mental health staff, and anyone responsible for identifying survivors' needs and making referrals. Let's discuss some considerations.

Slide 21 – Oral Health

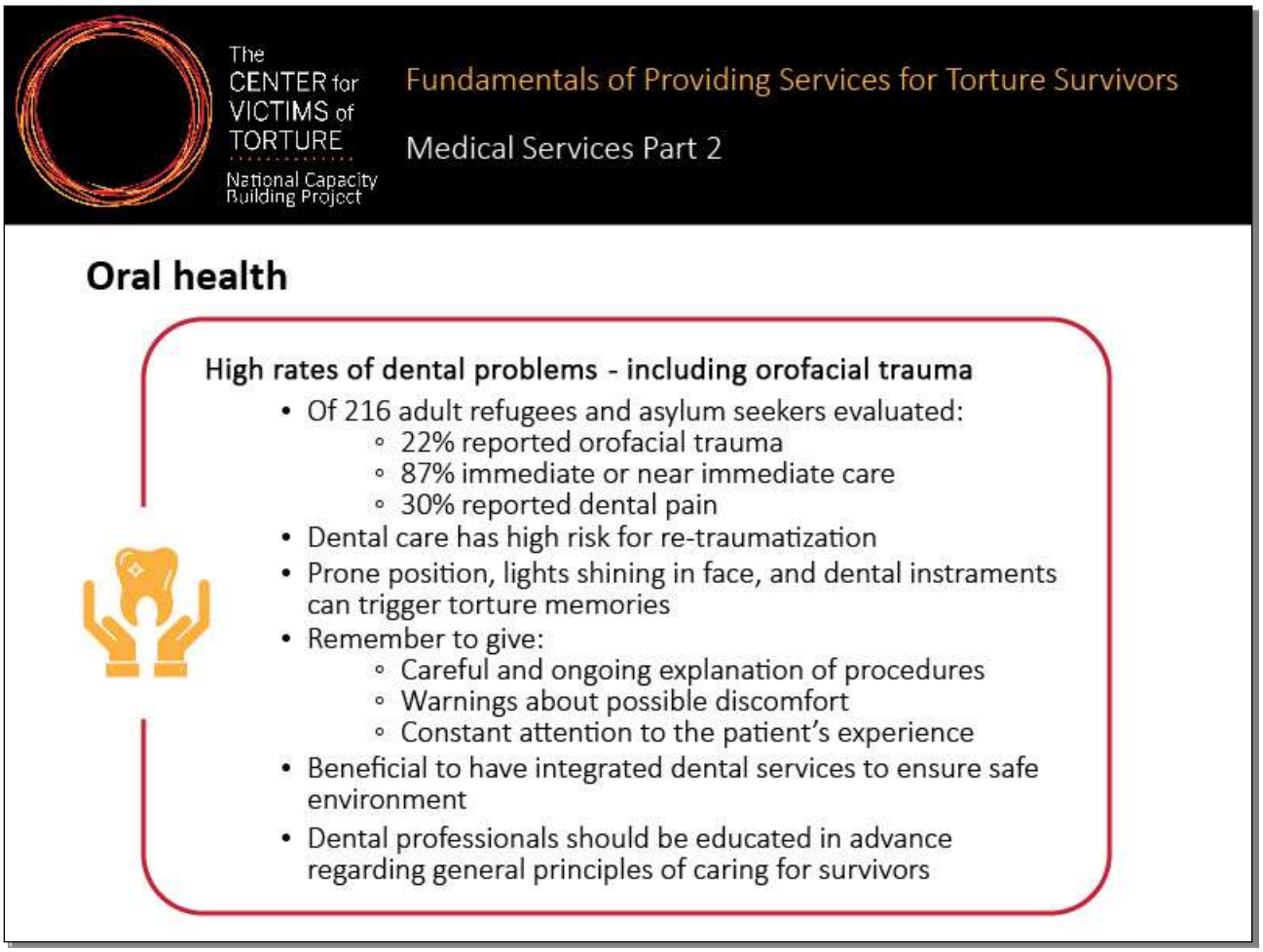


First, consider the populations of refugees and asylum seekers. There are high rates of dental problems, including orofacial trauma from torture. Of 216 adult refugees and asylum seekers evaluated at our Center:

- 22% reported orofacial trauma
- Self-report of dentition was fair-poor
- 76% had untreated cavities
- 12% required immediate dental care, 75% required care within weeks (90 % immediate or near immediate care)
- 19 % had moderate or severe gingival inflammation
- 30 % reported dental pain

Dental care is an area with a high risk for re-traumatization. Just think how many people, even without a torture history, fear and avoid going to the dentist. The prone position, lights shining on the face and dental instruments may easily trigger recollections of torture experience. Careful and ongoing explanation of procedures, warnings about possible discomfort, and vigilant attention to the patient's experience are essential components of the process.

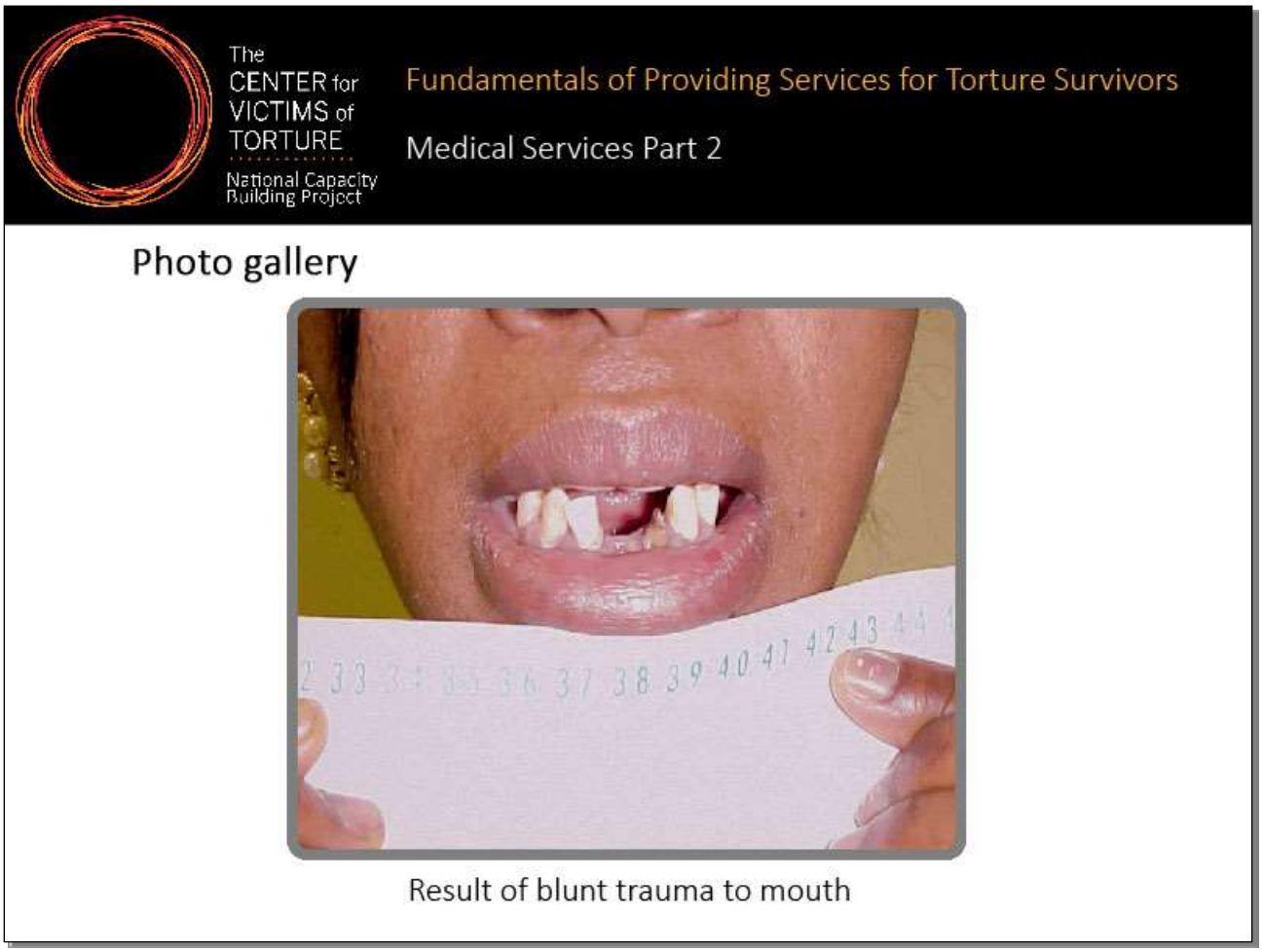
Slide 22 – Oral Health Part 2



It is beneficial to have dental services integrated into medical services and to ensure that the environment is as safe as possible for the survivor. For example, initial dental screenings can be performed in the primary care setting as part of overall service delivery.

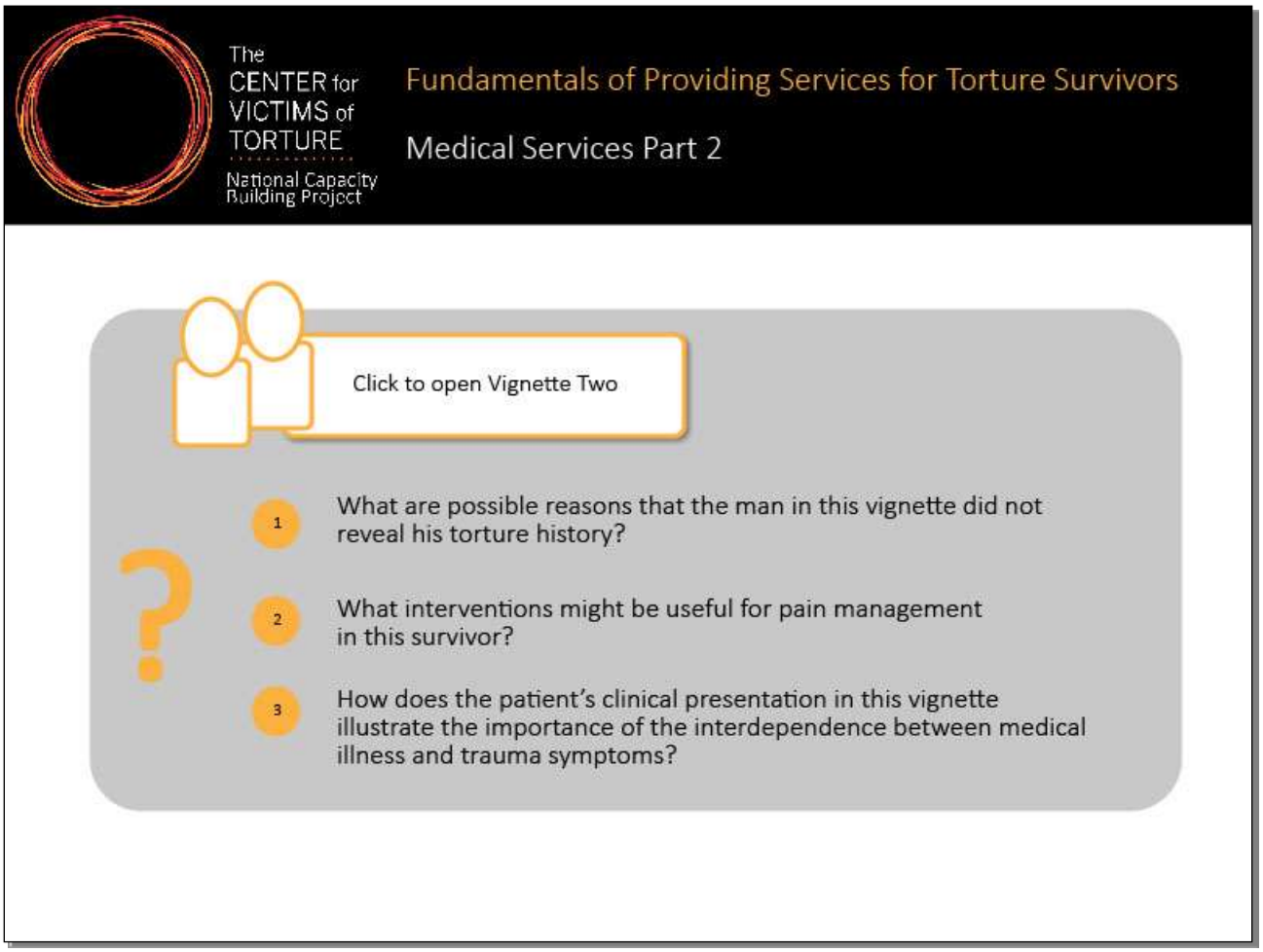
Dental professionals providing care for your patients should be educated in advance about general principles of caring for survivors, and methods to reduce re-traumatization.

Slide 23 – Photo: Oral Trauma



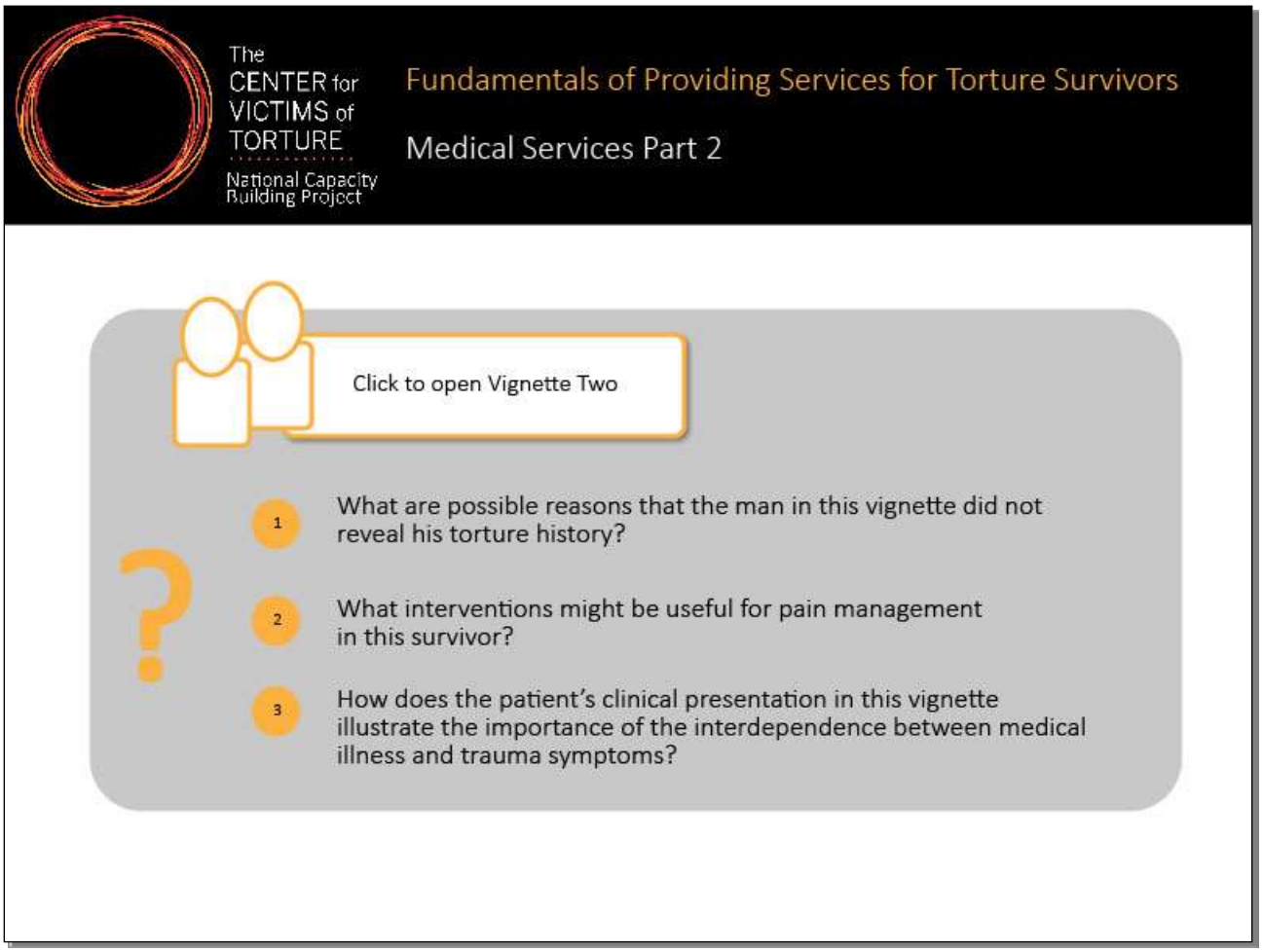
This is an example of blunt trauma to the mouth resulting in a fractured tooth. This cosmetic reminder of the trauma had a negative psychological impact, and repair was the highest priority in her integrated treatment plan.

Slide 24 – Vignette 2



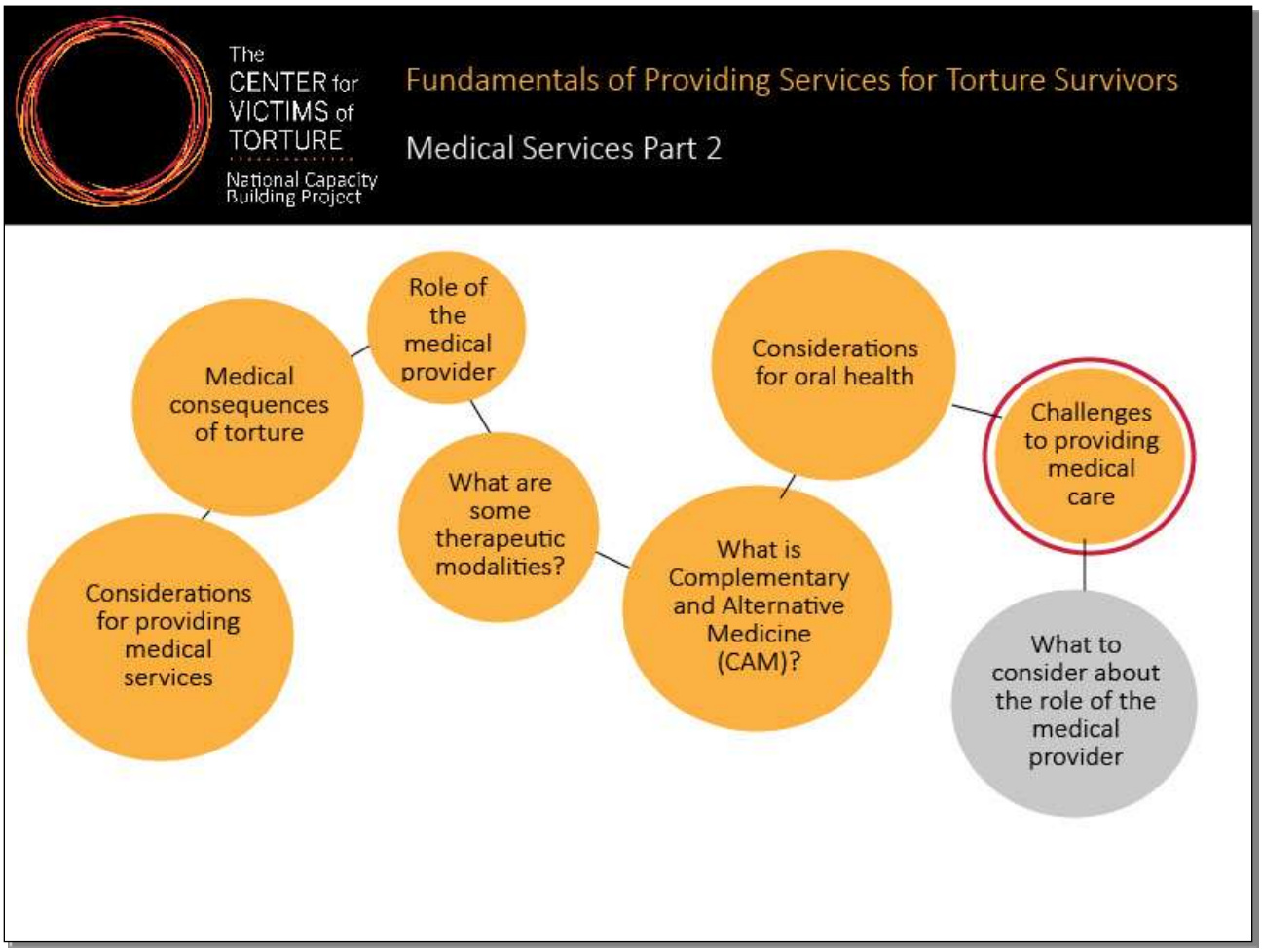
Now, let's apply what've you've learned to another individual survivor's situation. As you listen, consider the following questions and write your answers in your journal. You can also click the button to open the story in your browser.

Slide 25 – Vignette 2 Part 2



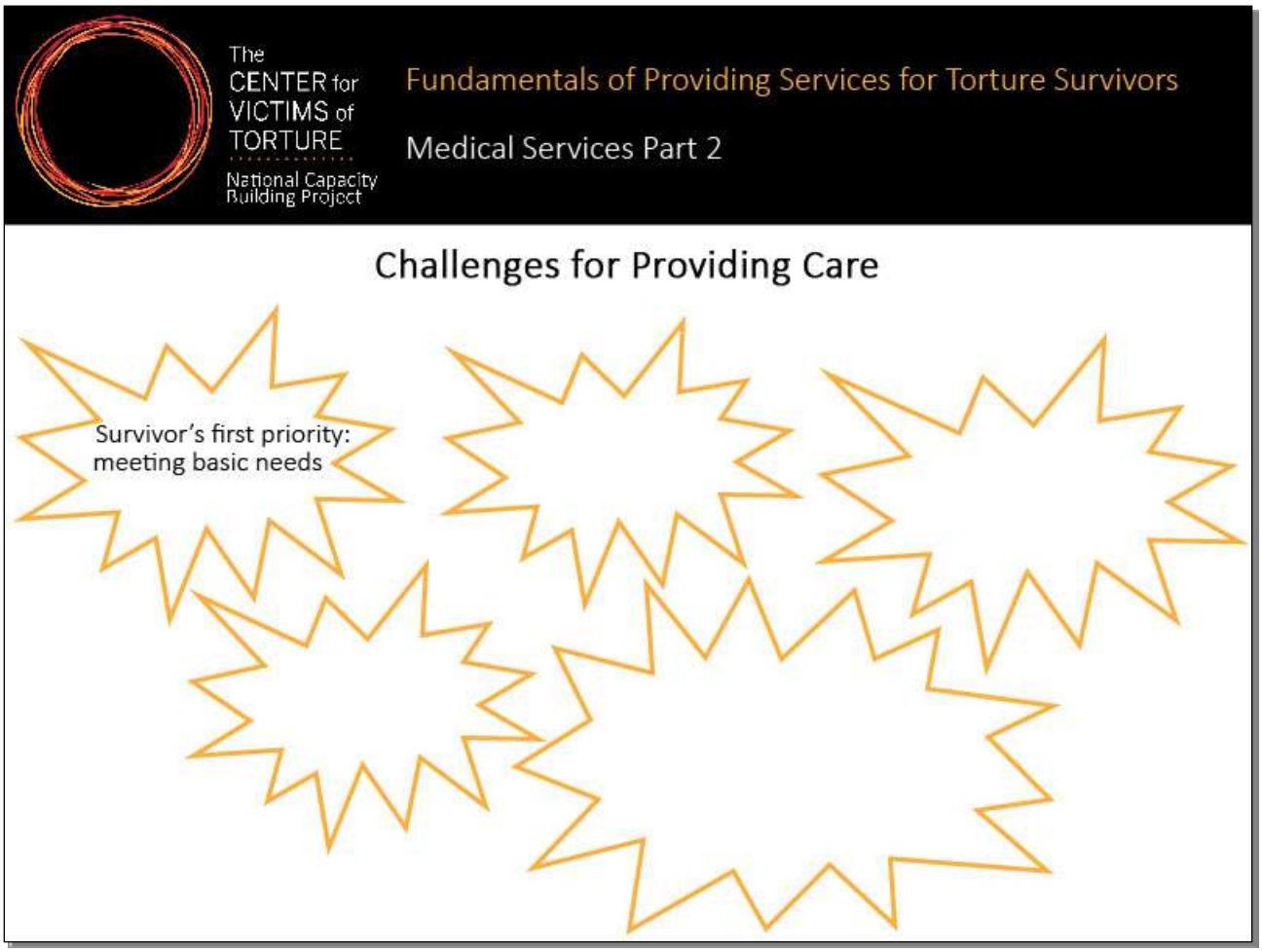
[Audio of Vignette 2]

Slide 26 – Next: Challenges



Likely you have begun to anticipate some of the challenges a medical provider might face as you have completed this lesson. Let's review some of the more difficult ones I've commonly seen.

Slide 27 – Basic Needs



Primary medical care is often the setting where survivors feel comfortable to ask for help, and they often tell medical providers about other urgent needs.

Attention to basic needs are often the patient's first priority. They may be most concerned with safety, food, and clothing appropriate to the weather - not their cholesterol, or whether or not they have had breast or prostate cancer screening. Other needs include lack of housing, concern over separation from their children and their children's safety back home, legal needs if seeking asylum, employment, or the need for language classes. The primary care practitioner will be most effective if she knows whom to refer to at the torture survivor program to help address these needs.

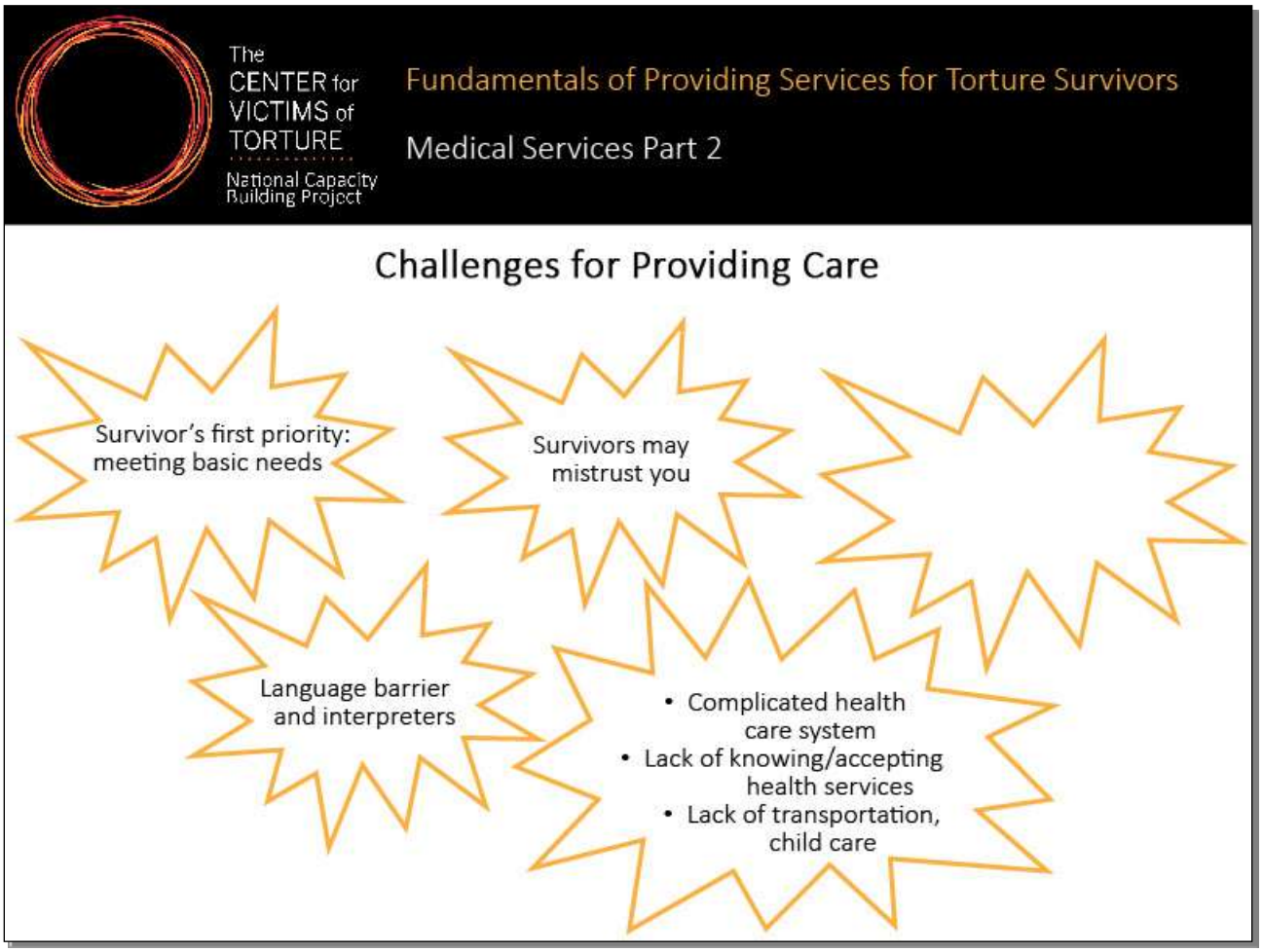
Slide 28 – Language Barrier

A Language barrier can present challenges to providing care, and interpreters are often required to provide services. Note that you should consider the options of in-person vs. telephone interpretation. In my experience, for sensitive topics, an anonymous phone interpreter may be preferred. Either way, it's important to develop a relationship with the source providing the interpreter, to ensure that the interpreter is trained, and to make sure that both the interpreter and the survivor are fully informed about the absolute necessity for confidentiality. Even so, if an interpreter is a member of the local community, discussion of sensitive topics such as torture or sexual trauma may be shameful. The gender of the interpreter can be important, especially when discussing issues such as sexual trauma. Ethnicity or tribal affiliation of the interpreter must also be considered in some cases, for example where a particular tribe or ethnic group was associated with torture of the patient or the patient's ethnic group.

Slide 29 – Trust

A survivor may view the doctor or hospital system as government agents. They may be reluctant to disclose if they do not understand the confidential nature of the doctor-patient relationship. Another chilling possibility, as I mentioned earlier, is that physicians may have participated in torture. Physician participation in torture is well documented. Be patient with the process of establishing trust.

Slide 30 – Complications

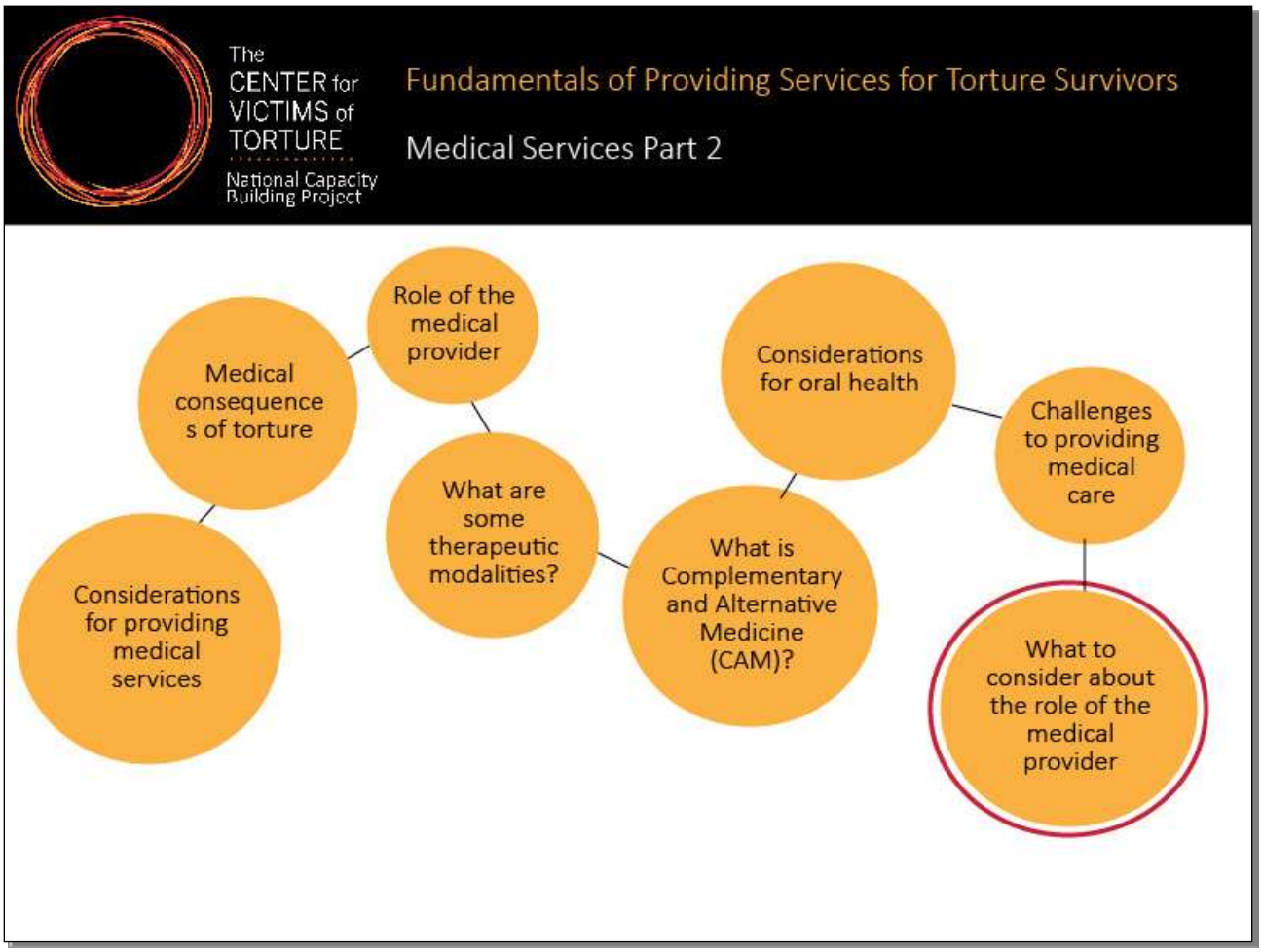


Our health care system is complicated. Here are some more considerations that may help survivors to receive the care they need in this complicated system.
In many cultures people will go to doctor when sick, and not by appointment.
It may be helpful to consider same day services in some circumstances. Refugees may be unfamiliar with preventative health care and with some medical procedures, such as phlebotomy, vaccines, or mammography. An in-depth orientation to this new system may be needed.
Mental health is equated to being "crazy" in some cultures, and survivors may be reluctant to accept mental health referrals.
Incorporating mental health services into primary care clinics may decrease stigma and normalize mental health as part of routine services.
The primary care provider has the opportunity to provide education about trauma and mental health.
You may be able to develop partnerships with ethnic, cultural, or spiritual organizations, which you can use to assist in encouraging members to seek medical services.
Transportation and childcare may present barriers. Attempts should be made to consolidate appointments on the same day, consider childcare, and provide transportation vouchers when necessary.

Slide 31 – Culture

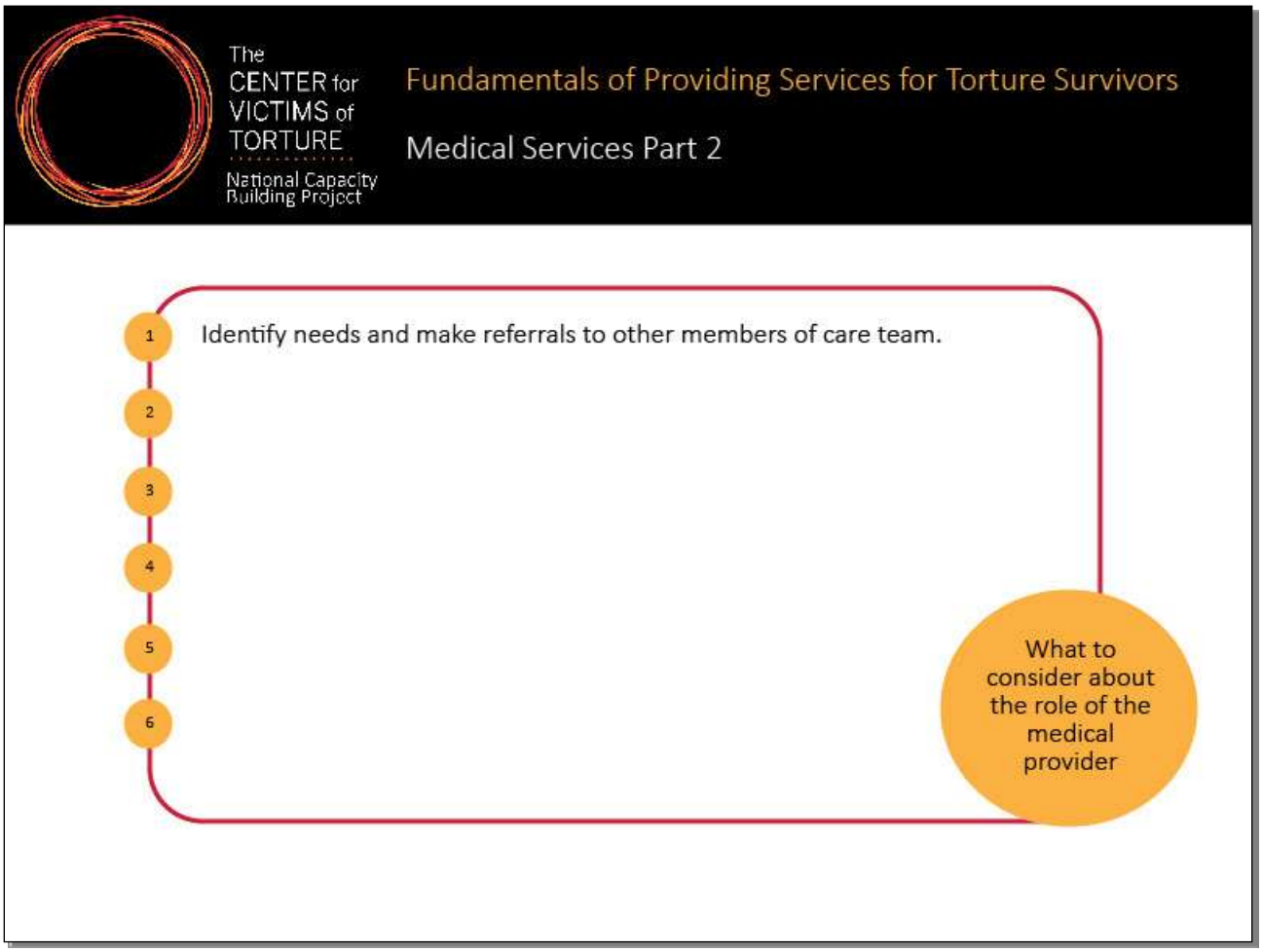
Survivors may have a culturally-based explanations for illness.
The patient may not connect their symptoms to physical process:
For example, a survivor from Rwanda did not report seizures to her primary care doctor, because she thought the seizures were a physical manifestation of being possessed by her ancestors, and not a medical illness. She was eventually diagnosed with neurcystocercosis (a tapeworm infection of the brain) after a witness to a seizure called 911.
Another example is the Tibetan monk who believed his abdominal pain was a result of transgressions in a past life, and not related to his *H. Pylori* infection.

Slide 32 – Next: Role of Medical Provider



In this last section, I've compiled a list of considerations or suggestions that can help medical providers be successful. Let's review it now.

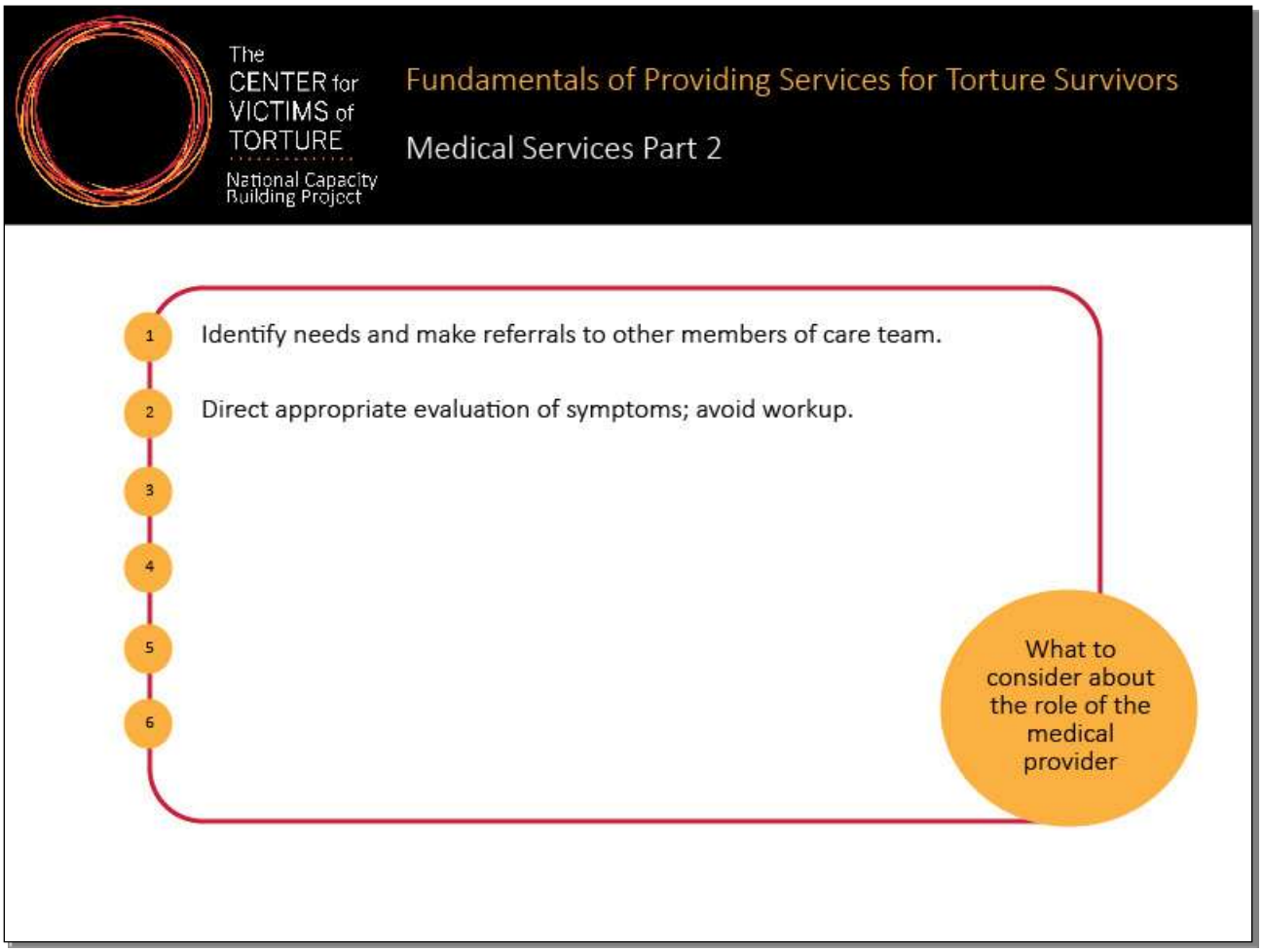
Slide 33 – Identify Needs



Sometimes the medical provider may know herself where to refer a client for help with basic needs such as clothing, food or housing. More often, she'll make the referral to the social service or case management staff at the torture survivor program.

Medical providers should routinely assess the torture survivors they treat for mental health issues requiring referral for assessment and treatment. Survivors may confide in their physician or nurse about symptoms of PTSD or depression, substance abuse or even about thoughts of harming themselves or others. They may also exhibit psychosis or psychosis-like symptoms. Medical providers should be aware of the mental health resources within the torture survivor program serving this particular person, as well as emergency psychiatric resources for immediate referral. Having an established relationship with mental health staff at the torture survivor program will make intervention in such situations much easier. Psychiatry, psychotherapy, community support, and spiritual and culturally based healing resources – any or all of these may complement medical treatment in the holistic approach to care for survivors.

Slide 34 – Evaluation



Remember that physical signs, symptoms and diagnoses such as HIV infection, can serve as reminders of trauma. Symptoms of trauma and medical illness may overlap, and trauma may influence how a survivor experiences and processes symptoms of medical illness, for example increased perception of pain. Medical providers can direct appropriate evaluation of symptoms, while avoiding unnecessary workup. They can help patients to understand the cause of symptoms.

Slide 35 – Understand Experience

Understand that the experience of torture can impact health and recovery of all medical illnesses, not just symptoms directly occurring as a result of torture. An example is the survivor with rheumatoid arthritis. The joint pain that the patient experiences as a result of the arthritis may remind the survivor of previous pain due to beatings during torture, and this reminder or association may cause the patient additional distress or serve as a trigger for posttraumatic symptoms. Survivors who are diagnosed with HIV may avoid engaging in care because HIV may serve as a reminder or trigger for thinking about sexual trauma.

Slide 36 – Provide Support

Medical providers should provide ongoing support and education to the survivor. They can help the survivor to understand the connection between the patient's symptoms and ongoing stressors, including how symptoms such as physical pain may recur with stressful situations.

Survivors may be doing well, and suddenly relapse with a traumatic event like minor car accident, and require short term mental health intervention.

Slide 37 – Increase Knowledge

Medical providers play an important role in increasing knowledge about, and awareness of torture in the community, and training other health care providers, including students, about caring for survivors of torture.

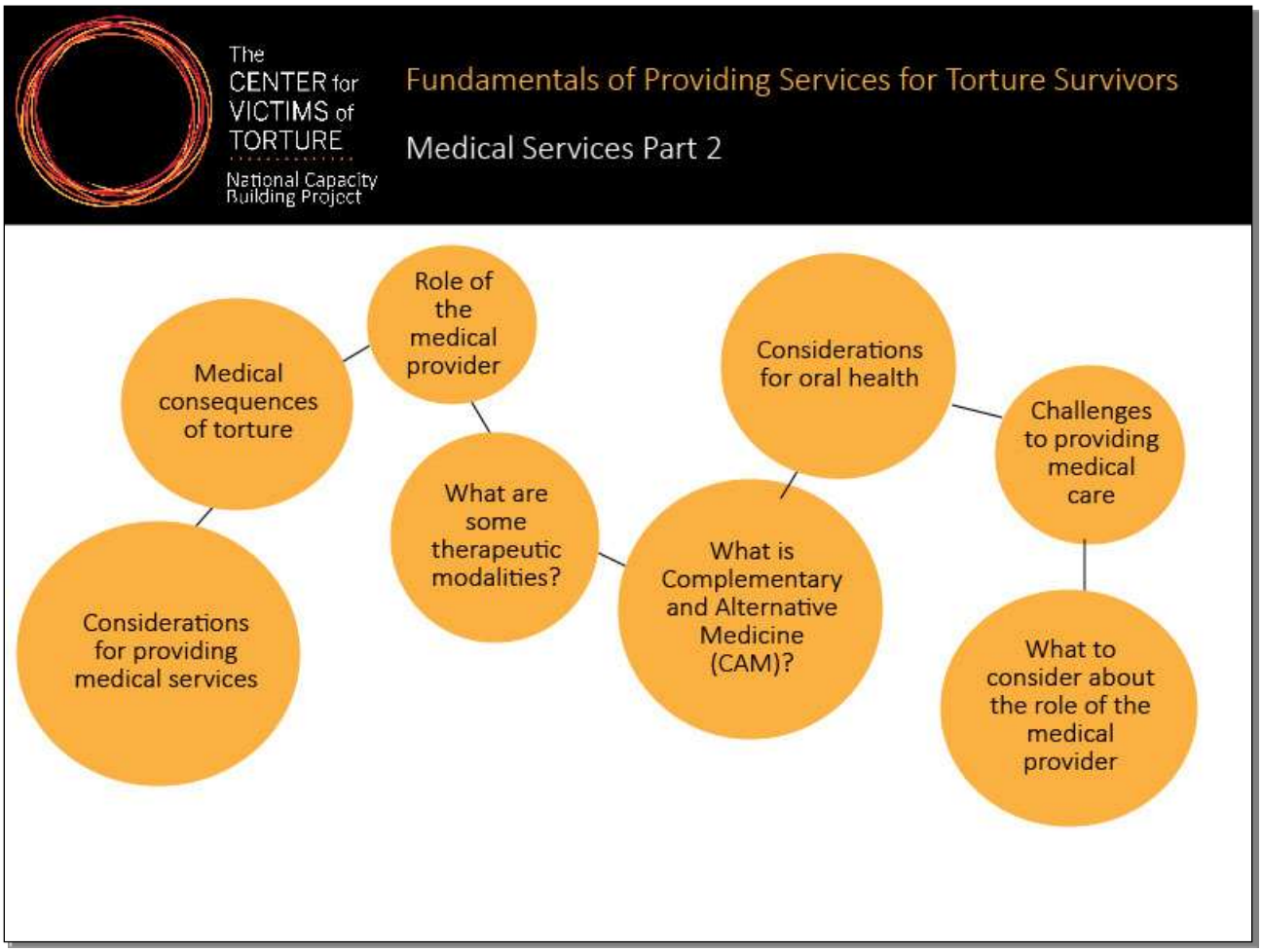
Slide 38 – Documentation

In the Legal Services module, you learned about the crucial role that medical experts play in documenting the physical effects of torture and preparing affidavits which present evidence to the immigration court. Conducting these evaluations and preparing effective affidavits is a specialized skill requiring specific training. Some programs have developed a network of physicians trained for this service. Often, those providers are not part of the medical treatment program, but rather physicians who volunteer specifically to fulfill the forensic documentation role. Other programs have physicians on staff filling this role. In addition to preparation of the affidavit, the medical provider may be asked to provide oral testimony during the individual merits hearing in asylum court.

For details on how to perform a forensic evaluation, I refer you to the Istanbul Protocol, which is the international standard for documenting the physical and psychological effects of torture. Physicians for Human Rights has also published a guide entitled "Examining Asylum Seekers", which contains detailed instructions for performing forensic evaluations. Links to these resources are found in the Additional Resources section of the course.

Forensic evaluations are a critical component of medical services provided for survivors, and preparation of the affidavit fosters trust with the provider, and aids in the healing process.

Slide 39 – Lesson Summary



Congratulations, you've completed the Medical Services lesson. We've covered many topics to guide you in effectively understanding, providing or referring torture survivors for medical services. We encourage you to continue to increase and evolve your knowledge regarding best, promising and emerging practices in this field. You'll find references to guide you in this effort in the Additional Resources sections of the course modules, which can be found at HealTorture.org. Thank you.

Slide 40 – Assessment