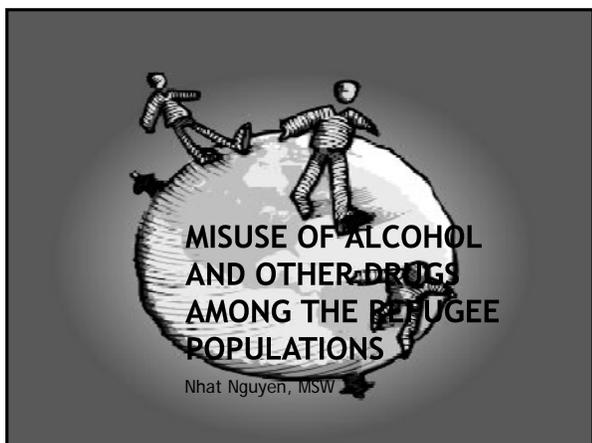


**REFUGEE NURSING
CONFERENCE**

NOVEMBER 14, 2013

Q U O T E D O F A Y	"To put the world right in order, we must first put the nation in order;
	To put the nation in order, we must first put the family in order;
	To put the family in order, we must first cultivate our personal life;
	We must first set our hearts right" <small>-Confucius, philosopher (551-479)</small>



LEARNING OBJECTIVES

- Alcohol and Other Drug Use Among the Refugee Population
- Alcohol and Other Drugs 101
- Differential Diagnosis from Cultural Bound Syndromes
- Culturally and Linguistically Appropriate Strategies

WHERE ARE THEY COMING FROM



A global total of 15.4 million refugees, 27.5 million internally displaced people and a further 840,000 people waiting to be given refugee status.

WHERE ARE THEY GOING TO



Since 1975, 3 million refugees have entered the United States. Annually only 80,000 refugees are permitted to the US.

Limits by region:
 Africa 15,000
 East Asia 19,000
 Europe 2,000
 Latin America/Caribbean 5,500
 North East/South Asia 35,500

**ALCOHOL AND OTHER DRUG USE
AMONG REFUGEE POPULATIONS**

- Alcohol
- Benzodiazepines
- Cannabis
- Cocaine
- Heroin
- Inhalants
- Khat
- Opiates (Opium)

**ALCOHOL AND OTHER DRUG USE 101
NATURALLY OCCURRING**

- Cannabis (Marijuana)
- Cocaine
- Khat
- PCP
- Peyote
- Psilocybin
- Opiates (Opium)
- Saliva
- Tobacco

**ALCOHOL AND OTHER DRUG USE 101
MANUFACTURED**

- Alcohol
- Amphetamines
- Benzodiazepines
- Cathinones (Synthetic)
- Cannabis (Synthetic)
- Gamma Hydroxybutyrate (GHB)
- Heroin
- Inhalants
- Ketamine
- LSD
- MDMA
- Rohypnol

**ALCOHOL AND OTHER DRUG USE 101
CATEGORIES**

- Stimulants
 - Stimulate the brain and CNS
 - Increased alertness, euphoria and energy
- Depressants
 - Slows down the activity of the brain and CNS
 - Mild stimulation, euphoria, relaxation
- Hallucinogens
 - Interfere with brain and CNS, causing distortions of perception of reality
 - Relaxation, Happiness/Satisfaction and Euphoria

**ALCOHOL AND OTHER DRUG USE 101
HEALTH RISKS**

- Alcohol
- Acute Effects: Drowsiness, slurred speech, nausea, emotional volatility; loss of coordination; visual distortions, impaired memory; sexual dysfunction; loss of consciousness
 - Health Risks: Increased risks of injuries; violence; fetal damage; depression; neurological deficits; hypertension; liver and heart disease; addiction; fatal overdose

**ALCOHOL AND OTHER DRUG USE 101
HEALTH RISKS**

- Cannabis
- Acute Effects: Slowed reaction time; distorted sensory perception; impaired balance and coordination; increased heart rate and appetite; impaired learning, memory; anxiety; panic attacks; psychosis
 - Health Risks: Cough; frequent respiratory infections; possible mental health decline; testicular cancer; addiction

**ALCOHOL AND OTHER DRUG USE 101
HEALTH RISKS**

Opioids

- Acute Effects: Drowsiness; impaired coordination; dizziness; confusion; nausea; sedation; slowed or arrested breathing
- Health Risks: Constipation; endocarditis; hepatitis; HIV; addiction; fatal overdose

**ALCOHOL AND OTHER DRUG USE 101
HEALTH RISKS**

Stimulants

- Acute Effects: Increased heart rate, blood pressure, body temperature, metabolism; feelings of exhilaration; increased energy, mental alertness; tremors; reduced appetite; irritability; anxiety; panic; paranoia; violent behavior; psychosis
- Health Risks: Weight Loss; insomnia; cardiac or cardiovascular complications; stroke; seizures; addiction
 - For Cocaine - Nasal damage from snorting
 - For Methamphetamine - Severe dental problems

**ALCOHOL AND OTHER DRUG USE 101
HEALTH RISKS**

Hallucinogens

- Acute Effects: Altered states of perception and feeling; hallucinations; nausea
 - For LSD and Mescaline - Increased body temperature, heart rate, blood pressure; loss of appetite; sweating; sleeplessness; numbness, dizziness, weakness, tremors; impulsive behavior; rapid shifts in emotions
 - For Psilocybin - Nervousness; paranoia; panic
- Health Risks:
 - (For LSD) Flashbacks; Hallucinogen Persisting Perception Disorder
 - (For PCP) High doses can lead to seizures, coma and death (accidents or suicide)

**ALCOHOL AND OTHER DRUG USE 101
HEALTH RISKS**

Inhalants

- Acute Effects: Stimulation; loss of inhibition; headache; nausea or vomiting; slurred speech; loss of motor coordination; limb spasms; wheezing
- Health Risks: Cramps; muscle weakness; depression; memory impairment; damage to cardiovascular and nervous systems; liver and kidney damage; hearing loss; bone marrow damage; unconsciousness; brain damage; sudden death
 - For nitrates - Increased risks contracting and spreading infectious diseases like HIV/AIDS or Hepatitis

**ALCOHOL AND OTHER DRUG USE 101
HEALTH RISKS**

Khat

- Acute Effects: Euphoria, elation; increased alertness and arousal; depressed mood; irritability; loss of appetite; difficulty sleeping
- Health Risks: Increased blood pressure and heart rate; tooth decay, periodontal disease; gastrointestinal disorders-constipation, ulcer, inflammation of the stomach; increased risk of upper gastrointestinal tumors; cardiovascular disorders-irregular heartbeat; decreased blood flow; hearth attack; possible withdrawal symptoms include mild depression, nightmares, trembling

**ALCOHOL AND OTHER DRUG USE 101
HEALTH RISKS**

Salvia

- Acute Effects: Perception changes; mood, body sensations; emotional swings; feelings detachment; highly modified perception of external reality
- Health Risks: Further research is needed, but reports of possible learning and memory can be affected

**ALCOHOL AND OTHER DRUG USE 101
MEDICAL EMERGENCIES**

Life-Threatening Forms of Withdrawal

Key Questions:

1. What is your differential diagnosis for toxin-induced withdrawal?
2. What is the mechanism of action of withdrawal syndromes?
3. What is the timing and severity of seizures secondary to alcohol withdrawal?

**ALCOHOL AND OTHER DRUG USE 101
MEDICAL EMERGENCIES**

Alcohol Withdrawal

● Onset within hours up to 96 hours

● Phases

1. Tremors
2. Seizures (6-8 hrs after last consumption)
3. Hallucinations
4. Delirium

● Lasting up to 8 days

Treatment Options

- Benzodiazepines (Lorazepam or Diazepam)
- Phenobarbital, Pentobarbital
- Propafol

**ALCOHOL AND OTHER DRUG USE 101
MEDICAL EMERGENCIES**

Benzodiazepine Withdrawal

● May be delayed (up to 10 days) by active metabolites

● Onset 1-3 days

● Lasting 5-9 days

Treatment Options

- Benzodiazepines (Lorazepam or Diazepam)
- Barbiturates (Phenobarbital, Pentobarbital)
- Propafol

**ALCOHOL AND OTHER DRUG USE 101
MEDICAL EMERGENCIES**

GHB Withdrawal

● Onset within hours

● Lasting 5-12 days

Treatment Options

● Benzodiazepines (Lorazepam or Diazepam)

● Propafol

**ALCOHOL AND OTHER DRUG USE 101
MEDICAL EMERGENCIES**

Baclofen Withdrawal

SX: High fever, altered mental status, exaggerated rebound spasticity, muscle rigidity, rhabdomyolysis, multi-system organ failure and death

● Onset within hours

● Lasting 10-14 days

Treatment Options

● Benzodiazepines (Lorazepam or Diazepam)

● Propafol

**ALCOHOL AND OTHER DRUG USE 101
ASSESSMENT**

DSM Criteria for Abuse and Dependence

● Abuse

▪ Not able to fulfill responsibilities at home, work or school

▪ Put themselves in dangerous situations

▪ Have legal or social problems

● Dependence

▪ In addition to the above criteria,

1. Craving - strong need, or urge to use

2. Loss of control - unable to stop once begin using

3. Physical dependence (withdrawal symptoms)

4. Tolerance - use more to get same effect

ALCOHOL AND OTHER DRUG USE 101 ASSESSMENT

Assessing Cultural Norms and Cultural Bound Syndromes

- Zar (Attributed to spirit possession)
 - Region/culture: Northern Africa, Middle East
 - People undergo dissociative episodes
 - Excessive laughter, yelling, crying, and hitting their head against a wall
- DSM equivalent diagnoses
 - Brief psychotic disorder, recurrent
 - Delusional disorder
 - Dissociative condition
 - Substance-induced condition

ALCOHOL AND OTHER DRUG USE 101 ASSESSMENT

Other factors to consider:

- Personal, Social, Cultural, and Linguistic contexts
- Physical manifestations of symptoms - somatization of condition attributable to correctly assessing condition
- Substance use history and cultural beliefs regarding substance use
- Co-occurring conditions

ALCOHOL AND OTHER DRUG USE 101 ASSESSMENT: CO-OCCURRING DISORDER

SUD Diagnosis is twice likely to have MH diagnosis (mood and anxiety disorders)

- Drug Abuse may bring about symptoms of another mental illness.
 - Increased risk of psychosis in vulnerable marijuana use
- Mental disorders can lead to drug abuse, possibly as a means of "self-medication"
 - Use of alcohol, tobacco and other substances to alleviate symptoms of anxiety or depression

CULTURAL BELIEFS OF SUBSTANCE USE

- Use and abuse of alcohol and other drugs is rare due to religious beliefs
- Use of alcohol and other drugs is part of a religious or cultural ceremony
- Although most Muslims do not drink alcohol, some educated, urban Muslims frequently do
- Use of alcohol is acceptable at special occasions
- Use of certain drugs enhances religious experience
- Business events/functions involve the use of alcohol

RISK FACTORS FOR SUBSTANCE USE DISORDERS

- Male Gender
- Exposure to war trauma
- Displacement
 - loss or disruption of livelihood
- Co-existing mental health problems
- Risk Environment (social, cultural, political and economic factors)

EFFECTS OF SUBSTANCE USE IN DISPLACED POPULATION

- Gender-based violence
- Organized crime
- Serious neglect of children
- Financial burden on household economies
- Health problems
 - Hepatitis B, HIV and other STD's
- Local economy depended on commercialization of alcohol/drugs

ALCOHOL AND OTHER SUBSTANCE USE MODELS FOR DISPLACED POPULATIONS

- ◎ Acculturation Stress Model
 - Use of alcohol or other substances is a reaction to the stresses associated with the displacement experience
 - Lack of social and economic resources
- ◎ Assimilation/Acculturation Model
 - Newcomers adopt customs of host country
- ◎ Intra-Cultural Diversity Model
 - Recognition of pattern of substance use within a displaced group

SERVICE DELIVERY PARADIGMS

- ◎ Individual versus Community
 - Individualized healing may divert attention to social, economical and political issues
 - Community-level interventions address refugee concerns by addressing social and economic ISSUES (Dwyer and Santikarma, 2007)
- ◎ Relevance of the PTSD Model
 - Model and assessment tools may not accurately reflect non-western culture (Johnson and Thompson, 2007)
- ◎ Harm Reduction vs. Abstinence

DSM IV CULTURAL FORMULATION

- ◎ Cultural Identity
- ◎ Cultural Explanation of Illness
- ◎ Cultural Factors related to Psychosocial Environment and Level of Functioning
- ◎ Cultural Elements of Individual/Clinician Relationship
- ◎ Overall Cultural Assessment for Diagnosis and Care

ARTHUR KLEINMAN'S EIGHT QUESTIONS

1. What do you think caused your problem?
2. Why do you think it started when it did?
3. What does your sickness do to you? How does it work?
4. How severe is your sickness? How long do you expect it to last?
5. What problems has your sickness caused you?
6. What do you fear about your sickness?
7. What kind of treatment do you think you should receive?
8. What are the most important results you hope to receive from this treatment?

ADDRESSING FRAMEWORK

- ⦿ Age and generational influences
- ⦿ Development and acquired Disability
- ⦿ Religion and spiritual orientation
- ⦿ Ethnicity
- ⦿ Socioeconomic status
- ⦿ Sexual orientation
- ⦿ Indigenous heritage
- ⦿ National origin
- ⦿ Gender

STORYTELLER-LISTENER RELATIONSHIP

- ⦿ Show patience
- ⦿ Allow individual to tell their story
- ⦿ Don't be paternalistic
- ⦿ Apologize if you are late
- ⦿ Give ideas of how to move on
- ⦿ Open discussion first
- ⦿ Emphasize working together
- ⦿ Knowledge of individual's background
- ⦿ Don't give too much choice

MOTIVATIONAL INTERVIEWING

- Exploring and Resolving ambivalence
- Centers on motivational processes
- Differs from more “coercive” or externally-driven methods
- May be inconsistent with the person’s own values, beliefs or wishes
- Support change in a manner congruent with the person’s own values and concerns

MOTIVATIONAL INTERVIEWING

Key Elements

- Collaboration (vs. Confrontation)
- Evocation (Drawing Out, Rather than Imposing Ideas)
- Autonomy (vs. Authority)

Principles of Motivational Interviewing

- Express Empathy
- Support Self-Efficacy
- Roll with Resistance
- Develop Discrepancy

OTHER THERAPIES/INTERVENTIONS

- Psychopharmacology
- Trauma Counseling
- Psychodynamic approaches
- Cognitive-Behavioral Treatments
 - Exposure therapy
 - Flooding
 - Systematic Desensitization
 - EMDR
- Psychodrama and Body-based Therapies
- Eastern-based Interventions
 - Acupuncture
 - Meditation

CULTURE OF RECOVERY

- Resiliency of the individual and community
- Salutogenic (health producing) vs. Pathogenic (disease producing)
 - Not all refugees are traumatized by their challenging experience
- Trauma-informed care (Fallot and Harris 2006)
 - Awareness of the pervasiveness of trauma, its impact and its self-perpetuating nature
 - Familiar with the multiple and complex paths to healing and recovery
 - Thoroughly incorporating this knowledge into all aspects of service delivery
- Trauma-specific treatment/services - available for those with severe and persistent trauma-related symptoms

RECOVERY - SYSTEMS APPROACH

- Develop a holistic, public health model
- Enhance indigenous supports and natural recovery processes
- Build partnerships with refugee's faith community, self-help and advocacy groups, refugee providers, social service networks, and primary health care
- Easy access to services (getting to and into)
- Recruitment of culturally and linguistically competent professionals (especially in rural areas)

RECOVERY - SYSTEMS APPROACH

- Specialized gender-specific services and interventions throughout the migratory and resettlement process
- Specialized and proactive services for youth
- Integrated system of care to include non-behavioral health needs
 - Housing
 - Legal services
 - Adult education and ESL
 - Vocational services

RECOVERY - INDIVIDUAL APPROACH

- ⦿ Empathic understanding and acceptance
- ⦿ Understand cultural norms and idioms of the population served
- ⦿ Listen to the narratives of the experiences
 - Staying open to unexpected emotions and interpretations
- ⦿ Rebuilding social support, reconnections with loved ones, and narratives of hope for future
(Kirmayer et al., 2007)
- ⦿ Incorporate Self-Care and Self-Healing

RECOVERY - INDIVIDUAL APPROACH

- ⦿ Support traditional healing resources
- ⦿ Incorporate cultural tradition and indigenous healing practices
- ⦿ Values story-telling and narratives
 1. Provides factual accounting of the event
 2. Reveals individual's culture, history, tradition, and value
 3. Develop meaning and transformation
 4. Listener-storyteller relationship is key to recovery

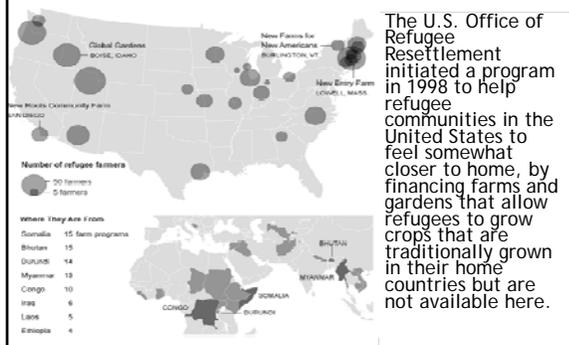
TAKES ONE TO KNOW ONE

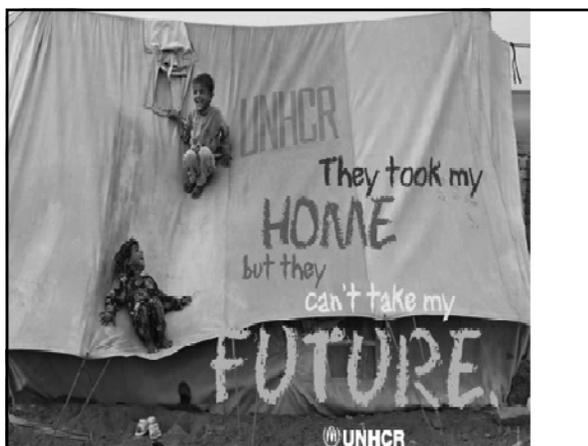
- Peer Support program
- ⦿ 12-Step Meetings
 - English-speaking meeting
 - Spanish-speaking meeting
 - Women's only meeting
 - ⦿ Helping Other Peers Engage (HOPE) in Recovery
 - Engagement, Encouragement and Empowerment
 - Holistic Options; Peer Empowerment (HOPE)

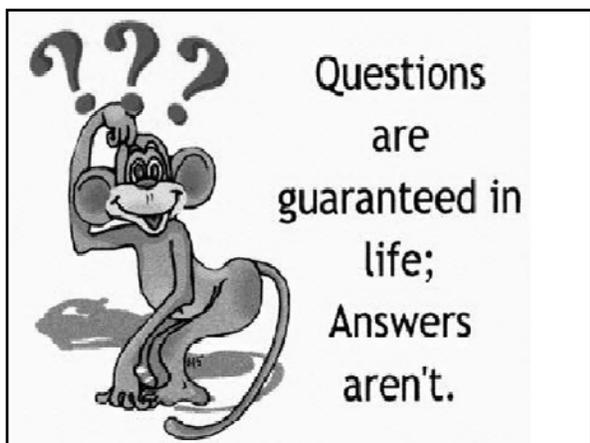
SUMMARY: CULTURAL APPROACH TO RECOVERY

- Increased ethno-cultural understanding
- Increase cultural competence of providers
- Overcome language barriers
- Integrate cultural beliefs to Western interventions
- Include individual and any other identified individual to participate in treatment planning

CASE EXAMPLE OF CULTURAL INTERVENTION







REFERENCES

- Blanch, Andrea (2008). Transcending Violence: Emerging Models for Trauma Healing in Refugee Communities. National Center of Trauma Informed Care
- Boynton, Lorin, MD (11/12/09) Culturally Competent Care - A Narrated Video Presentation. Community House Calls
- Chow, J., Jaffee, K.D., and Choi, Y. (1999) Use of public mental health services by Russian refugees. *Psychiatric Services*, 50, 936-940.
- Dwyer, L. and Santikarma, D. (2007) Posttraumatic politics: Violence, memory, and biomedical discourse in Bali. In L. J. Kirmayer, R. Lemelson and M. Barad, Eds., *Understanding trauma: Integrating biological, clinical and cultural perspectives*. NY: Cambridge University Press
- Fallot, R.D. and Harris, M. (2006) Trauma-informed services: A self-assessment and planning protocol. Unpublished manuscript.
- Johnson, H. and Thompson, A. (2007) The development and maintenance of post-traumatic stress disorder (PTSD) in civilian adult survivors of war trauma and torture: A review. *Clinical Psychology Review* (In press).
- National Institute of Alcohol Abuse and Alcoholism. <http://www.niaa.nih.gov/>
- National Institute of Drug Abuse. <http://www.drugabuse.gov/>
- Rousseau, C. and Measham, T. (2007) Posttraumatic suffering as a source of transformation: A clinical perspective. In L. J. Kirmayer, R. Lemelson and M. Barad, Eds., *Understanding trauma: Integrating biological, clinical and cultural perspectives*. NY: Cambridge University Press.
- Silove, D. (2007) Adaptation, ecosocial safety signals, and the trajectory of PTSD. In L. J. Kirmayer, R. Lemelson and M. Barad, Eds., *Understanding trauma: Integrating biological, clinical and cultural perspectives*. NY: Cambridge University Press
- UNHCR (2007) 2006 Global Trends: Refugees, asylum-seekers, returnees, internally displaced and stateless persons. Division of Operational Services
- UNHCR/WHO (1996). *Mental Health of Refugees*

ADDITIONAL RESOURCES

U.S. Department of Health and Human Services
 Administration for Children & Families

UNHCR: The UN Refugee Agency

US REFUGEE PROGRAMS

- ◉ Federal Level (Refugee Act 1980)
 - Bureau of Population, Refugees and Migration (BPRM) of the Department of State
 - Office of Refugee Resettlement (ORR) in the Department of Health and Human Services (HHS)
 - Department of Homeland Security
- ◉ ORR is the main coordinating body
 - Works closely with State Refugee Coordinators and Refugee Health Coordinators
 - Oversees numerous state-administered programs including cash and medical assistance and targeted preventive health grants

US REFUGEE PROGRAMS

- ◉ SAMHSA's Center for Mental Health Services Refugee Mental Health Program
 - Provides technical assistance, consultation, mental health and community assessments, treatment, and training for resettlement staff and mental health personnel
- ◉ Torture Victims Relief Act of 1998 permits services to all torture survivors in all immigration categories

US REFUGEE PROGRAMS

- ◉ Local resettlement programs (state funded)
 - US Conference of Catholic Bishops/Migration and Refugee Services
 - Lutheran Immigration and Refugee Service
 - Episcopal Migration Ministries
 - Hebrew Immigration Aid Society
 - Church World Service/Immigration and Refugee Program
 - International Rescue Committee
 - US Committee for Refugees and Immigrants
 - World Relief
 - Ethiopian Community Development Center

