

Advanced Techniques in Mental Health Care for Newcomers

Part 1: Assessment – Engaging and Building Trust

April 9, 2025

Minnesota Center of Excellence in Newcomer Health

Acknowledgment

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The Minnesota Medical Association facilitated the CMEs.

No financial conflicts of interest.



Introductory Trainings

ECHO Colorado/Minnesota Center of Excellence:
**Assessing Refugee Mental Health and Coordinating
Care in Public Health and Primary Care**

https://drive.google.com/file/d/1p3d_x4WN-UqZkFkX3DJPlwKa4NBUIbZf/view



Minnesota Department of Health:
**Best Practices for Making Mental
Health Referrals of Refugees**

https://drive.google.com/file/d/1Kh6b_3weQLbqo969SEecLnY6aB683Pfm/view



This is Part 1 of a 2-Part Series

Part 2: In-Depth Treatment Considerations

Wednesday, April 16, 2025

1 – 2:30 p.m. ET | 12 – 1:30 p.m. CT | 11 a.m. – 12:30 p.m. MT | 10 – 11:30 a.m. PT

REGISTER NOW FOR PART 2

[Advanced Techniques in Mental Health Care for Newcomers Part 2: In-Depth Treatment Considerations](https://events.gcc.teams.microsoft.com/event/444697f5-3e55-473d-acf2-cf8e77a521ea@eb14b046-24c4-4519-8f26-b89c2159828c)

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LEARNING OBJECTIVES

- Describe how to design culturally aware treatment plans through collaboration
- Discuss how to respond to socio-environmental contributors to trauma and stress
- Identify at least three strategies for provider sustainability



Learning Objectives

- Describe strategies to build trust and establish safety
- Identify at least two methods of normalization and psychoeducation
- Recognize barriers in cross-cultural engagement and ways to reduce it



Agenda

- Introduce Salim's story
- Background on newcomers and displaced communities
- *Before session*: Building trust and establishing safety
- *Beginning session*: Assessment
- *During session*: Psychoeducation and normalization
- Barriers and difficulties with cross cultural interaction, engagement, and cultural humility
- *Ending session*: Creating a plan together
- *After session*



Today's Speakers



Amy Kamel, MSW, LICSW
The National Capacity Building
The Center for Victims of Torture



Shruti Dasgupta, PhD, LP
The National Capacity Building
The Center for Victims of Torture



Patricia Shannon, PhD, LP
University of Minnesota
School of Social Work
(Moderator)

Wellbeing & Sustainability



“Receiving kindness, gentleness, warmth and compassion tells the brain that the world is safe and other people are helpful rather than harmful...improves our immune system and reduces the levels of stress hormones...[it]helps us to feel soothed and settled and is conducive to good sleep. Kindness, gentleness, warmth and compassion are like basic vitamins for our minds”

-Paul Gilbert



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Salim's Story

Salim is a 20-year-old Pashto man, who asked his PCP for a psychotherapy referral because he was experiencing “anger issues”. He fled Afghanistan after the fall of Kabul, with his elderly parents, older brother and younger sister.

Salim's family does not know he is seeking psychotherapy. He reports that he often feels upset because his father does not understand U.S. culture but still tells Salim what to do and how to behave. He feels his older brother is not taking up his position as the eldest son, and many responsibilities fall on Salim. When probed, he also mentioned that he experiences chronic suicidal ideation.

Salim has limited English fluency. However, he is distrustful of professional interpreters from the community.



Who are “Newcomers”?

Immigrants

Migrants

Expats

Refugee

Asylum Seeker

Asylee

**Visa
Holder/Special
Immigrant
Status**

**Undocumented
Immigrant**

**Economic
Migrant**



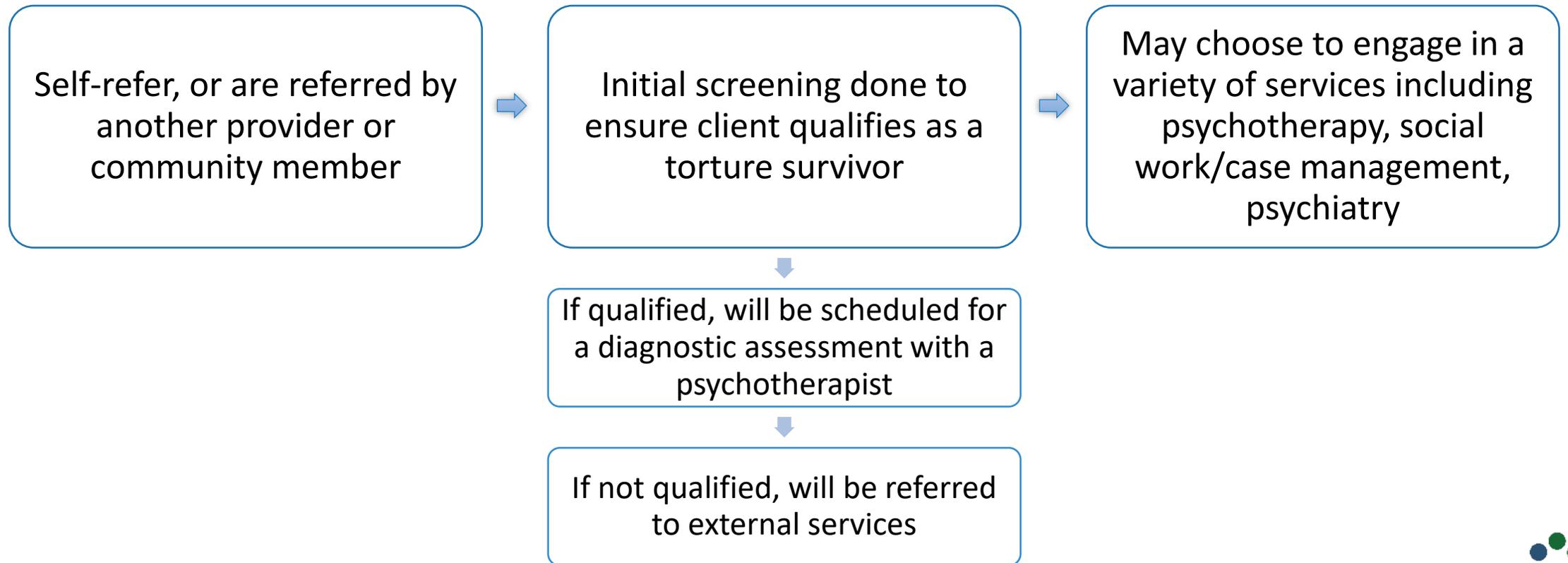
Why work with Displaced Communities



- **117.3 million** displaced people worldwide in 2023
- **Less than 1%** of the world's refugees are ever resettled
- UNHCR refers refugees for resettlement based on vulnerability
- Countries then choose which refugees to take
- Many people spend **10+ years** in camps waiting to resettle (**50% children**)
- **71%** are resettled in **low- and middle-income** countries
- **69%** are hosted in neighboring countries
- A tiny fraction are resettled in U.S. (**1.02%** in 2023)
 - A report published by U.S. Department of Health and Human Services in 2024 measured the fiscal impact of refugees and asylees at the federal, state and local levels from 2005-2019: Nearly \$124 billion positive fiscal impact



How clients engage in treatment



Before Session



Trust building begins before your initial appointments

- Familiarize self with common newcomer experience
 - Be curious about their culture specific experiences and worldview



[Newcomer Health Profiles: Minnesota Center of Excellence in Newcomer Health](https://www.health.state.mn.us/communities/rih/coe/profiles/index.html)
(<https://www.health.state.mn.us/communities/rih/coe/profiles/index.html>)



NEWCOMER HEALTH PROFILES

These profiles help clinicians, public health providers, and resettlement agencies facilitate medical screening and determine appropriate interventions and services for newcomers.

- [Afghan Refugees and Humanitarian Parolees](#)
- [Bhutanese Refugees](#)
- [Burmese Refugees](#)
- [Central American \(Guatemalan, Honduran, Salvadoran\) Minor Refugees](#)
- [Congolese Refugees](#)
- [Iraqi Refugees](#)
- [Somali Refugees](#)
- [Syrian Refugees](#)

Triple Trauma Paradigm



Pre-Flight

- Harassment/intimidation/threats
- Fear of unexpected arrest
- Loss of job/livelihood
- Loss of home and possessions
- Disruption of studies, life dreams
- Repeated relocation
- Living in hiding/underground
- Societal chaos/breakdown
- Prohibition of traditional practices
- Lack of medical care
- Separation, isolation of family
- Malnutrition
- Need for secrecy, silence, distrust
- Brief arrests
- Being followed or monitored
- Imprisonment
- Torture
- Other forms of violence
- Witnessing violence
- Disappearances/ deaths



Flight

- Fear of being caught or returned
- Living in hiding/underground
- Detention at checkpoints / borders
- Loss of home/possessions
- Loss of job/schooling
- Illness
- Robbery
- Exploitation: Bribes, falsification
- Physical assault, rape, or injury
- Witnessing violence
- Lack of medical care
- Separation, isolation of family
- Malnutrition
- Crowded, unsanitary conditions
- Long waits in refugee camps
- Great uncertainty about future



Post-Flight

- Low social and economic status
- Lack of legal status
- Language barriers
- Transportation, service barriers
- Loss of identity, roles
- Bad news from home
- Unmet expectations
- Unemployment/underemployment
- Racial/ ethnic discrimination
- Inadequate, dangerous housing
- Repeated relocation/ migration
- Social and cultural isolation
- Family separation/ reunification
- Unresolved losses/ disappearances
- Conflict: internal, marital, generational, community
- Unrealistic expectations from home
- Shock of new climate, geography
- Symptoms often worsen



Questions to reflect on

- Is there anything about you or others who will be present in the room with your patient that may pose any barrier to rapport/trust?
 - Gender, age, position of authority, ethnic group, language
- Are there ways you can make the person more comfortable during your appointment?
 - Virtual/In person space safety, privacy, sitting arrangements
 - Recording/documenting information
 - Tissues, refreshments, tea/coffee
- Are the screening tools cross-culturally applicable?



Working with interpreters

- Establishing roles
- Confidentiality - TRUST
- Word-for-word vs. summarizing
- Technical vocabulary
- Idioms of distress
- Redirecting the conversation or “getting back on track”



Working with Interpreters

The interpreter in the room has a lot of power

Provide clear instruction about the interpreter's role **in front of the interpreter and the client**

If possible, provide client with means to communicate problems with the interpreter (card)

An interpreter might not feel safe to the client (confidentiality, trust issues, interpreters can be triggered by client stories)

Client/patient may know interpreter in the community



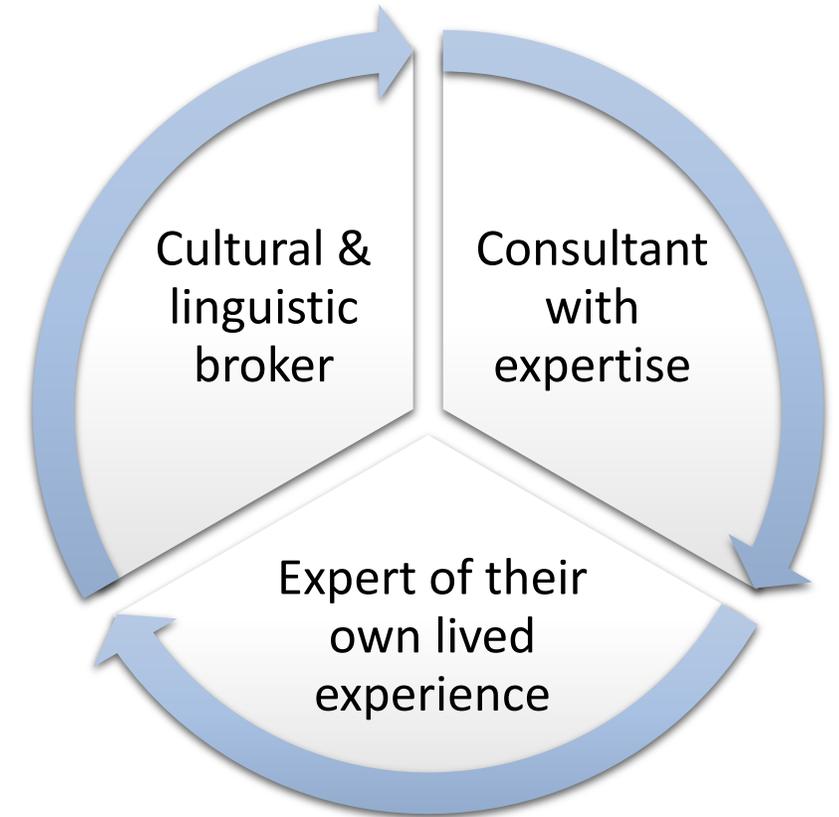
Outside of the box activity



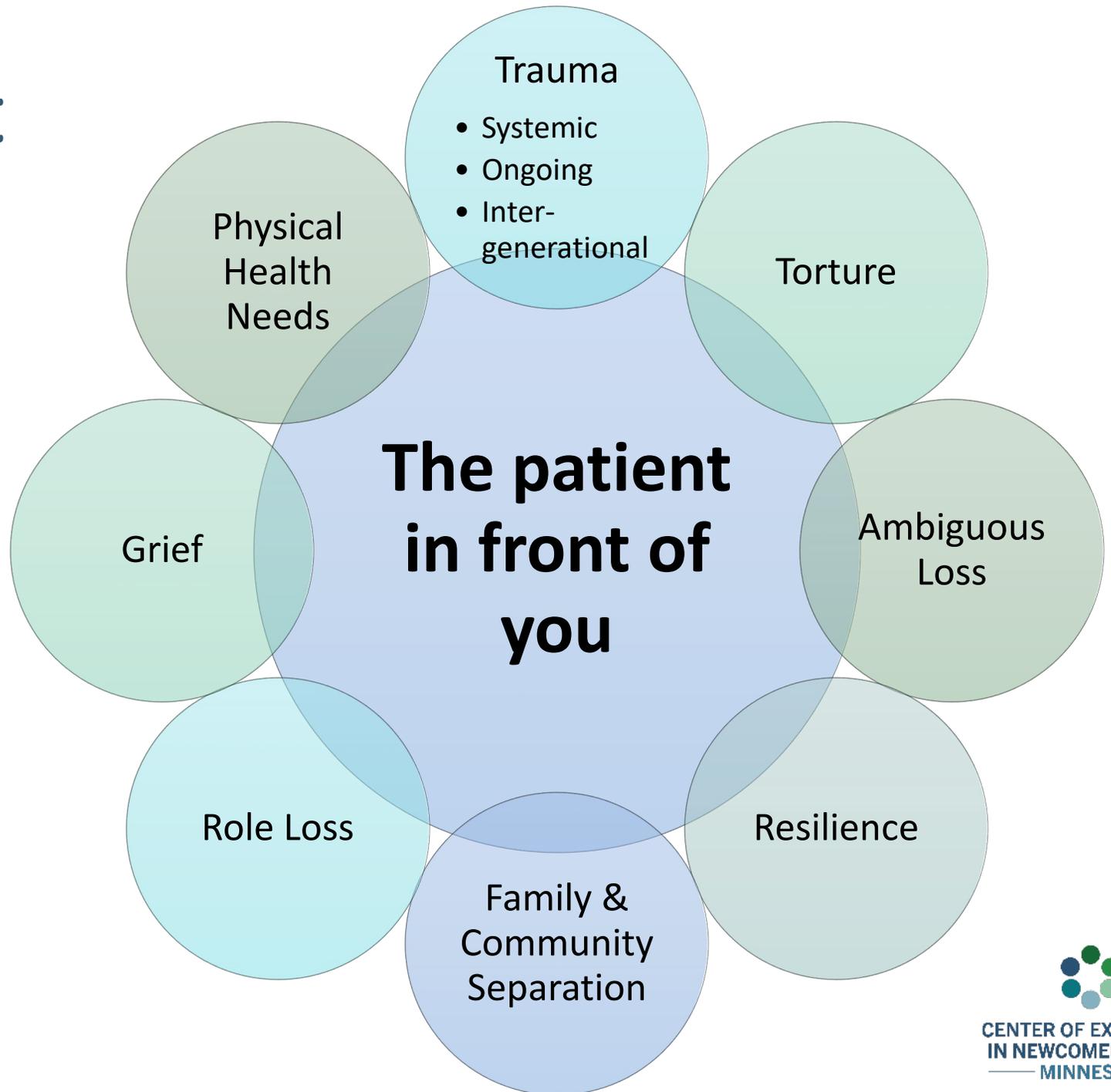
Beginning Session



- Orient clients to the physical/virtual space
- Explain your and their role (as well as interpreter's role)
 - As well as the bounds of your profession
 - Don't be shy about repeating yourself
- If applicable, discuss if/how you are connected to or funded by government agencies
- Privacy & Confidentiality:
 - Fears related to confidentiality concerns within community
 - Clinically useful disclosure
 - Ongoing process of Informed Consent
 - Limits of confidentiality
 - Mandatory reporting requirements
 - Cultural differences in child rearing practices
 - Involving clients in the process



Building Rapport and Trust



Revisiting Salim's Story

Salim demonstrates that he is a great candidate for psychotherapy. He attends sessions regularly, and while he has difficulty engaging with interventions, he expresses interest. He often refers to the psychotherapist as a 'teacher' and despite multiple norm-setting conversations, he often wants psychotherapist to teach him how to be a male adult in U.S. society.

About 6 months in, Salim comes into session, tearful, stating that his marriage has been decided by his family. He anticipated that his days in psychotherapy is numbered because now he will have a new role as the head of family and cannot bring shame to his new wife's name.



During Session



Safety and Emotional Regulation

Our bodies are designed to protect us

When we feel unsafe, we are in a constant state of fear and threat – survival mode

Our body holds our experiences and works hard to protect us by continuing a stress response even when we are out of physical danger

We can get stuck in defensive patterns of activation or deactivation that impact us over time

Regulation: A state of being balanced



Dysregulation: A state of being overwhelmed



Coregulation: When you help each other to regulate



Window of Tolerance/Capacity

FIGHT/FLIGHT

- Stress sends brain and body into fight or flight mode
- Signs you are here: High unpleasant energy, inability to think and communicate clearly, racing thoughts, pounding heart, feelings of anxiety and fear



WINDOW OF TOLERANCE

- The brain and body are balanced
- Signs you are here: Engaged pleasant energy, body and mind in balance, access to language and learning, able to engage with others, feelings of calm and connection



FREEZE

- Stress sends brain and body into freeze
- Signs you are here: Low energy, feels unpleasant, inability to think and communicate clearly, shut down, emotionally numb, disconnected, feelings of sadness



10
9
8
7
6
5
4
3
2
1

STUCK ON HIGH

8-10 High Energy, Low Pleasantness



HIGH
ZONE

7 High Energy, Medium Pleasantness

WINDOW OF
TOLERANCE

5-6 Engaged Energy, High Pleasantness



4 Low Energy, Medium Pleasantness

1-3 Low Energy, Low Pleasantness

LOW
ZONE

STUCK ON LOW



Assessment: Description & comprehension

Determine Patient Understanding of the Problem

Encourages self-efficacy

Helps them feel supported
(rapport & safety!)

Enhances engagement

Determine Health Literacy

Validate

Patients may often feel resigned, confused, frustrated

Holistic approach

Additional info from loved ones

Determine Basic Needs

Avoid diagnostic overshadowing

Dynamic Sizing

Assessment: Description & comprehension

Strategies

Utilize APA's Cultural Formulation Interview or Kleinman's 8 questions

Explicit descriptions and definitions using appropriate metaphors and terminology keeping context of trauma and acculturation in mind

Avoid jargon

Provide distinctions between acute vs chronic conditions, severity

Avoiding the allure of making decisions for patients

Consult with cultural brokers when using screening tools developed in Western countries to appropriately adapt the language

Emphasize Choice & Consent

Your understanding of patient's problems

Collaborating to identify and evaluate benchmarks of healing and treatment

Referral and Treatment Choices

- Description of what to expect with each choice
- If you are placing a referral for a major and/or invasive procedure, try to utilize culturally attuned health educators to describe purpose and steps



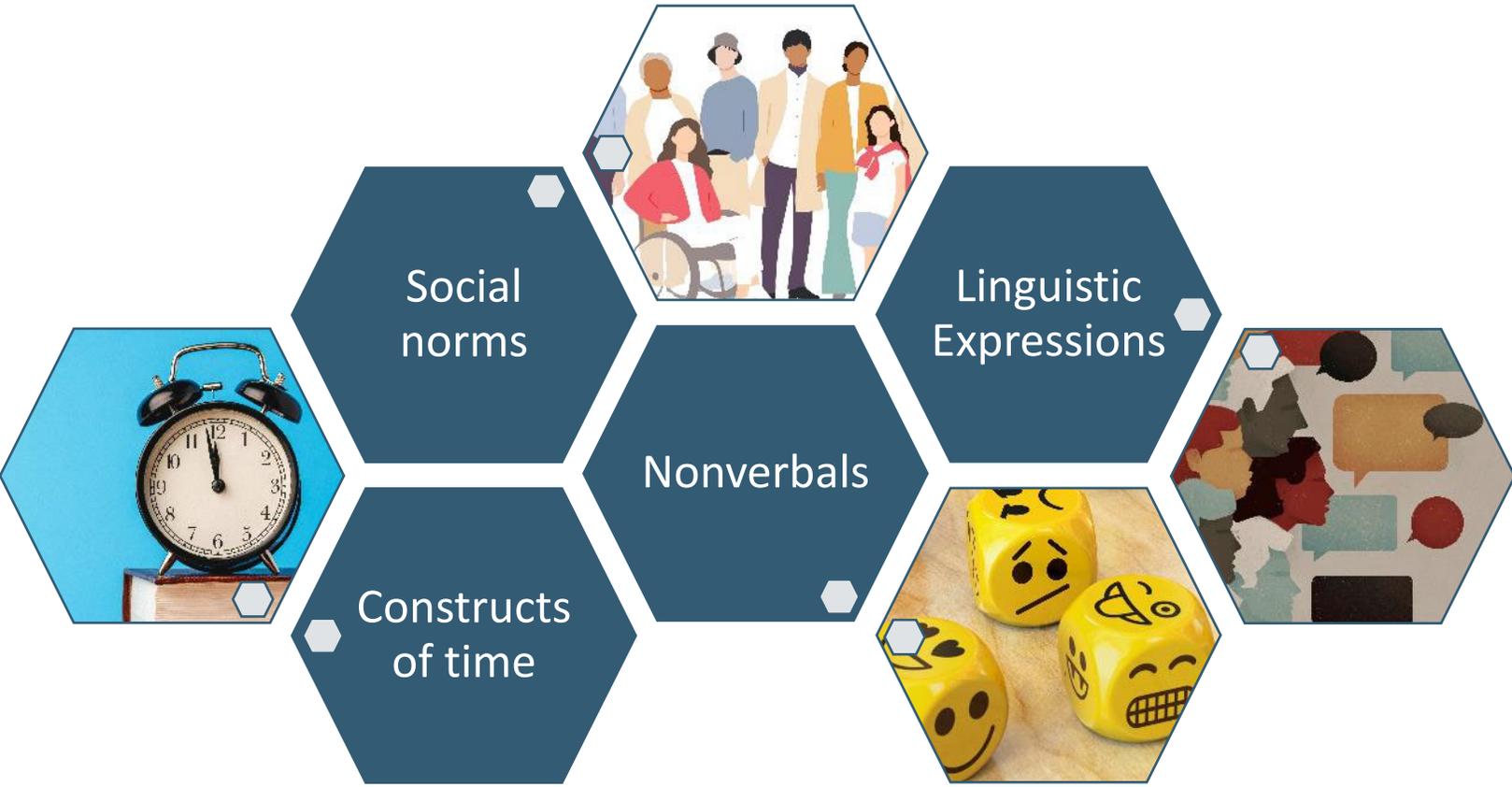
Measures & Screening Tools

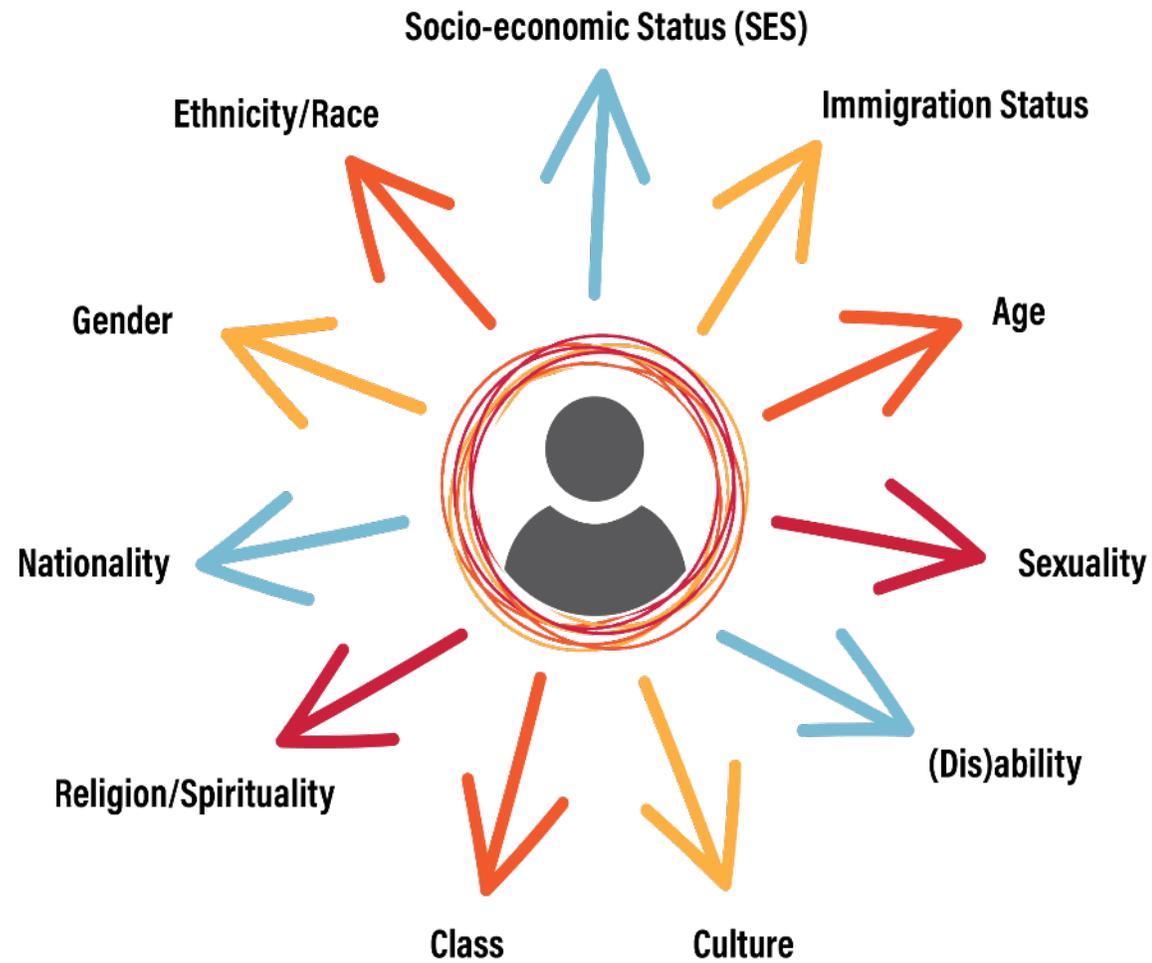
	Not at all	Rarely	Sometimes	Often
<p>Taking more risks or doing things that might cause you or others harm</p> <p><i>Prompts:</i> Example, crossing the road without looking or caring that cars are coming. Knowing that something is dangerous, but just not caring about the risk involved.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Loss of sexual interest or pleasure</p> <p><i>Prompts:</i> We ask all clients this question, but it can sometimes make people feel uncomfortable and you don't have to answer if it makes you feel that way. Sometimes people lose interest in sex when they feel down or sad. Have you had this experience in the past week?</p> <p><i>NOTE:</i> Some clients may respond with statements about not having sexual interest due to advanced age or having a spouse/partner who does not live near/is deceased and "not thinking about sex at all." Include in notes section and score as "not at all" if client does not identify this as a symptom of depression. Other clients might share they are not sexually active and that they don't think about sex. This can be included in notes and scored as "not at all."</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adapted Posttraumatic Diagnostic Scale:

Foa, E. B., McLean, C. P., Zang, Y., Zhong, J., Powers, M. B., Kauffman, B. Y., ... Knowles, K. (2016). Psychometric properties of the Posttraumatic Diagnostic Scale for DSM-5 (PDS-5). *Psychological Assessment, 28*, 1166-1171. doi:10.1037/pas0000258

Culture specific considerations





Culture specific considerations: Intersectionality

Butterflies in my stomach
My [body part] isn't mine

High pressure

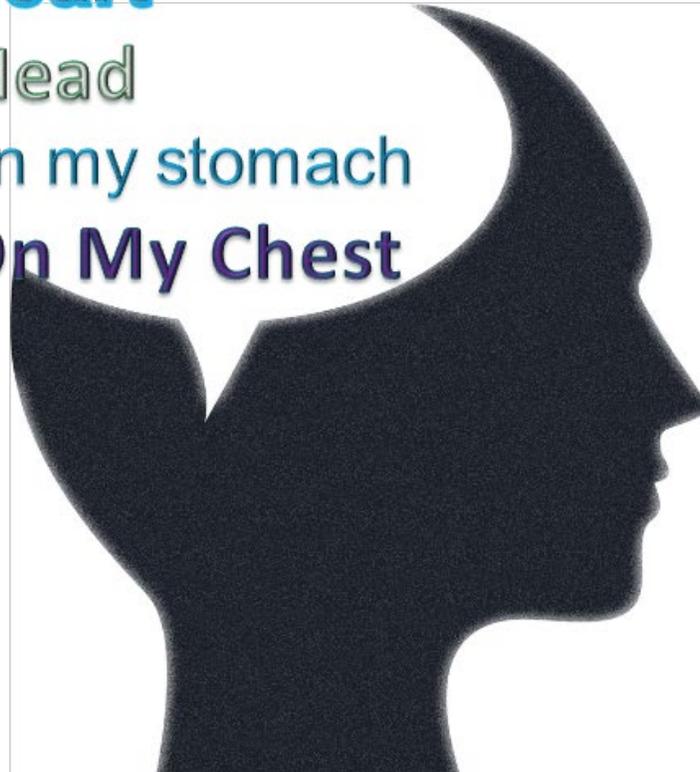
Weight on my shoulders
Not myself

Heavy Heart

Buzzing Head

Burning sensation in my stomach

The World Fell On My Chest

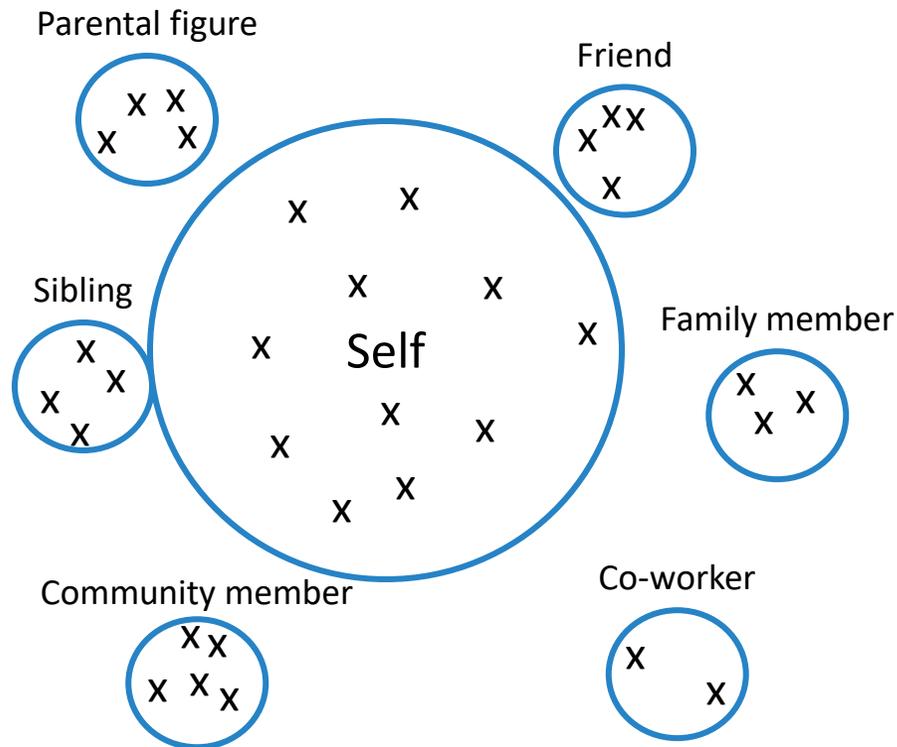


Culture specific
considerations:
Idioms of Distress

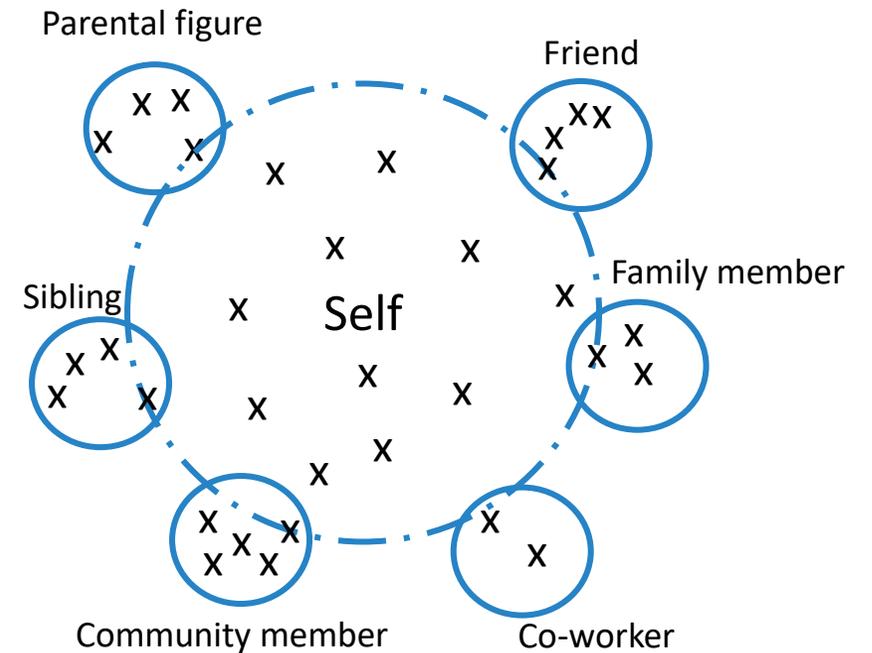


Collective Response to Trauma

Independent Construal of Self



Interdependent Construal of Self



Active Listening Skills

Attunement

Containment

- Psychological Safety
- Empowers client to agency
- Strengthens trust and provider credibility
- Builds resilience



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End of Session





- Give ample notice before ending the interview so the patient has time to add anything they wish and can prepare emotionally.



- Acknowledge again that it can be difficult to talk about traumatic events because of stigma & shame



- Allow time and ask patients explicitly if they have questions



- Check the emotional state of the patient and inform them about possible reactions to the interview



- Ask about social support the survivor has to help him or her cope with any reactions he or she is having or other type of support that may be needed (e.g., legal aid or health care)



- Use external memory aid tools to ensure adherence to plans made in appointment



- As needed, offer information about local resources that provide support

After the Session





Ensure there is space for the patient to sit and compose themselves outside of your office



Follow up by activating referral pathways and connecting with health navigators, cultural brokers etc.



Jot down communication/knowledge gaps you noted in your interaction with patient, so you can learn more



Take time to reflect on the impact of the appointment on you

- Debrief/Connect with a supervisor or colleague as needed



3 Breaths

First Breath for Yourself

Second Breath for your Community

Third Breath for the Work



Session 2 is coming soon!

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Thank you!



Questions?



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Thank You!

Please remember to
complete your evaluation

