

Advanced Techniques in Mental Health Care for Newcomers

Part 2: In-Depth Treatment Considerations

April 16, 2025

Minnesota Center of Excellence in Newcomer Health

Acknowledgment

The Minnesota Center for Excellence in Newcomer Health is supported by *1 NU50CK000563* from the U.S. Centers for Disease Control and Prevention.

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 2 of a 2-Part Series

Part 1: Assessment – Engaging and Building Trust

REVIEW SLIDES FOR PART 1:

[Advanced Techniques in Mental Health Care for Newcomers Part 1: Assessment – Engaging and Building Trust](http://www.health.state.mn.us/communities/rih/coe/mhseries1.pdf) (www.health.state.mn.us/communities/rih/coe/mhseries1.pdf)



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

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



Agenda

- Background: Psychotherapy
- Introduce Mohamed's story
- Collaboration and treatment planning
 - Treatment
 - Therapeutic Relationship
- Unexpected contributors to trauma and stress
- Strategies for provider self-awareness and sustainability



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)



A good beginning is half the work.

~John O'Donohue

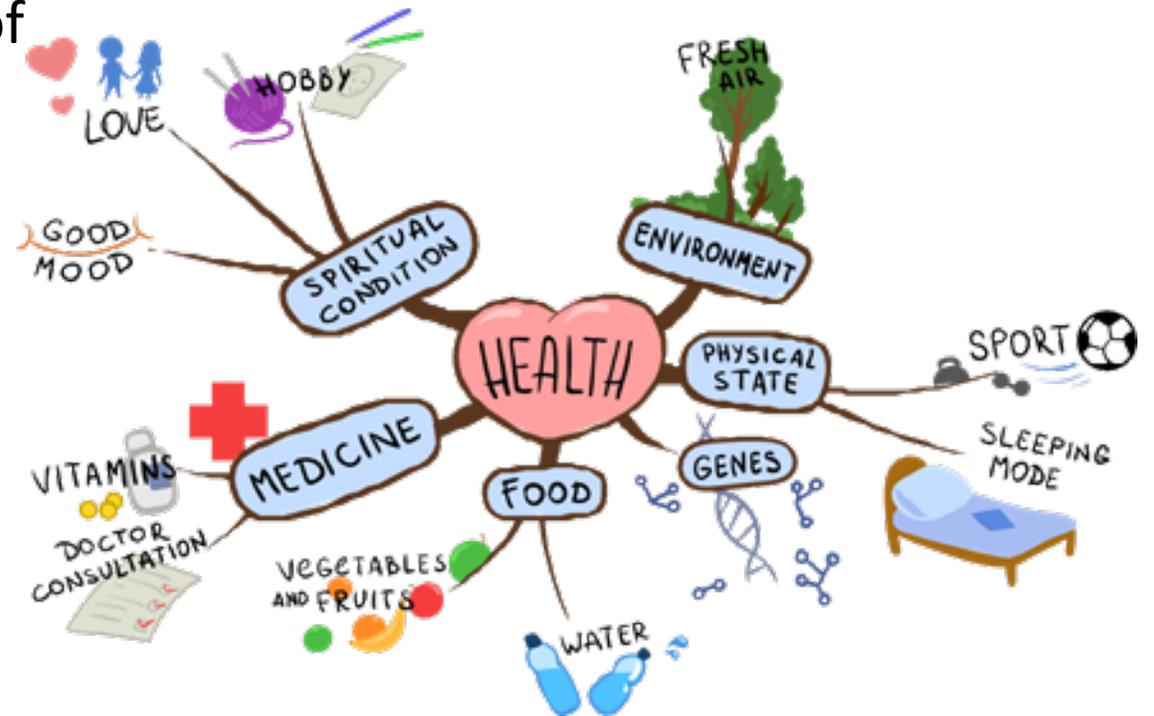


CENTER OF EXCELLENCE
IN NEWCOMER HEALTH
MINNESOTA

How do you describe Psychotherapy

Psychotherapy is a type of treatment that can help individuals experiencing a wide array of mental health conditions and emotional challenges (*American Psychiatric Association*)

Goal: To empower and facilitate patient's capacity to draw from one's resources in response to the challenge of experienced events and conditions



Demystifying psychotherapy with patients

Find out from patients how one may deal with emotions, interpersonal problems and other issues in their culture

Don't assume someone has no experience with psychotherapy in the past

Framing psychotherapist role as a consultant, and emphasizing client's expertise about their own lived experiences

Frame it as the **process of strengthening of the mind** vs. *fixing/curing quickly*

Address misconceptions & judgements

“Talking to a counselor does not mean you are mentally *ill*”

Confidentiality

Identify issues client has brought up to your previously (e.g. relationship issues, bullying at school, stress about work) and suggest: “This is a great topic to talk to a counselor/psychotherapist about”



Demystifying psychotherapy with patients

Address ambivalence, guilt, or shame

Normalize talking to a specialist after having gone through 'abnormal' experiences (e.g. war, fleeing, witnessing death, being in a new country)

Validating people's feelings, fears & struggles counters shame & stigma

It is okay to get additional support, so you can be there for your loved ones

You are not ungrateful if you identify you need extra support

Inform about mental health, availability of support, confidentiality to empower & reassure

It is okay if you don't want to share with others that you are talking to a counselor

Sometimes it is helpful to talk to someone outside (e.g. identify a teacher, or yourself as someone the client regularly talks to)



Mohamed's story

- 48-year-old man from the Middle East
- Survivor of torture
- Living in the U.S. for three years with his wife and two sons
- **Seeking asylum**
- Likely be waiting 3-5 years for adjudication
- Two detainments: two weeks and three months
- **Subject of and witness to** the torture of others
- **Lack of medical care** and lack of **sufficient food**



Mohamed contd.

- PTSD and major depressive disorder (MDD)
- **Highly dissociative**
- **Sleeplessness (sleeps 3-4 hours of disrupted sleep/night) and auditory hallucinations** of doors opening and shutting
- No need for interpreter
- Highly motivated to improve English out of mistrust and hypervigilance
- **Didn't trust** “anyone, especially Arabs” specifically “Egyptians and Saudis”
- Very cerebral



Biopsychosocial Impact of Trauma

Psychological

Post-Traumatic Stress Disorder (PTSD)
Major depression
Anxiety
Fear
Anger
Survivor's guilt
Ambiguous/traumatic loss and grief/bereavement
Hallucinations
Substance use/abuse
Somatic Markers

Physical/Medical

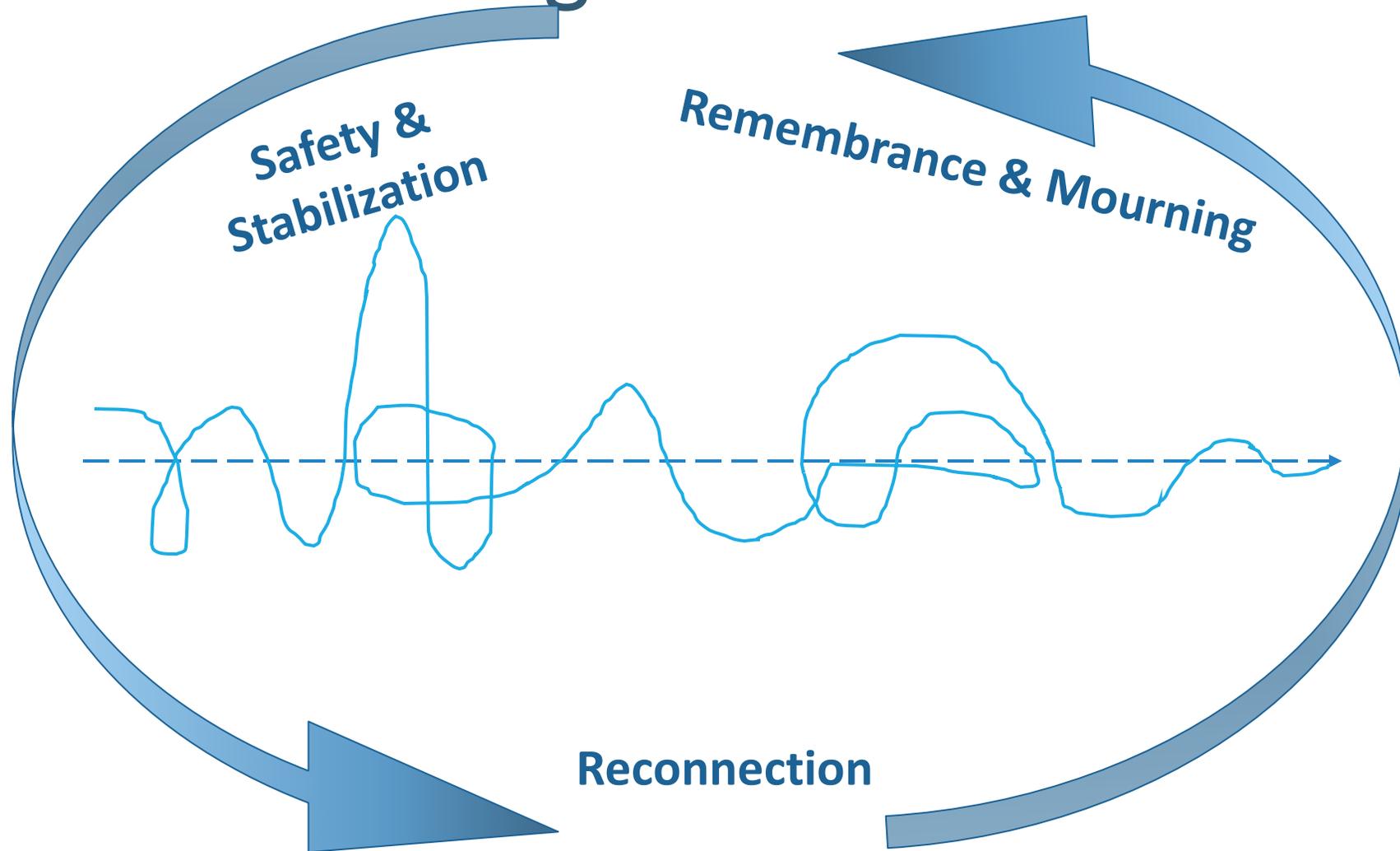
Sensory: Hearing loss; Vision problems; Hot or burning feeling
Scars; Limb amputation
Chronic head, body, and/or dental pain
Chronic health concerns
Feeling dizzy, faint or weak
Nauseated
Racing heart
Sweating
Shaking or trembling

Social

Isolation; Linguistic isolation; Difficulties with intimacy
Loss of trust
Role loss
Disempowerment
Acculturation stress
Xenophobia
Financial instability/Change in financial status; Food insecurity
Prolonged immigration issues



Non-Linear Healing



My Initial Thoughts about Mohamed

1. **I might not be the right provider for him (background and upcoming leave) (during DA)**
2. **Trust-building would be key; one of the more affected people I had seen with his lack of trust**
3. Increased awareness of body and physiological reactions would be a necessary foundation for eventual trauma-processing
4. Auditory hallucinations would require ongoing assessment and the collection more nuanced understanding of MH history; psychiatric evaluation was warranted
5. Determined, bright, and forthcoming



Self-Disclosure in Treatment

- Is the disclosure relevant to the client's need to know, rather than the therapist's desire to advance their own needs?
- Is the timing and way of disclosing appropriate; can the client hear the disclosure as a form of care?
- What is the potential impact of not disclosing?

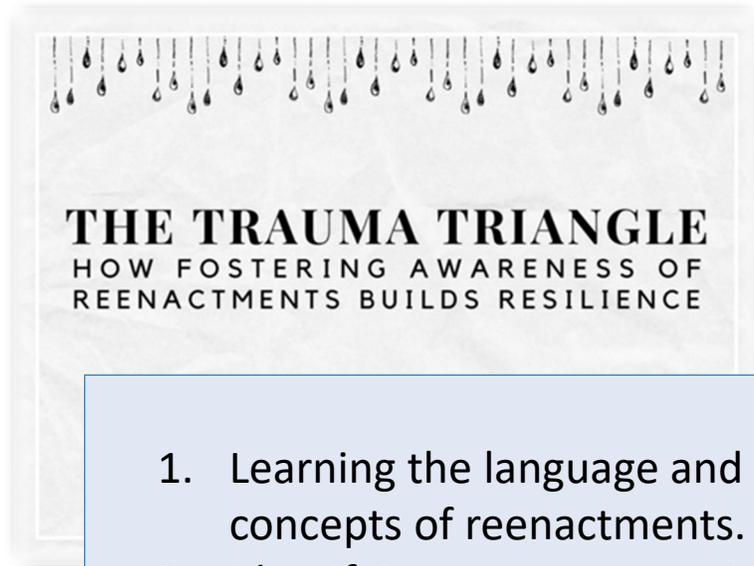


My Initial Thoughts about Mohamed

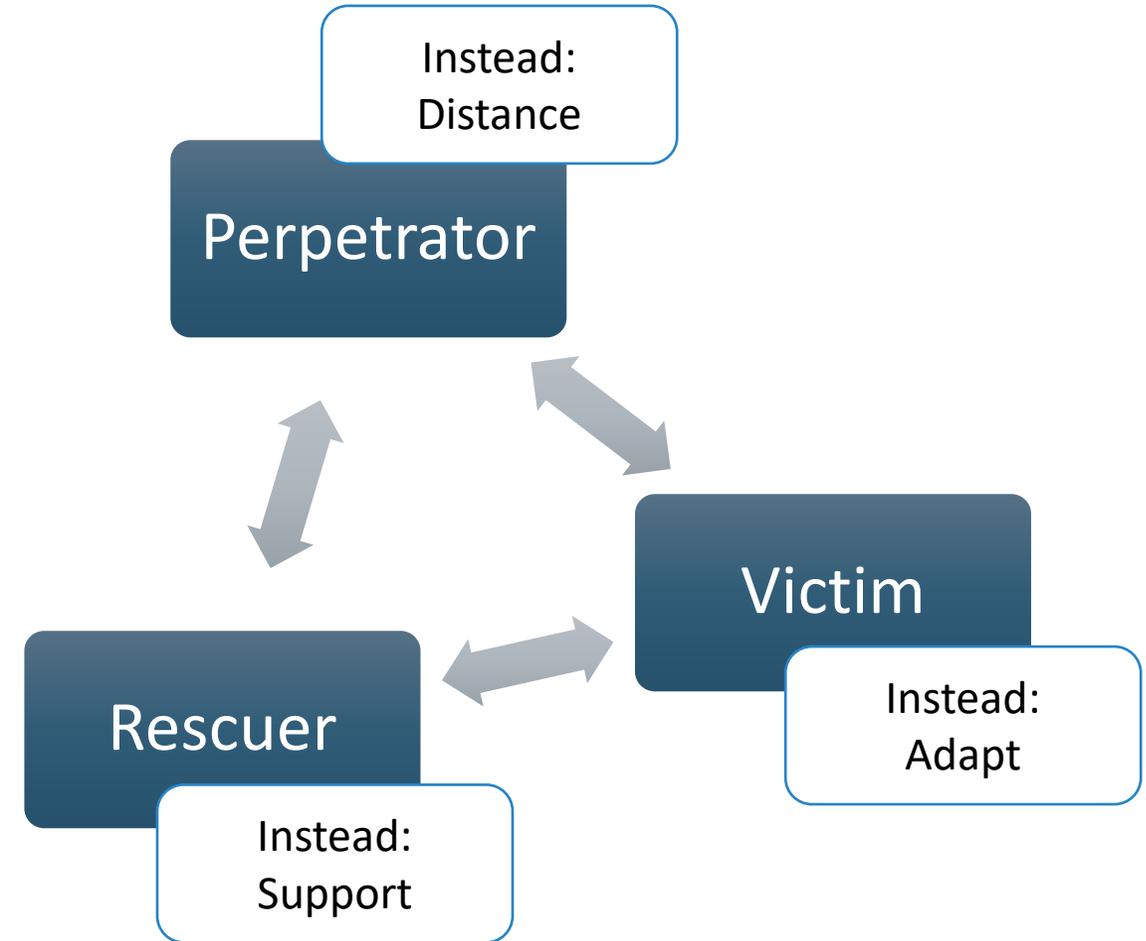
1. I might not be the right provider for him (background and upcoming leave) (during DA)
2. Trust-building would be key; one of the more affected people I had seen with his lack of trust
3. **Increased awareness of body and physiological reactions would be a necessary foundation for eventual trauma-processing**
4. **Auditory hallucinations would require ongoing assessment and the collection more nuanced understanding of MH history; psychiatric evaluation was warranted**
5. Determined, bright, and forthcoming



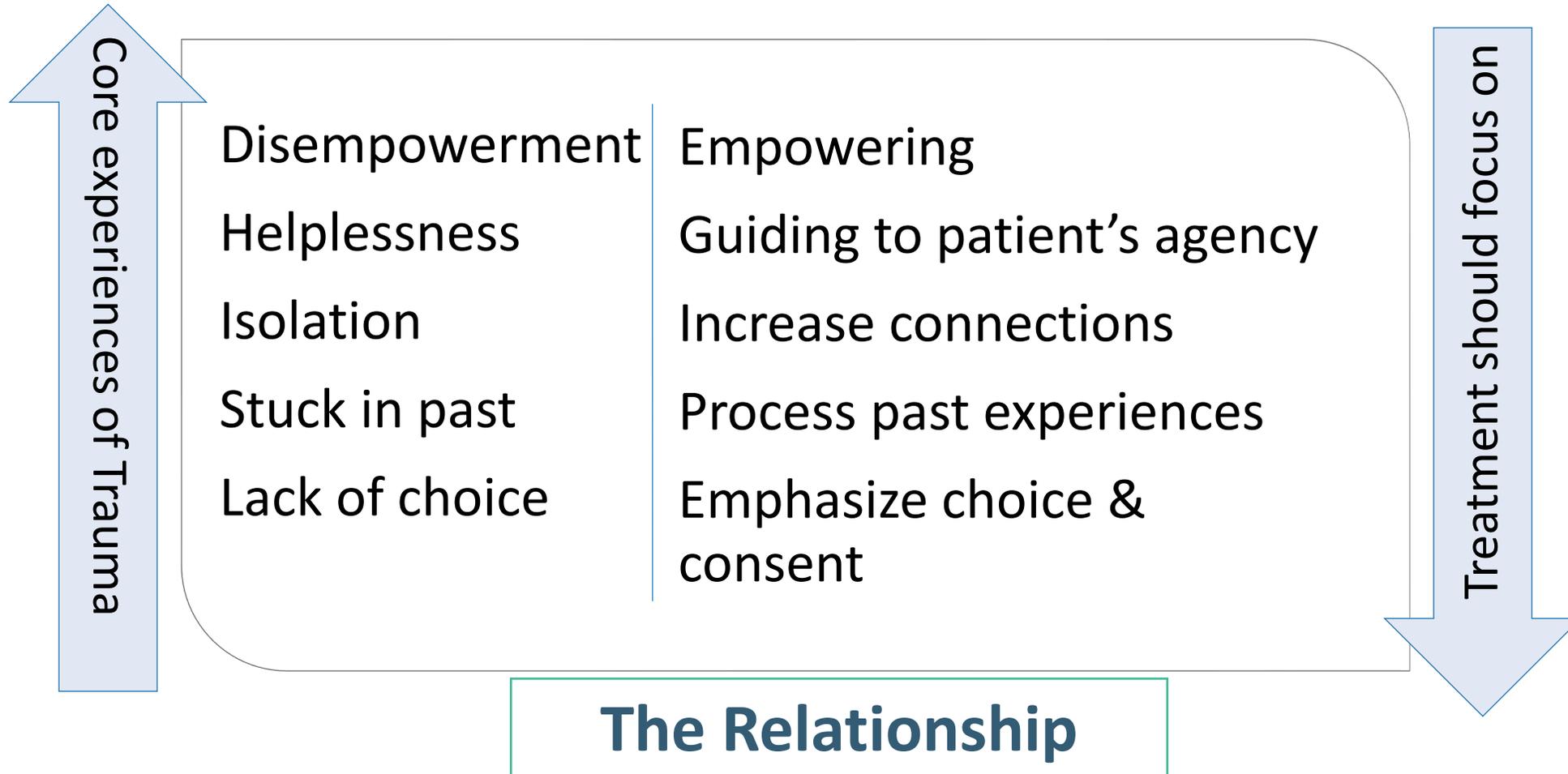
Impact of trauma on interpersonal relationships



1. Learning the language and concepts of reenactments.
2. Identifying reenactments in our own life, in retrospect and as they unfold in real-time.
3. Breaking out of reenactments as we step into healing, empowerment, and positive change.



Treatment: A Healing Relationship



Collaboration and Treatment Planning



What does improvement look like?

Being able to get into a medical taxi without having a panic attack?

Waking up in the middle of the night and knowing where you are?



What does progress mean/look like?

You get through an entire session without dissociating?

You're able to participate in a group?



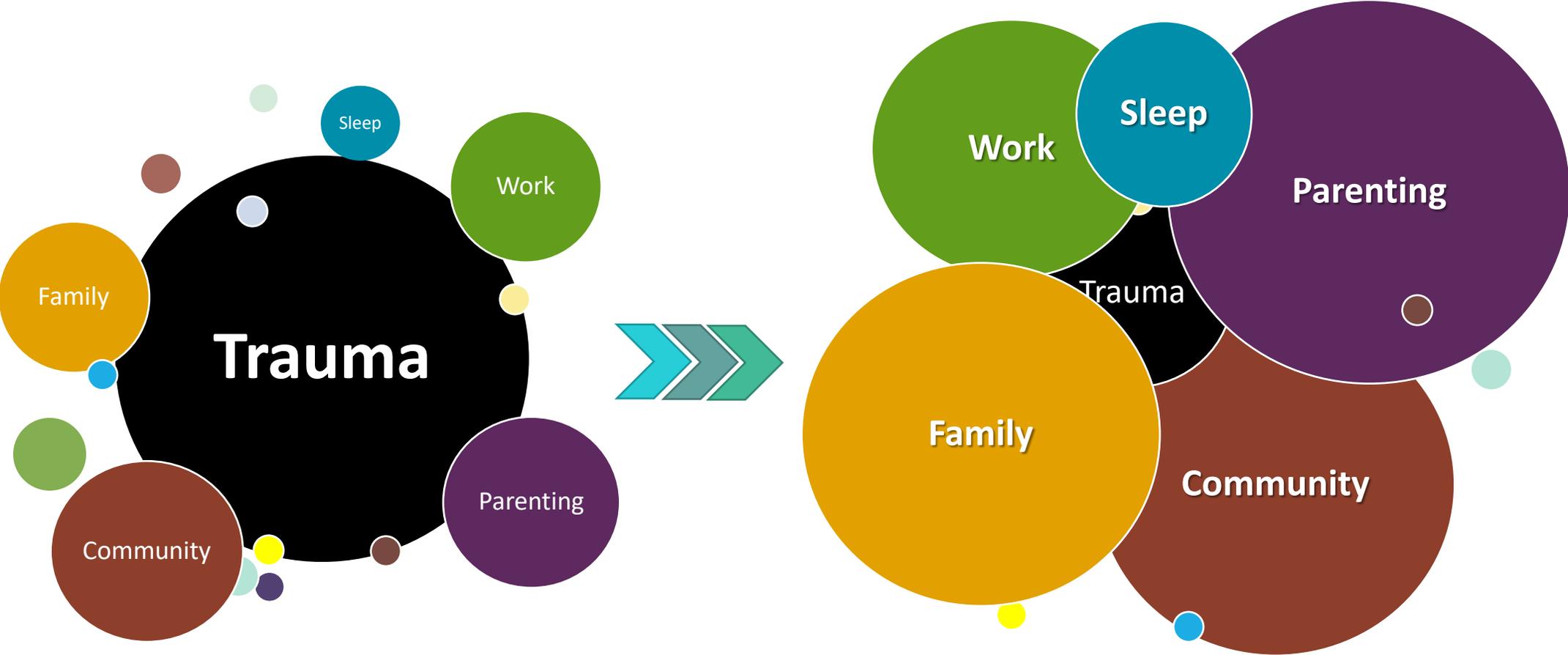
What does "done" mean/look like?

Is this based on goals being met? Pre-determined time-frame?

Is a client able to assess when they might need more help?



Trauma disrupts priorities



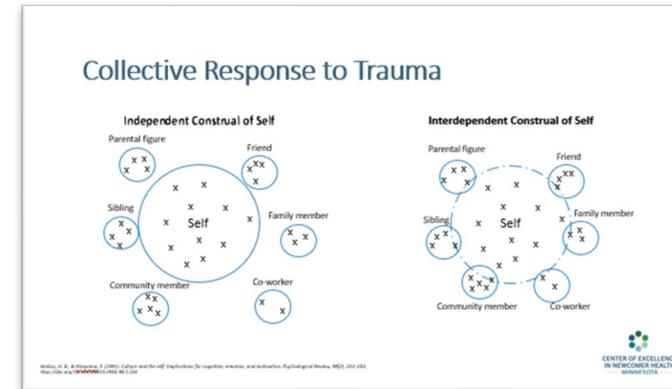
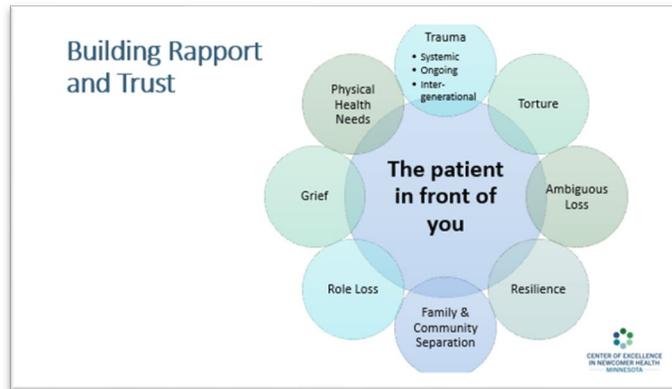
Holistic Awareness & Treatment Planning



Review Part 1:

Advanced Techniques in Mental Health Care for Newcomers Part 1: Assessment – Engaging and Building Trust

www.health.state.mn.us/communities/rih/coe/mhseries1.pdf



Treatment Planning: Creation of goals

- Explain patient's role in treatment plans
- Incorporate patient's loved one's perspectives when useful
- Get at goals through use of shared understanding of problem and healing
- Assess what values and ways of being were/are important for them
- Many cultures prioritize family/community over self
- Create shared treatment plan across providers when feasible



Mohamed: How treatment played out over 2.5 years

**Rapport building,
stabilization,
resourcing**

Psychoeducation

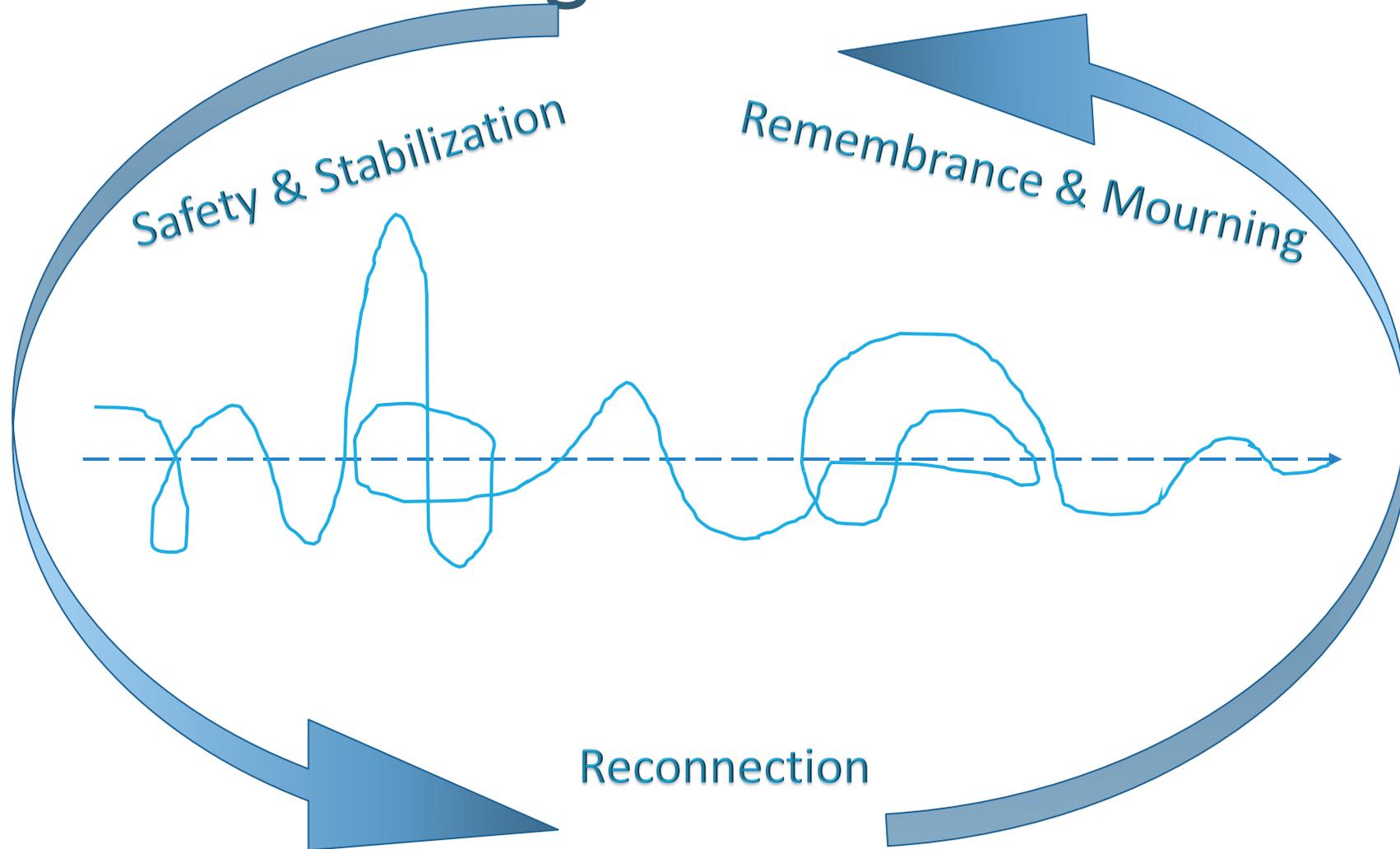
- Dissociation
- Learning to describe inner experiences
- Increasing somatic awareness
- Developing awareness of dissociative triggers, patterns, and mechanisms for increasing present-moment awareness

**Creating a timeline
for trauma**

**Trauma processing
in pieces** (dissociative
episodes continued in
accordance with
external stressors)



Non-Linear Healing



Obstacles, Setbacks, and Ruptures

- Ruptures with understanding of confidentiality
- Ruptures with suspected breaking of confidentiality
- Lack of trust in other providers
- Cultural pressure to avoid certain types of treatment



Things to remember

- Sometimes the most therapeutic thing happens in the waiting room.
- Don't be afraid to discuss issues that are seemingly unrelated to one's trauma.
- Don't be afraid to ask about trauma/torture.



Quotes from clients

“Going to the doctor is the hardest. Every time there is someone who says congratulations [about the pregnancy]. And then all I can think of is what happened [rape].”

“I don’t want to go to the doctor. The ladies who check you in say your name and information so loud. Everyone can hear. I don’t feel safe.”

“They did electricity for my carpal tunnel at the doctor. I felt like I was back in my torture.”



Treatment Termination

- Treatment may often feel unfinished and can be thwarted by many unexpected events
 - Ongoing trauma
 - Treatment disrupting experiences
 - Parental leave
 - Staff changes
 - Illness/death (of client or provider)
 - Sociopolitical uncertainty
- Engage in a ritual or create a transitional object if possible to encourage continued growth



Sustaining ourselves while bearing witness



"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet."

- Dr. Rachel Naomi Remen



Your Professional Quality of Life

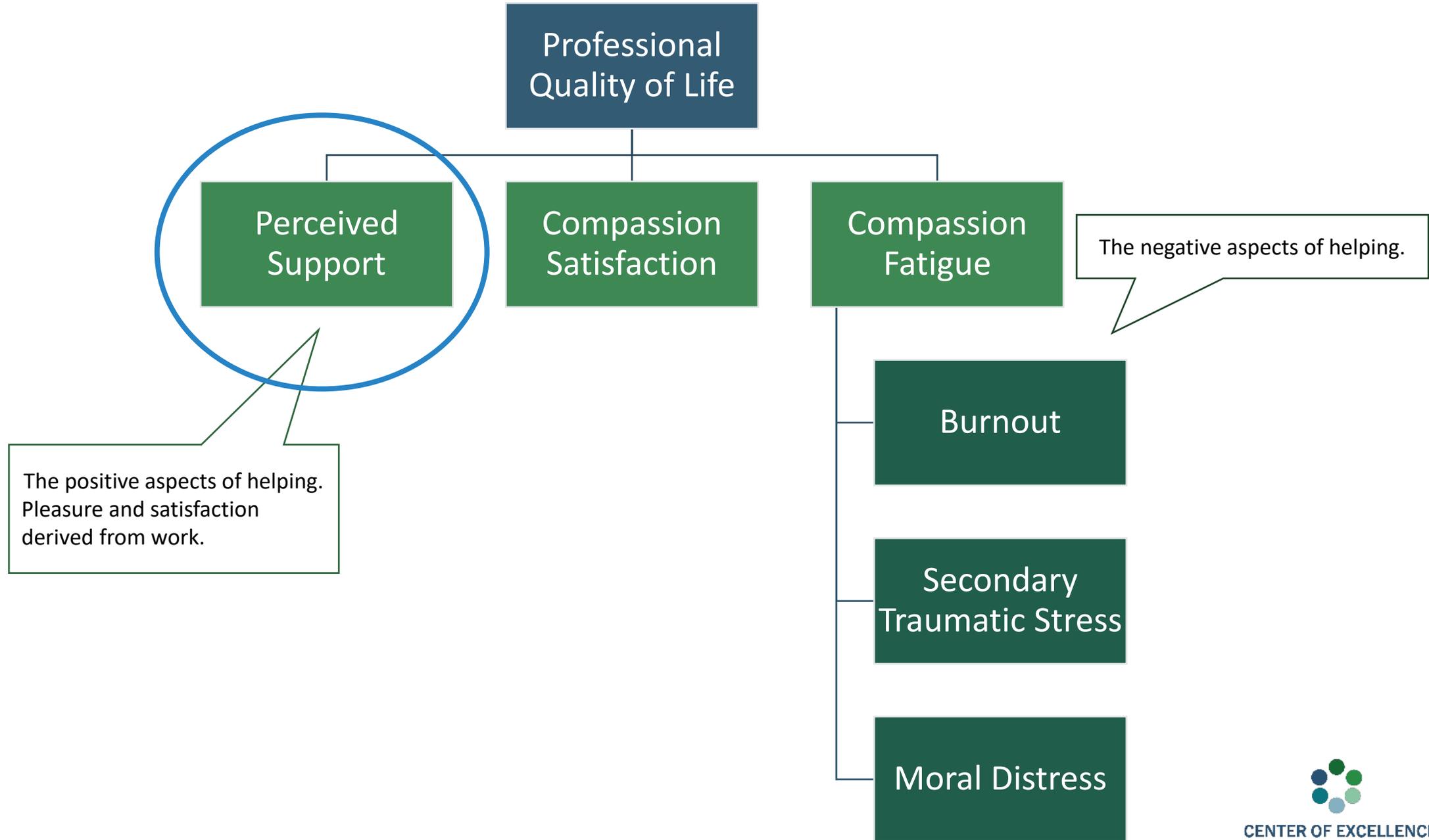
Professional quality of life is the quality one feels in relation to one's work. Both the positive and negative aspects of doing one's job influence one's professional quality of life.

ProQOL Health was developed to serve health care and humanitarian workers improve their self-care and overall well-being by explaining key concepts.

[ProQOL Health Measure | ProQOL](https://proqol.org/proqol-health-measure)

<https://proqol.org/proqol-health-measure>





Wellbeing and Sustainability



Self-Reflection Questions



| | |
|---------------------------------|--|
| Safety | <p>What does safety mean to you?</p> <p>What helps you feel safe?</p> <p>What aspect of safety can you take action on?</p> |
| Calming | <p>What is one thing that helps you to shift up or down, so that you are closer to your window of capacity?</p> <p>∅ During a moment of stress</p> <p>∅ After a moment of stress</p> <p>∅ When stress is ongoing for a long period of time</p> |
| Self & Collective Effectiveness | <p>What is one thing you do that gives you a sense of accomplishment and control?</p> <p>What is one thing you do as a group that gives you a sense of accomplishment and control?</p> |
| Connectedness | <p>What is one thing that helps you to connect to yourself?</p> <p>What is one thing that helps you to connect to your community, culture, spirituality?</p> |
| Hope | <p>What is one thing that inspires hope in your work?</p> |



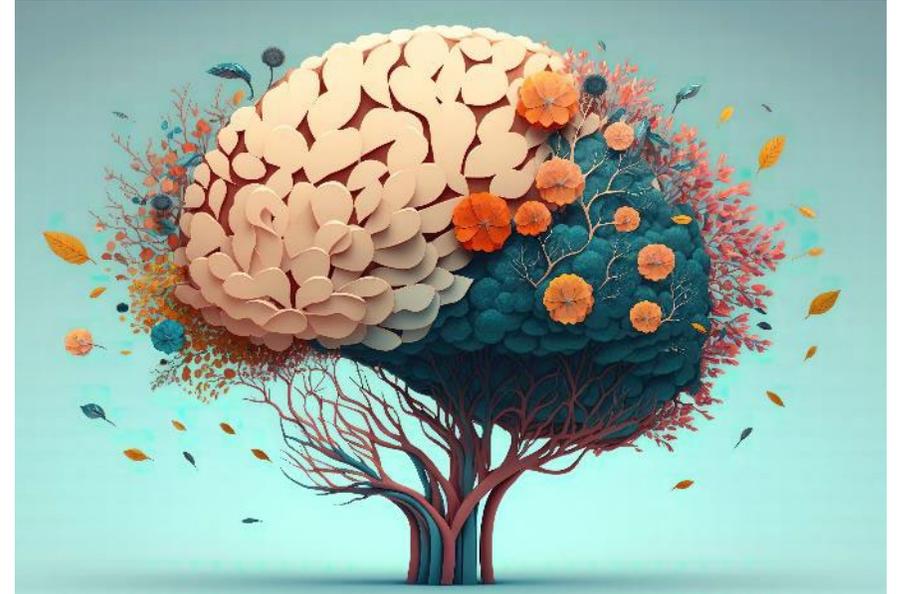
Gaining & Growing *from* our work

Vicarious Resilience

Positive impact on personal growth resulting from witnessing survivor resilience

Compassion Satisfaction

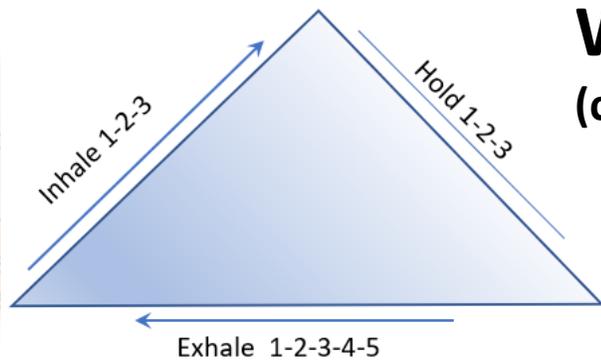
Pleasure you derive from being able to do your work, and includes the parts that you experience as being 'life-giving.'





FIGHT/FLIGHT

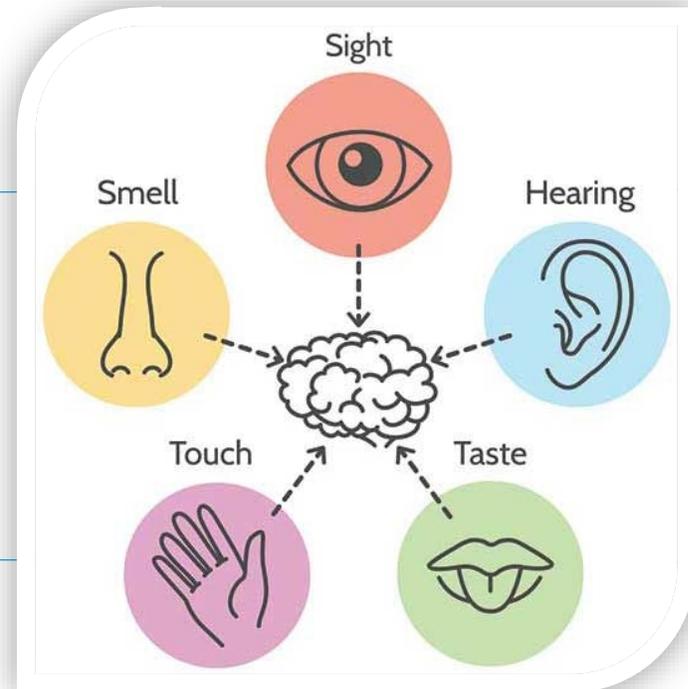
- Stress sends brain and body into fight or flight mode
- Signs you are here: High energy, difficulty to think and communicate, pounding heart, feelings of panic



When you need calm (coming back from stuck on high)

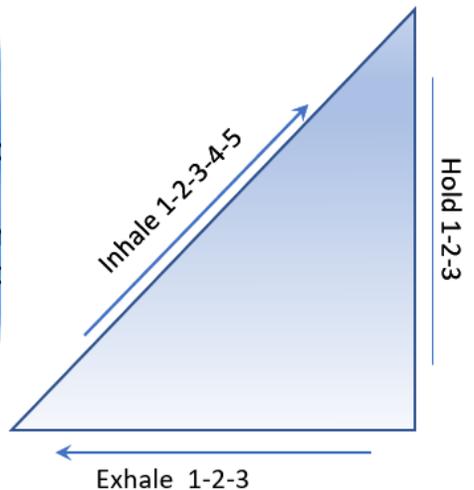
WINDOW OF TOLERANCE

- 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 mode
- Signs you are here: Low energy, inability to think and communicate, emotionally numb, disconnection



When you need energy (coming back from stuck on low)

Plan ahead, make it a practice

| BEFORE | DURING |
|--|--|
| <ul style="list-style-type: none">• Physical self care• Transitions to work and hearing about trauma• Grounding exercises such as breathing, prayer, meditation• Recognizing & anticipating potential triggers | <ul style="list-style-type: none">• Focus on the task at hand• Take breaks if you feel overwhelmed• Do breathing exercises• Create distance or protection: A space around yourself, take a half step back; take a moment• Notice reactions and plan for intervention later |
| LATER/ONGOING | RIGHT AFTER |
| <ul style="list-style-type: none">• Regular practice of relaxation techniques and/or physical movement and exercise• Build relational connections with others for ongoing broad support• Focus on life outside of work• Utilize spiritual practices• Build compassion for yourself | <ul style="list-style-type: none">• Transitions: from work• Debrief with colleagues if possible• Take some time to process through journaling, drawing, singing, movements, etc.• Visualization & breathing exercises• Bring awareness to your body |

Outside of the box activity



A few recommended articles and books

Dalenberg, C. J. (2000). Countertransference and the treatment of trauma. American Psychological Association.

Herman, J. L. (2015). Trauma and recovery: The aftermath of violence; from domestic abuse to political terror.

Healing Hearts Toolkit | The Center for Victims of Torture

[\(https://www.cvt.org/what-we-do/healing-care/healing-hearts/\)](https://www.cvt.org/what-we-do/healing-care/healing-hearts/)

Higson-Smith, C. (2013). Counseling torture survivors in contexts of ongoing threat: Narratives from sub-Saharan Africa. *Peace and Conflict: Journal of Peace Psychology*, 19(2), 164–179.

Lipsky, L. van D., & Burk, C. (2009). Trauma stewardship: An everyday guide to caring for self while caring for others. San Francisco: Berrett-Koehler Publishers.



3 Breaths

First Breath for Yourself

Second Breath for your Community

Third Breath for the Work



Thank you!



Questions?

MNCOENewcomerHealth@state.mn.us



Center of Excellence Reminders!

Subscribe to Center of Excellence in Newcomer Health Updates

(https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_463) for training announcements and other guidance and resources.

Upcoming trainings at
[Center of Excellence in Newcomer Health: Webinars](http://www.health.state.mn.us/communities/rih/about/coe.html#webinar)
(www.health.state.mn.us/communities/rih/about/coe.html#webinar)



CENTER OF EXCELLENCE
IN NEWCOMER HEALTH
MINNESOTA

Newcomer Health

This ECHO series is designed to increase medical providers' knowledge of the resettlement and health issues of newcomers, including refugee, immigrant and migrant (RIM) populations. It will review resettlement pathways, evidence-based screening recommendations, and more common diagnoses and treatment approaches for pediatric and adult populations.

Sessions include brief didactic presentations by immigrant health experts and discussion of participant-submitted cases. Participants are highly encouraged to submit de-identified patient cases for group discussion and expert consultation.

AUDIENCE

Health care workers across the U.S. who provide care or who want to learn more about providing care for newcomers, including refugees, immigrants and migrants

COMMITMENT

Three monthly ECHO sessions held virtually

Last Tuesday of the month

8:00 AM PT | 9:00 AM MT | 10:00 AM CT | 11:00 AM ET

April 29 - June 24

SESSIONS

APRIL 29 Introduction to Newcomer Health: Clinic Setting

MAY 27 Introduction to Newcomer Health: Hospital Setting

JUNE 24 Introduction to Newcomer Health in a Changing Landscape: Case-based Learning

Refugee, immigrant and migrant communities face multiple systems barriers that negatively affect health.



Peer Mentored Care
Collaborative
SCHOOL OF MEDICINE
UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS



REGISTER TODAY!
Get more info and register [HERE](#)

QUESTIONS?

AD Sanchez, ECHO Coordinator
alfredo.sanchez@cuanschutz.edu

Thank You!

Please remember to
complete your evaluation

