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# Post-Traumatic Stress Disorder Screening Project for Adult Males from the Middle East and Afghanistan

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Post-Traumatic Stress Disorder Screening Project  
for Adult Males from the Middle East and Afghanistan

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### **Abstract**

Current research indicates a significant rise in PTSD signs and symptoms of adult males arriving from the Middle East and Afghanistan. In an effort to increase the awareness of Post-Traumatic Stress Disorder (PTSD) in clinical personnel and adult males from the Middle East and Afghanistan, the Sacramento Refugee Health Clinic implemented a PTSD Screening Project. This project was designed to ensure the maximum number of the adult males from the Middle East and Afghanistan would be appropriately screened for PTSD and provided additional opportunities to meet the mental and acute primary care needs of these patients in an adequate and timely manner. Awareness was increased by conducting PTSD briefings, distributing PTSD information flyers and displaying PTSD posters throughout the Refugee Health Clinic and Primary Care Clinic.

Increased awareness of PTSD was achieved as indicated by 100% of the respondents on the PTSD Screening Project briefing post-survey indicating that they had a better understanding of PTSD. The completion rates of the PTSD Screening were increased as indicated by the 100% completion rate of the Primary Care PTSD – 5 (PC PTSD-5) screening tool at the end of the project's timeline.

*Key words:* post-traumatic stress disorder, refugee, screening process, screening tool

## **Executive Summary**

### **Problem Statement:**

Current research indicates a significant rise in Post-traumatic Stress Disorder (PTSD) in male patients who are refugees or immigrants from the Middle East or Afghanistan. According to Sayer et al. (2009), “PTSD is an anxiety disorder that follows exposure to life-threatening experiences such as war, sexual assault, homicide, vehicular crashes and natural disasters” (p. 238). Symptoms of PTSD include distress associated with unwanted trauma-related memories coupled with persistent avoidance of reminders of the trauma, diminished responsiveness to the external world, sleep disturbance and hyper-vigilance (Sayer et al., 2009). The high incidence of PTSD in these patients may be attributed to the increased number of traumatic incidents that cause mental disturbances, potential separation from families due to war, an ineffective PTSD screening process, and insufficient access to care. Though there are several effective treatments for PTSD, many individuals with PTSD wait a long time before they seek mental health help or they do not seek help at all. Previous studies have shown that individuals with PTSD do not seek treatment for a variety of reasons to include thinking treatment is not necessary, believing treatment will not be beneficial, fearing stigmatization, wanting to self-treat, and thinking the problem will eventually go away without intervention (Sayer et al., 2009). In addition, some clinical staff and these patients are not aware of the signs and symptoms of PTSD and the negative impact PTSD has on a patient’s overall health.

### **Project Purpose**

The purpose of this PTSD Screening Project conducted at the Sacramento Refugee Health Clinic was to increase the awareness of PTSD among the clinical staff and adult males from the Middle East and Afghanistan, highlight the significance and increased prevalence of PTSD in adult males from the Middle East and Afghanistan, reinforce the importance of accurately identifying PTSD and demonstrate the benefits of establishing an effective and proficient

screening program that would decrease negative outcomes for these patients.

### **Project Goals/Aims**

The goals aims of this PTSD Screening project were to: 1) increase awareness of the importance of PTSD screening to patients and clinical staff; 2) enhance the system for PTSD screening of adult males from the Middle East and Afghanistan in the Refugee Health Clinic that encompasses those males identified with risk factors of PTSD, who exhibit signs and symptoms of PTSD; 3) work with primary care providers to include PTSD screening as part of mental health screening at routine health care visits for adult males from the Middle East and Afghanistan; and 4) enhance communication and trust between adult male refugees from the Middle East and Afghanistan and the Refugee Health Clinic and Primary Care Clinic staffs.

### **Methods**

To assess the success of this PTSD Screening Project, pre and post-test briefing surveys were utilized to ascertain the awareness and knowledge about PTSD of the clinic staff and adult male patients from the Middle East and Afghanistan. PTSD briefings, posters and flyers were designed and used to increase the awareness of PTSD. PTSD flyers were given to the refugees at the end of their patient encounter and PTSD flyers were provided to some of the supporting agencies for distribution to their clients.

The patients of this PTSD Screening Project were the adult males from the Middle East and Afghanistan at risk of being affected by PTSD. The team of professionals consisted of physicians, nurse practitioners, medical assistants and office assistants. This team of professionals worked with the patients in a unified way towards effectively screening for PTSD and addressing mental and physical health concerns and assessing those in need of mental health services to insure appropriate, adequate and timely mental health care is rendered to decrease the incidence of PTSD among these patients. The processes included scheduling systems for the outpatient appointments, PTSD training, and staff training on the PTSD Screening process.

### **Results**

The success of the PTSD Screening Project is evidenced by a significant increase in the awareness of the signs and symptoms of PTSD among the clinical staff and adult male refugees from the Middle East and Afghanistan, increase in the use of the Primary Care – Post-traumatic Syndrome Disorder – 5 (PC-PTSD-5) screening tool among clinical staff, and increase in knowledge among clinical staff and refugees as to whom to contact for help for PTSD. As a result of the increase in awareness, 100% of the adult male refugees from the Middle East and Afghanistan were screened for PTSD during the months of June 2018 and August 2018.

### **Implications**

A systematic screening for PTSD among adult males from the Middle East and Afghanistan is essential in understanding the potential impact of PTSD, enhancing safety and continuity of care for these patients and decreasing negative outcomes. This high-impact PTSD Screening Project will have a long-term effect on the prevention, identification, education and early treatment of PTSD and the provision of quality primary care, thus ensuring the health and safety of these refugees.

### **Conclusion**

A comprehensive and effective PTSD Screening Project that accurately provides appropriate primary care and PTSD interventions in a timely manner is beneficial. It is imperative that health care providers establish and implement a standardized screening program that would most benefit refugees. It is also equally important that healthcare providers gain an understanding of PTSD and ensure that refugees with PTSD receive the appropriate care in a timely manner. A standardized, comprehensive, effective, and adequate screening program for PTSD that accurately assesses and provides appropriate interventions in a timely manner to refugees would be beneficial. This screening project for PTSD would be sustainable because it could be replicated and with time and continued improvement the project would become even better.

### **Literature Review**

**Introduction**

The United States (U.S.) provides asylum and humanitarian assistance to persons subjected to persecution in their homelands. Refugees are defined as those persons who have been granted "refugee" status by the U.S. Citizenship and Immigration Services (USCIS) prior to entering the U.S. and those who are subject to or have a well-founded fear of forced abortion or involuntary sterilization (California Department of Public Health, 2018). Often times refugees are unable to return to their home country for a variety of reasons including persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion (California Department of Public Health, 2018). Asylees are those who reside legally or without documents in the U.S. and fear that they will be persecuted if they return to their home country. To be eligible for asylee status, the individual must go through an immigration hearing or court process and granted asylum by USCIS (California Department of Public Health, 2018). The Office of Refugee Resettlement (ORR) was created by the Federal Refugee Act of 1980 in an effort to provide a variety of social and medical services to newly arrived refugees, and asylees to assist in their transition from their native countries. (California Department of Human Social Services, 2018).

According to the California Department of Public Health (2018), up to 80,000 refugees resettle in the U.S. annually. California receives 15% - 17% of all new refugees making it the largest refugee recipient in the US. Refugees settling in California represent the most ethnically diverse groups in the nation originating from more than 85 different countries and speaking more than 80 different languages in any given year. Sacramento serves the largest number of refugees with Special Immigrant Visas (SIVs) in the nation (California Department of Human Social Services, 2018).

In California, the Office of Refugee Health (ORH) coordinates the Refugee Health Assessment Program (RHAP). Health agencies in California provide culturally and linguistically-appropriate comprehensive health assessments to refugees. The California

Department of Human Service and the Sacramento County Refugee Health Clinic play pivotal roles in ensuring refugees receive the appropriate health care screenings, especially screening for Post-traumatic Stress Syndrome (PTSD).

### **Mental Health Challenges in Refugees**

According to Sandahl, Vindbjerg and Carlsson (2017), by the end of 2016, the United Nations High Commissioner for Refugees (UNHCR) estimated that a total of 65.6 million people were forcibly displaced worldwide as a result of persecution, conflict, generalized violence and/or human rights violations. Approximately 22.5 million people were refugees (Sandahl, Vindbjerg & Carlsson, 2017). Current research indicates that war in the Middle East and Afghanistan continues to cause substantial mental health challenges to refugees from this area. (Beck et al., 2017; Heide et al., 2017; Nickerson et al., 2017; Riber, 2017; Sandahl, Vindbjerg & Carlsson, 2017; & Sayer et al., 2009). According to Slewa-Younan, Guajrdo, Yaser, Mond, and Smith (2017), worldwide, there are over 2.6 million refugees originating from Afghanistan, with a further 1.1 million internally displaced. In addition, there was reported to be a total of 261,107 refugees from Iraq and 4,400,000 internally displaced persons in Iraq itself in 2005. This represents amongst the largest displacements in the Middle East, being one of the most affected regions worldwide (Slewa-Younan et al., 2017).

### **PTSD Defined**

According to Sayer et al. (2009), “PTSD is an anxiety disorder that follows exposure to life-threatening experiences such as war, sexual assault, homicide, vehicular crashes and natural disasters” (p. 238). Symptoms of PTSD include distress associated with unwanted trauma-related memories coupled with persistent avoidance of reminders of the trauma, diminished responsiveness to the external world, sleep disturbance and hyper-vigilance (Sayer et al., 2009). PTSD criteria are the exposure to an exceptionally threatening event of catastrophic nature and demonstrating the symptom triad: (1) intrusive trauma-related imagery or nightmares, (2) avoidance of situations that remind the individual of the trauma and (3) either (a) partial amnesia



of the trauma or (b) prolonged hypervigilance that causes irritability or frequent outburst of anger, concentration problems, sleeping problems and/or exaggerated startle response (Beck et al., 2017).

### **Screening Tools for PTSD**

Because of the increasing numbers of cases of PTSD in refugee communities, it is important to ascertain their health-seeking behaviors and promote interventions specifically for them (Slewa-Younan et al., 2017). It is imperative that valid and reliable screening tools are utilized in the screening process. A standardized, comprehensive, effective, and adequate screening program for PTSD that accurately assesses and provides appropriate interventions in a timely manner to refugees would be beneficial. Several screening tools are available to screen for PTSD.

The National Center for PTSD created the Primary Care – Post-traumatic Syndrome Disorder – 5 (PC-PTSD-5) Screen for use in the primary care settings. It assesses whether a patient has been exposed to a traumatic event and if the patient denies exposure then the screening is complete. If the patient reports any exposure to a traumatic event, then the patient is asked to answer five yes or no questions about the traumatic event. Patients with a positive screen require further assessment (U.S. Department of Veterans Affairs, 2018). The PC-PTSD-5 (the screening tool used during this project) has reliability ( $r=0.83$ ) and validity ( $r=0.83$ ) (Prins et al., 2016).

The Refugee Health Screener – 15 (RHS-15) screens for distress, anxiety, and depression in refugees. The RHS-15 has been translated into 11 languages and its validity and reliability are strong (Hollifield, et al., 2013). The Hopkins Symptom Checklist-25 (HSCL-25) is a self-administered questionnaire which is used to measure change in 15 anxiety and 10 depression symptoms. Several studies have utilized it in researching PTSD in refugees. It has excellent ratings for validity and reliability (Refugee Health, 2018). The Symptoms Checklist-90 (SCL-90) has been used in a few refugee studies. It is a 90-item self-report questionnaire consisting of 10

symptom scales. It assesses somatization, obsessive-compulsive behaviors, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoia (Refugee Health, 2018). The Posttraumatic Symptom Scale – Self Report (PSS-SR) assesses 17 items from the DSM-IV PTSD diagnostic items. It has exceptional scores that are highly correlated with war-related trauma in refugees (Foe, Cashman, Jaycox & Perry, 1997; Refugee Health, 2018).

### **Barriers to Screening**

Refugees arriving from war torn countries have identified several barriers to help-seeking behavior which include: difficulty in getting time off from work, not having adequate transportation, not knowing where to go, difficulty scheduling appointments, distrust in the mental health system, or financial strain (Morris, Popper, Rodwell, Brodine, & Brouwer (2009). Attitudes toward help-seeking behavior predict intentions to seek help and actual help-seeking behavior (Vogel, Wade, & Hackler, 2007). Several factors that influence attitudes toward help-seeking include stigma, anticipated utility of treatment, propensity to self-disclose, social support and the availability and accessibility of services (Bickman & Kelley, 2009; Vogel, et al., 2005).

Stigma associated with mental health problems is known to negatively impact help-seeking behaviors, including both reporting of mental health difficulties and seeking care (Barney, Griffiths, Jorm, & Christensen, 2006). According to Corrigan (2004), stigma reduces adherence to a treatment plan and may negatively affect the patient's outcomes. Several factors that affect mental health stigma include demographic variables such as age, sex, culture, experience with psychiatric patients, beliefs about responsibility for and control of symptoms, and perceived social support (Greene-Shorridge, Britt & Castro, 2007; Kelly & Jorm, 2007). Kelly and Jorm (2007) suggest that outreach and education to reduce these perceived barriers should be an essential component to any effective mental health care system.

### **Relevant Studies on PTSD in Refugees**

A study by Nickerson et al., (2017) investigated the impact and correlates of comorbid PTSD and depression in a sample of tortured refugees who were undergoing

psychiatric/psychotherapeutic treatment. In this study, an amalgamation of the Harvard Trauma Questionnaire and the Posttraumatic Diagnostic Scale was used to assess trauma exposure. An adapted version of the Post-Migration Living Difficulties Checklist was used to measure post-migration stressors. The Posttraumatic Diagnostic Scale was used to measure PTSD. The 15-item depression subscale of the Hopkins Symptom Checklist was used to measure depression. The 12-item Medical Outcomes Study-Short Form was used to measure mental and physical health related quality of life (Nickerson et al., 2017). Findings indicated that approximately half the sample met criteria for PTSD and depression, 33.6% met criteria for depression only, and only 2.2% met criteria for PTSD only. Post-migration stress was also associated with greater likelihood of comorbidity compared with no diagnosis, OR = 1.32, and a single diagnosis, OR = 1.14. Further, dual diagnosis was associated with significantly poorer mental health-related and physical health-related quality of life (Nickerson et al., 2017).

The study conducted by Heide et al. (2017) aimed to increase knowledge about world assumptions among treatment-seeking refugees. Measures included the World Assumptions Scale (WAS) and the Events and DSM-IV PTSD subscales of the Harvard Trauma Questionnaire (HTQ), a self-report questionnaire that was designed especially to assess traumatic experiences and posttraumatic symptoms in refugees. Results showed that world assumptions were especially negative with regard to Benevolence of World, Benevolence of People, and Luck subscales, on which refugees scored lower than all reference samples. Differences between the refugee sample and the reference samples were smallest with regard to self-worth and self-controllability. World assumptions were associated with gender and PTSD symptom severity but not with age, length of residence in the Netherlands, and number of traumatic event types. In this study, refugees generally showed less belief in positive world assumptions than other trauma-exposed samples and the general population (Heide et al., 2017).

Sandahl, Vindbjerg and Carlsson (2017) aim to address the relationship of sleep disturbances to PTSD among refugees by investigating the role of sleep disturbances in the

symptom structure of PTSD and examine baseline data on sleep disturbances and evaluate the changes in the symptom structure during psychopharmacological and psychotherapeutic treatment of PTSD. 99.1% of patients reported some degree of sleep disturbance and 62.6% reported being extremely bothered by this symptom. The item recurrent nightmares also received an above average endorsement, with 98.7% reporting some degree of recurrent nightmares and 53.4% reporting to be extremely bothered by this symptom (Sanahl, Vindbjerg & Carlsson, 2017).

### **Treatment for PTSD**

There are several effective treatments for PTSD, but many individuals with PTSD wait an extended period of time before they seek mental health help or they do not seek help at all (Warner, Appenzeller, Mullen, Warner & Grieger, 2008). Previous studies have shown that individuals with PTSD do not seek treatment for a variety of reasons to include thinking treatment is not necessary, believing treatment will not be beneficial, fearing stigmatization, wanting to self-treat, and thinking the problem will eventually go away without intervention (Sayer et al., 2009).

Riber (2017) identified trauma types over the life course among adult refugees and explored their accounts of childhood maltreatment. According to Riber (2017), refugees with PTSD and trauma-related diseases are a vulnerable clinical population with persistent symptoms and relatively poor treatment response, posing complex challenges due to limited understandings of what may produce good outcomes. Traumatized refugees obviously differ on many clinical dimensions other than exposure to war trauma and flight. In most treatment contexts, Riber (2017) believes it will make sense to attend to details of history, gender, age, trauma onset, trauma types, level of posttraumatic stress response, comorbid psychiatric diagnoses, personality traits, social functioning, and cultural features. Furthermore, attachment patterns and stressful events interact and influence mental health and attachment also influences the psychotherapy process and outcome. For the sake of treatment planning, anticipating influences on the

therapeutic relationship, or as a focus of family therapies, treatment providers in refugee trauma rehabilitation centers may therefore have an interest in formally assessing life course trajectories, childhood adversities, and attachment patterns (Riber, 2017).

According to Beck et al. (2017) neurological studies have shown that music listening has an integral function on several brain areas such as motor/autonomic, emotional and prefrontal, which deal with cognition and regulation, as well as a specific influence of autonomic functions such as heartbeat, respiratory rhythm and arousal. Studies on music therapy with PTSD patients indicated that active and receptive music therapy methods are relevant and effective in the treatment of PTSD. The receptive music therapy method Guided Imagery and Music (GIM), in which special selections of classical music are used to evoke spontaneous inner imagery, has been adapted to trauma survivors in a number of studies (Beck et al., 2017).

GIM can serve as a supplement or alternative to verbal psychotherapy in the treatment of PTSD in the multidisciplinary treatment in a psychiatric clinic. The treatment might also be useful for trauma patients in general and for refugees in other settings, such as asylum centers and home care (Beck et al., 2017).

### **Agency Profile: Sacramento County Refugee Health Clinic**

#### **Background**

The Office of Refugee Health (ORH) coordinates the Refugee Health Assessment Program (RHAP). Health agencies in California provide culturally and linguistically-appropriate comprehensive health assessments to refugees. The RHAP plays a vital role in mental health screening (California Department of Human Social Services, 2018). The important work of the California Department of Human Service and the Sacramento County Refugee Health Clinic plays a pivotal role in ensuring refugees receive the appropriate health care screenings, especially PTSD screening.

#### **Funding**

The California Medical Assistance Program (Medi-Cal) is California's Medicaid program.

The CDHCS/Medi-Cal Eligibility Division (MED) receives Risk Management Agency (RMA) funds from the Refugee Health Program (RHP) to provide RMA benefits to refugees who are not eligible for Medi-Cal. Because there are no state funds to support any activity of the Refugee Health Assessment Program (RHAP), Sacramento County contributes in-kind support to the RHAP process. Furthermore, the state uses the 200 percent poverty option as an eligibility standard for RMA. RMA benefits are available for a maximum period of eight months (California Department of Human Social Services, 2018).

### **Sacramento County Refugee Health Clinic: Vision and Mission**

Sacramento County Refugee Health Clinic is a subsidiary of the Sacramento County Health and Human Services. The vision and mission of this clinic are directly in line with the mission of Sacramento County Health and Human Services – to deliver health, social and mental health services to the Sacramento community. The Refugee Health Clinic directs resources toward creative strategies and programs which prevent problems, improve well-being, and increase access to services for individuals and families. To further the mission, they seek close working relationships among staff, with other government offices, and within the community. The goal is to ensure the health of newly arriving refugees (Sacramento County Department of Health Services, 2018).

### **Services Offered**

Sacramento County Refugee Health Clinic provides comprehensive culturally and linguistically appropriate health assessments to refugees. Families are provided appropriate health, behavioral health and /or dental services for ongoing care. Children are provided immunizations that are required prior to entering the school system (Sacramento County Department of Health Services, 2018).

Comprehensive health and behavioral health assessments are completed within 30 days of arrival (Federal requirement is 90 days). Staff provide linkage to health plans, primary care providers, and dentists (California Department of Health and Human Services, 2018).

Refugees are referred to the Sacramento County Refugee Health Clinic by local resettlement agencies. Resettlement agencies are community-based organizations that provide supportive services for up to 90 days. Resettlement agencies arrange for housing and other amenities prior to the refugees' arrival. Some of these resettlement agencies include the International Rescue Committee, Opening Doors, World Relief, Catholic Charities of Sacramento, Food Bank, Sac S.O.S., 2-1-1 Information, One Father's Love, CALfresh Food Assistance, Muslim American Society, and Housing Authority (California Department of Public Health, 2018).

### **Staff**

Sacramento County Refugee Health Clinic has a diverse team of bi-cultural and bi-lingual staff members. There are three providers, two full-time physicians, (one of whom is Family Medicine/Psychiatry Board certified) and the other is Psychiatry Board certified and one part-time provider, a dual certified Family Nurse Practitioner/Physician Assistant. There are six Medical Assistants and four Office Assistants. Staff members speak eight languages other than English. For other language needs, the clinic provides in person interpreting through contracted personnel. Staff is paid by the Sacramento County Health and Human Services.

### **Population Served**

Sacramento County Refugee Health Clinic has been operational since 2014. During its inaugural year (2014 – 2015), the Refugee Health Clinic completed over 1,894 Refugee Health Assessments. There were over 3, 111 Refugee Health Assessments completed in 2015– 2016 and 4,240 Refugee Health Assessments completed in 2016–2017 (Sacramento County Department of Health and Human Services, 2018). The clinic receives approximately 30 male adults from Afghanistan and Middle-Eastern countries a month and offers mental and physical health screenings by the interdisciplinary health care team described above.

Sacramento County Refugee Health Clinic services patients from Afghanistan, Islamic Republic of Iran, Iraq, Republic of Moldova, Russian Federation, Syrian Arab Republic and

Ukraine. Of these countries, the majority of the refugees hail from Afghanistan (69%), Ukraine (15%) and Iraq (5%). The languages of assessed refugees include Dari, Arabic, Pushto/Pashto, Russian, and Ukrainian. Refugee family size ranges from a single adult to 11 family members (Sacramento County Department of Health and Human Services, 2018).

### **Problem Statement / Aims**

The purpose of this PTSD Screening Project is to increase the awareness of PTSD among the clinical staff and adult males from the Middle East and Afghanistan; highlight the significance and increased prevalence of PTSD in adult males from the Middle East and Afghanistan; establish the importance of accurately identifying PTSD; and demonstrate the value of an effective and proficient screening program that would decrease negative outcomes for these patients.

### **Methods**

The PTSD screening project was carried out over a three months period (May 10, 2018 – August 10, 2018) in the Sacramento Refugee Health Clinic. To assess the success of this project, the PTSD Screening project was evaluated by measuring the increase in awareness of PTSD among clinical staff, providers and adult males from the Middle East and Afghanistan, and the rate of compliance with completing the PTSD screening tool.

### **Increasing Awareness**

In an effort to increase awareness of PTSD, informal interviews of refugees about PTSD were conducted using a questionnaire (Appendix A). The PTSD screening process was explained in detail to clinic staff, especially the use of the PC-PTSD-5 screening tool (Appendix B). PTSD flyers (Appendix C) and posters (Appendix D) were created and utilized. PTSD briefings were given to the clinical staff, and a PTSD elevator speech (Appendix E) was written so that it could be given to refugees upon entering the clinic. The providers administered the PC-PTSD-5 screening tool to the refugee.

**Informal Interviews.** The PTSD Project program manager designed a PTSD questionnaire



(Appendix A) and conducted informal interviews of 32 male refugees utilizing interpreters to ascertain what information the men knew about PTSD. These informal interviews were voluntary and no identifying information was sought.

**Explanation of Screening Process.** The Office Assistants (OAs) were given a detailed explanation of the PTSD screening process by the PTSD Screening Project program manager, who is a Family Nurse Practitioner. During this explanation of the PTSD screening process, the PC-PTSD -5 screening tool's purpose and how and when it would be delivered were discussed. Interpreters helped the OAs present information on the PTSD screening tool to the refugees when they checked into the clinic. See Appendix B for this explanation on the screening process.

**PTSD Poster.** The PTSD poster (Appendix D) was designed by the PTSD Project program director with the help of the refugees and interpreters to ensure the defining terms of PTSD were accurately translated and spelled correctly in the refugees' language. The PTSD Posters were placed on the walls of the Refugee Health Clinic and Primary Care Clinic where refugees could readily notice them.

**PTSD Flyer.** The PTSD flyer (Appendix C) was a smaller copy of the PTSD poster so that refugees could take the flyer home after their visit. The flyer was attached to the refugees' After Visit Summary (AVS) at the end of the medical visit. Copies of the PTSD flyer were also laminated and placed in the patient exam rooms so that the Medical Assistant and provider would have easy access to them for discussion with the patient during the medical visit. The PTSD flyers were also distributed to several supporting agencies to be handed out when refugees visited these agencies.

**PTSD Presentation.** The PTSD Program project manager developed and delivered a PTSD presentation. The PTSD presentation was presented to several groups in a classroom setting. Clinic staff were provided a PTSD power point presentation during three afternoon in-services to educate them on PTSD. The PTSD presentation outline included:

A. Define PTSD

- B. Explain the PTSD Screening Process
- C. Discuss the PC-PTSD-5 Screening Tool
- D. Describe the physical/psychological health aspects of PTSD
- E. Describe the impact of PTSD on Refugee communities
- F. Discuss the social determinants of PTSD
- G. Describe the treatment of PTSD

Clinic staff members were available to answer questions regarding PTSD or were able to direct the patients to one of the medical providers for further assistance. The clinical staff attended these presentations on a voluntary basis.

**PTSD Pre and Post Surveys.** The PTSD pre-survey for clinic staff, post-survey for clinic staff, pre-survey for provider and post-survey for provider (Appendix F-I) were used to ascertain information to assist in educating the participants about PTSD, changing current practice to better serve adult males from the Middle East and Afghanistan who may have PTSD by providing early identification and treatment of PTSD.

**PTSD elevator speech.** The project's program manager developed a scripted elevator speech (Appendix E) for OAs and Medical Assistants to read to the refugees in an effort to inform them about the PTSD screening process. The OAs and Medical Assistants were instructed on the tone and pace as to how the elevated speech should be spoken.

**PTSD Screening Process.** All adult male refugees from the Middle East and Afghanistan were screened for mental health concerns. When the patients are seen on a one-on-one, face-to-face interview by the medical provider, patients were verbally administered the Primary Care PTSD Screen for DSM-5 (PC-PTSD-5) by the medical provider. The PC-PTSD-5 is used to screen for PTSD. The initial question assesses whether a person has had any exposure to traumatic events and if the response to the question was no, then a score of 0 was provided. If the person answered yes to the initial question, then the person was given five yes/no questions about the traumatic event (U.S. Veteran Affairs, 2018). The PC-PTSD-5 has a reliability ( $r=0.83$ )

and validity ( $r=0.83$ ) (Prins et al., 2016). The PC-PTSD-5 was administered verbally by one of the medical providers and a language translator was used if needed. The PC-PTSD-5 questions were asked in the language of choice by the patient, translators were utilized for those being screened that do not speak English. The medical provider electronically recorded the patient's score in the electronic medical record. Based on the patient's score, the medical provider made a determination as to the kind of medical care to be rendered at that time.

Other than demographic information (country of origin and age greater than 18 years of age), no other demographic information was obtained. Therefore, there was no need for informed consent.

**Inclusion and Exclusion Criteria.** Patients eligible to be screened were adult males greater than 18 years from Afghanistan and Middle-Eastern countries who had appointments with the Sacramento Refugee Health Clinic for initial medical intake. Exclusion criteria were children and adult females from Afghanistan and Middle-Eastern countries.

## Results

### Change in knowledge concerning PTSD

**Informal interviews responses.** The results of the 32 informal interviews are outline in Table 1 – Refugee Informal Interview results.

Table 1

#### Refugee Informal Interview Results

Question	Yes	No	Percent Yes /No
Have you ever heard of Post-Traumatic Stress Syndrome (PTSD)?	19	13	59% / 41%
Do you know the causes of PTSD?	11	21	34% / 66%
Do you know the signs and symptoms of	9	23	28% / 72%

PTSD?			
Do you know how PTSD is treated?	0	32	0% / 100%
Do you know who to contact for help for PTSD?	9	23	28% / 72%
Would you like more information on PTSD?	32	0	100% / 0%

**Staff pre and post survey responses.** Descriptive statistics were used to analyze the data collected in this project. As shown in Table 2, the results of a PTSD Briefing Pre-Survey for 28 clinic staff show the need for PTSD awareness.

Table 2

PTSD Briefing Pre-Survey – Clinical Staff

Question	Yes	No	Percentage
Have you ever heard of PTSD?	26	2	93%
Do you know the causes of PTSD?	19	9	68%
Do you know the signs and symptoms of PTSD?	16	12	57%
Are you familiar with the PC PTSD-5 screening questionnaire?	3	25	10%
Do you know how PTSD is treated?	9	19	32%
Do you know who to contact for help for PTSD?	11	17	39%

The results of the PTSD Briefing Pre-Survey for Providers indicate that only 28.5% of the Providers who responded were using the PC-PTSD-5 screening tool. The PTSD Screening Briefing Pre-Survey results as shown in Table 3 reflect the need for PTSD awareness among the

28 participants who completed the pre-survey.

Table 3

PTSD Screening Briefing Pre-Survey – Clinical Staff

Question	Yes	No	Percentage
Have you ever heard of PTSD?	26	2	93%
Do you know the causes of PTSD?	19	9	68%
Do you know the signs and symptoms of PTSD?	16	12	57%
Are you familiar with the PC PTSD-5 screening questionnaire?	3	25	10%
Do you know how PTSD is treated?	9	19	32%
Do you know who to contact for help for PTSD?	11	17	39%

The PTSD Screening Briefing Post-Survey results as shown in Table 4 indicate the percentage of increase in awareness among the 28 participants.

Table 4

PTSD Screening Briefing Post-Survey – Clinical Staff

Question	Yes	No	Percentage	% Increase in Awareness
Have you ever heard of PTSD?	28	0	100%	7%
Do you know the causes of PTSD?	28	0	100%	32%
Do you know the signs and symptoms of PTSD?	28	0	100%	43%
Are you familiar with the PC	28	0	100%	90%

PTSD-5 screening questionnaire?				
Do you know how PTSD is treated?	28	0	100%	68%
Do you know who to contact for help for PTSD?	28	0	100%	61%

Results indicated that there was 1. 32% increase in knowing the causes of PTSD; 2. 43% increase in knowing the signs and symptoms of PTSD; 3. 90% increase in knowing how to access the PC PTSD-5 screening tool; 4. 68% increase in knowing how PTSD is treated and 61% increase in knowing who to contact for help for PTSD.

The providers' briefing post-survey results as shown in Table 5, indicate a 32.5% increase in willingness to start using the PC PTSD-5 screening tool.

Table 5

PTSD Screening Briefing Post – Survey - Providers

Question	Yes	No	Percentage
Have you ever heard of PTSD?	7	0	100%
Do you know the causes of PTSD?	7	0	100%
Do you know the signs and symptoms of PTSD?	7	0	100%
Are you familiar with the PC PTSD-5 screening questionnaire?	7	0	100%
Do you know how PTSD is treated?	7	0	100%
Will you use the PC PTSD-5 screening questionnaire?	7	0	100%

As shown in Table 6, the responses were provided by adult males from the Middle East and

Afghanistan on the Informal Interview Questionnaire.

Table 6

Informal Interview Questionnaire for adult males from the Middle East and Afghanistan

Question	Yes	No	Percent
Have you ever heard of Post-Traumatic Stress Syndrome (PTSD)?	19	13	59%
Do you know the causes of PTSD?	11	21	34%
Do you know the signs and symptoms of PTSD?	9	23	28%
Do you know how PTSD is treated?	0	32	0%
Do you know who to contact for help for PTSD?	9	23	28%

It indicated that 59% have heard of PTSD; 34% knew the causes and signs and symptoms of PTSD; zero percent knew how PTSD was treated; and 28% knew who to contact for help for PTSD.

Increased awareness of the PTSD Screening process was achieved as indicated by 100% of the respondents on the PTSD Screening briefing post-survey indicating that they had a better understanding of the PTSD Screening process. Additionally, the Office Assistants reported receiving many requests for the PTSD flyer from adult female refugees and to have the PTSD flyer made available in the Spanish language. There was no harm to the participants during this project and no unexpected outcome of the PTSD Screening Project was observed.

### **Discussion**

This project focused on increasing the awareness and completion of the PTSD Screening tool that is now required by the Refugee Health Clinic. The purpose of the PTSD Screening

Project was to increase awareness of PTSD among adult male refugees from the Middle East and Afghanistan and clinic staff. The project was successful in increasing the awareness of PTSD among the Sacramento County Health Center staff, Primary Care Clinic staff and adult male Refugees from the Middle East and Afghanistan who were seen at the Refugee Health Clinic in Sacramento, CA. The implementation of the interventions of conducting PTSD briefings, performing pre and post PTSD briefing surveys, providing a handout summarizing the signs and symptoms of PTSD, and displaying PTSD posters based on information gathered from the refugees made this project successful.

The Refugee Health Clinic was the primary location and the Primary Care Clinic was the secondary location where the PTSD Screening Program was conducted. The PTSD Screening was administered in conjunction with the daily medical business of the clinic. The Refugee Health Clinic performed excellently and the coordination and communication between the Refugee Health Clinic staff and the various support agencies, clinic leadership, and refugees were professional, efficient and effective throughout the PTSD Screening process.

The initiation of screening of all male Refugees coming into the Refugee Health Clinic and subsequent visit to the Primary Care Clinic for medical appointments on a daily basis allowed the clinics to complete the PTSD screening that might otherwise been missed or delayed. Within the daily screening of the medical appointments, the Refugee Health Clinic and Primary Care Clinic verified if a male refugee was in need of a PTSD screening and conducted the PTSD screening. The Refugee Health Clinic and Primary Care Clinic adapted to this change quickly and were able to successfully integrate it into the overall PTSD Screening Project. The Refugee Health Clinic and Primary Care Clinic leaders were very supportive of the PTSD Screening Project encouraging their staff to assist with their male refugees' completion of the PTSD screening.

### **Lessons Learned**

Important lessons learned from the process and outcomes are (a) adult male refugees are



willing to share their concerns about PTSD as long as they are adequately informed of the signs and symptoms and can honestly trust the provider that there are no adverse actions if they reveal they have PTSD signs and symptoms; (b) effective communication, partnership, cooperation and coordination are essential in a project; (c) the importance of being flexible, patient with the process, and expect the unexpected; and (d) the support of leadership is imperative in a project. Partnership creates an environment of sharing, cooperation, and respect. When the staff have a high degree of caring, dedication and motivation, adult male refugees have a greater appreciation for them and the PTSD screening process and are more willing to be open and honest about their physical and mental health concerns. The providers' compliance and completion of the mandatory PTSD screenings and the male refugees' agreement to complete the PTSD tool with honest answers were essential to the success of the changes implemented by the PTSD Screening Project.

### **Sustainment of the Project**

In order to sustain the progress of the project, continued education for all participants about the PTSD screening process must be emphasized and encouraged. It is imperative to keep all stakeholders informed of changes to the PTSD Screening Project, make appropriate changes when necessary and continue to be proactive in improving the process by working together for the greater good of the project and mental health of the refugees.

### **Improvement of Health**

The PTSD Screening Project will improve or sustain the health of the male refugees by educating them on physical and mental health problems that may have occurred while in their native country. Healthcare providers who show a genuine concern about adult male refugees' healthcare needs will gain the confidence and trust of adult male refugees and adult male refugees would be more willing to reach out for help.

### **Cost of the PTSD Screening Project**

This project incurred no additional direct and indirect costs for either the Refugee Health

Clinic or the Primary Care Clinic. The PTSD Screening Project saved time, money and resources by maximizing the use of existing medical and clinical personnel and resources. By using internal resources, no additional costs for hiring outside personnel or purchasing new equipment were necessary. Adult male refugees benefitted by saving time to come back to the clinic to have medical concerns addressed at a separate medical appointment, from traveling to and from the clinic, and from taking off from work. This low-cost program is easily transferable to other local, regional and national refugee and primary care clinics. The cost savings of implementing a PTSD Screening Project with dedicated in-house staff to address both the physical and mental health concerns of adult male refugees during the same visit have shown through this program to be beneficial.

### **Implications for Behavioral Health Practice**

PTSD is a prevalent medical diagnosis among refugees from war-torn countries. Gaining a thorough understanding of PTSD will enhance healthcare providers' ability to better serve refugees who have these conditions. Conducting meaningful, valid, and reliable PTSD screenings in accordance with the Refugee Health Clinic guidelines will further enhance abilities to effectively manage PTSD. As a Family Nurse Practitioner / Behavior Health Specialist working with refugees, understanding the significance of this problem and utilizing an effective screening process have great potential for good practical significance and as a model of care. Utilizing effective screening models and making adjustments when required will enhance the screening process and help identify refugees in need of physical and mental health services. The dissemination plan for this project is to share it with other Refugee Health Clinics, Primary Care Clinics and supporting agencies and highlight the positive changes that occurred with the successful interventions of the PTSD Screening Project.

### **Relations to Other Evidence**

Although there is no current study that focused on PTSD in adult male refugees from the Middle East and Afghanistan in the United States, several studies (Beck et al. 2017; Heide et al.

2017; Nickerson et al., 2017; Riber, 2017; & Sandahl, Vindbjerg & Carlsson, 2017) found PTSD to be prevalent among many refugees in other countries, noted several barriers as to why refugees do not admit to having mental health concerns, and identified access to care concerns. Several studies (Beck et al., 2017; Heide et al., 2017; Nickerson et al., 2017; Riber, 2017; & Sandahl, Vindbjerg & Carlsson, 2017) focused on the effectiveness of mental health screening and coordination of care and refugees' attitudes toward mental health screening and seeking care upon entering the host nations. These studies support this project's goal of the importance of increasing awareness of PTSD. While we found that refugees are screened for PTSD as reported in the literature, this project highlights that a majority of the refugees in the informal interviews did not know the causes of PTSD, signs and symptoms of PTSD, treatment of PTSD and who to contact for help for PTSD. Interestingly, 100% of the refugees interviewed desired more information on PTSD.

### **Barriers and Limitations to Implementation**

It is possible that some male refugees may not have been truthful on the PTSD screening tool therefore the results of the PTSD surveys could be skewed and affect the reliability of the survey. The plan to ensure that gains continue to be made is to continue to monitor the refugee appointments in both the Refugee Health and Primary Care Clinics, reinforce the mandatory use of the PTSD tool at each face-to-face medical appointment and give the adult male refugee a courtesy call to remind them of the medical appointment.

Barriers or limitations to the PTSD Screening Project that were known prior to implementing the project included:

- Clinic staff was not familiar with the PTSD screening tool
- Some of the clinic staff and providers were not proactive in completing the PTSD screening tool
- Adult male refugees' insufficient knowledge about the PTSD screening process caused a delay in care
- Adult male Refugees' perceived stigma about mental health.

A barrier or limitation to the PTSD Screening Project that occurred after implementing the

project was the unwillingness of some adult male refugees to be honest about their mental health symptoms due to stigma and no-show rates of adult male refugees to the Refugee Health Clinic. These barriers and limitations were mitigated by being flexible with making appointments for male refugees at times convenient for them.

### **Interpretation**

There were no differences between observed and expected outcomes because the interventions that were implemented only served to increase the awareness and use of the current PTSD screening method. Modifications to improve future performance of the PTSD Screening Project include greater coordination with more refugee health and primary care clinics and supporting agencies to schedule PTSD Screening briefings, provide hand-outs that will be made available at other health venues (i.e., immunization section, laboratory, pharmacy, etc.), and an advertisement board depicting the signs and symptoms of PTSD at several county health facilities.

Because the PTSD Screening Project was the first project to address the PTSD Screening process, there is no other change project to compare it against. The implications of these findings for the leadership of change are that positive interventions that produce results are imperative to make necessary changes and changes made with leadership input and guidance have a better chance of success. The degree of agreement regarding the desirability of change was mutual with the Refugee Health Clinic's and Primary Care Clinic's leadership and staff. All involved entities understood that the PTSD Screening Project was a change initiative in line with the clinics' missions and work.

### **Conclusion**

A systematic screening for PTSD of Refugees is essential in understanding the potential impact of screening policies aimed at enhancing safety and continuity of care for refugees and decreasing negative outcomes of their health. It is imperative that health care providers gain an understanding of PTSD. A comprehensive, effective, and adequate screening program that

accurately accesses and provides appropriate interventions in a timely manner to refugees can be beneficial. An effective and efficient screening program would be sustainable because it could be replicated and with time and continued improvement the program would become even better.

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## Appendix A

## PTSD Screening Informal Interview Questionnaire

**Post-Traumatic Stress Disorder (PTSD) Screening Informal Interview Questions of Adult Males from the Middle East and Afghanistan**

1. Have you ever heard of Post-Traumatic Stress Syndrome (PTSD)?  
Yes\_\_\_\_\_ No\_\_\_\_\_
2. Do you know the causes of PTSD?  
Yes\_\_\_\_\_ No\_\_\_\_\_
3. Do you know the signs and symptoms of PTSD?  
Yes\_\_\_\_\_ No\_\_\_\_\_
4. Do you know how PTSD is treated?  
Yes\_\_\_\_\_ No\_\_\_\_\_
5. Do you know who to contact for help for PTSD?  
Yes\_\_\_\_\_ No\_\_\_\_\_
6. Would you like more information on PTSD?  
Yes\_\_\_\_\_ No\_\_\_\_\_

## Appendix B

## PC-PTSD-5 Screening Tool

**PC-PTSD-5**

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide.

Have you ever experienced this kind of event?

YES NO

If no, screen total = 0. Please stop here.

If yes, please answer the questions below.

**In the past month, have you...**

1. had nightmares about the event(s) or thought about the event(s) when you did not want to? YES NO
2. tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)? YES NO
3. been constantly on guard, watchful, or easily startled? YES NO
4. felt numb or detached from people, activities, or your surroundings? YES NO
5. felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused? YES NO

Appendix C

PTSD Poster and flyer – Arab Language



Sacramento County Health Center  
Refugee Health Clinic

numb بی حسی

stress فشارروحي

PTSD

guilty مقصر یا ملامت

nightmare خواب ناراحت کننده

worry نگرانی یا اضطراب



Are you experiencing  
ایا شما حالات نیک را تجربه میکنید  
اختلال روحی پس از ضربه یا حادثه  
Post-Traumatic Stress Disorder?



کمک موجود است  
HELP is available  
شما را برای داشتن خود سلامت نماییه  
Talk with your Provider



## Appendix E

## PTSD Elevator Speech

**Elevator Speech for informing patients about the PTSD Program at the Sacramento County Refugee Health Clinic**

The Sacramento County Refugee Health Clinic has a PTSD screening program to help identify patients who may have symptoms of Post-Traumatic Stress Disorder. If you have had any experience that was so frightening, horrible, or upsetting that in the past month, you have had any nightmares, tried hard to avoid thinking about the situation, were constantly on guard, watchful, or easily startled, or felt numb or detached from others, activities or your surroundings, then you may be experiencing PTSD.

The Refugee Health Clinic has medical providers and resources to help you. Please contact us as soon as possible at the Sacramento County Refugee Health Clinic.

Appendix F

PTSD Screening Briefing Pre-Survey

PTSD Screening Briefing Pre-Survey

1. Have you ever heard of Post-Traumatic Stress Syndrome (PTSD)?  
Yes\_\_\_\_\_ No\_\_\_\_\_
  
2. Do you know the causes of PTSD?  
Yes\_\_\_\_\_ No\_\_\_\_\_
  
3. Do you know the signs and symptoms of PTSD?  
Yes\_\_\_\_\_ No\_\_\_\_\_
  
4. Are you familiar the PC PTSD – 5 screening questionnaire?  
Yes\_\_\_\_\_ No\_\_\_\_\_
  
5. Do you know how PTSD is treated?  
Yes\_\_\_\_\_ No\_\_\_\_\_
  
6. Do you know who to contact for help for PTSD?  
Yes\_\_\_\_\_ No\_\_\_\_\_

Appendix G

PTSD Screening Briefing Post-Survey

**PTSD Screening Briefing Post-Survey**

1. Are you now familiar with Post-Traumatic Stress Syndrome?  
Yes\_\_\_\_\_ No\_\_\_\_\_
  
2. Can you name at least three causes of PTSD?  
Yes\_\_\_\_\_ No\_\_\_\_\_
  
3. Do you know at least four of the signs and symptoms of PTSD?  
Yes\_\_\_\_\_ No\_\_\_\_\_
  
4. Do you know where to access the PC PTSD-5 screening questionnaire?  
Yes\_\_\_\_\_ No\_\_\_\_\_
  
5. Are you familiar with how PTSD is treated?  
Yes\_\_\_\_\_ No\_\_\_\_\_
  
6. Do you know who to contact for help for PTSD?  
Yes\_\_\_\_\_ No\_\_\_\_\_

Appendix H

PTSD Screening Briefing Pre-Survey – Provider

PTSD Screening Briefing Pre-Survey (Provider)

1. Have you ever heard of Post-Traumatic Stress Syndrome (PTSD)?  
Yes\_\_\_\_\_ No\_\_\_\_\_
  
2. Do you know the causes of PTSD?  
Yes\_\_\_\_\_ No\_\_\_\_\_
  
3. Do you know the signs and symptoms of PTSD?  
Yes\_\_\_\_\_ No\_\_\_\_\_
  
4. Are you familiar the PC PTSD – 5 screening questionnaire?  
Yes\_\_\_\_\_ No\_\_\_\_\_
  
5. Do you know how PTSD is treated?  
Yes\_\_\_\_\_ No\_\_\_\_\_
  
6. Do you use the PC PTSD – 5 screening questionnaire?  
Yes\_\_\_\_\_ No\_\_\_\_\_



Appendix I

PTSD Screening Briefing Post-Survey – Provider

PTSD Screening Briefing Post-Survey (Provider)

1. Have you ever heard of Post-Traumatic Stress Syndrome (PTSD)?

Yes\_\_\_\_\_ No\_\_\_\_\_

2. Do you know the causes of PTSD?

Yes\_\_\_\_\_ No\_\_\_\_\_

3. Do you know the signs and symptoms of PTSD?

Yes\_\_\_\_\_ No\_\_\_\_\_

4. Are you familiar the PC PTSD – 5 screening questionnaire?

Yes\_\_\_\_\_ No\_\_\_\_\_

5. Do you know how PTSD is treated?

Yes\_\_\_\_\_ No\_\_\_\_\_

6. Will you use the PC PTSD-5 screening questionnaire?

Yes\_\_\_\_\_ No\_\_\_\_\_