

# Inoculate Against Terror

*As an indigenous healer, YOU can inoculate our society against the intended psychological effects of terrorism by addressing patients' mental health needs*

- 1. Ask** about the patient's "trauma story"
- 2. Identify** concrete physical and mental effects
- 3. Diagnose & Treat** grief reactions, generalized anxiety, depression, PTSD, and insomnia
- 4. Refer** screened cases of serious mental illness
- 5. Reinforce & Teach** positive coping behaviors
- 6. Recommend** altruism, work, spiritual activities
- 7. Reduce** high risk behaviors
- 8. Be culturally attuned** in communicating and prescribing
- 9. Prescribe** psychotropic drugs if necessary
- 10. Close & Schedule** follow-up visits
- 11. Prevent Burnout** by discussing with colleagues

Harvard Program in Refugee Trauma  
Massachusetts General Hospital  
for more healthcare provider tools visit  
[www.hprrt-cambridge.org](http://www.hprrt-cambridge.org)



- 1. ASK** the question. "Many of my patients have felt that September 11th (or new events) have had a big effect on their health and well-being. Has this been the case for you?" Listen to the answer and acknowledge the patient's trauma story. This simple act is usually healing in itself. Use words like "I see," or "I can appreciate how that would bother you..."
- 2. IDENTIFY** any concrete physical or mental effects due to the results and continuing threat of terrorism. Is the patient complaining of headaches, stomach upset, back pain, sleep disturbance. Does the patient exhibit feelings of anxiety and depression? Have medical/psychiatric disorders *worsened*?
- 3. DIAGNOSE & TREAT** Most patients will not suffer from serious mental illness. The majority of patients will benefit from your attention to their grief, generalized anxiety, depression, PTSD and insomnia. Use HPRT's Simple Screen to decide (see HPRT's website at [www.hprrt-cambridge.org](http://www.hprrt-cambridge.org)).
- 4. REFER** screened cases of serious mental illness (i.e. danger to self and others, complicated grief, severe forms of PTSD and/or depression, physical and social disability) to a mental health practitioner.
- 5. REINFORCE & TEACH** positive behaviors and coping techniques during the patient visit. Remind the patient to build physical, spiritual and mental strength. Say things like: "I want you to keep up the good work - it's good for you and will help you cope." Encourage exercise, relaxation, and anti-anxiety techniques.
- 6. RECOMMEND** altruism, work and spiritual activities. Say things like, "I strongly recommend that you work and keep busy, try to help others, and consult with your clergy or engage in spiritual activities such as meditation or prayer."
- 7. REDUCE** high risk behaviors like smoking, drinking, drug use, unprotected sex. Ask: "Have you started to use or increased your use of cigarettes, drugs, or alcohol? Are you having unprotected sex?"
- 8. BE CULTURALLY-ATTUNED** to differences in meaning and interpretations of emotional upset between cultures. Different cultures have different conceptions of the causes of illnesses. The choice of medical interpreters for patients whose primary language isn't English is an important one-- a literal translation of your questions or diagnoses may be meaningless. Pay close attention to dosage strengths and side effects as they relate to ethnically-influenced factors such as tolerance levels, and body weight. Be aware of patient's pre-existing "sustained threshold" of trauma or difficult circumstances (i.e. previous trauma, domestic or economic hardship, domestic or community violence). Some patients may have a narrower capacity for additional trauma or anxiety in their lives.
- 9. PRESCRIBE** psychotropic drugs if necessary. Psychotropic medication prescriptions should be tailored to the racial and ethnic background of the patient, since there are well-documented differences in drug metabolism and response to treatment according to race/ethnicity. For simple and detailed guides about the drugs most commonly used to treat grief reactions, generalized anxiety, depression, PTSD and insomnia visit [www.hprrt-cambridge.org](http://www.hprrt-cambridge.org).
- 10. CLOSE & SCHEDULE** follow-up visits. Add the physical and emotional symptoms to the problem list. Say things like, "Thank you for telling me about these upsetting events. You have helped me to understand your situation better." Then ask the patient: "How would you like me to help you?" Make a plan with the patient that includes follow-up visits. Just having an additional conversation with the patient at a later date can do wonders for their mental strength.
- 11. PREVENT BURNOUT** by discussing with your colleagues. Dealing with these issues can be stressful for doctors. We recommend that you regularly discuss these cases and your reactions with at least one colleague to prevent burnout.