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Advancing Global Careers • Crossing Cultures Confidently

PTSD in Relocating Families

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Why PTSD?

The Inspiration:

Crazy Like Us? The Globalization of the American Psyche by Ethan Watters (2010)

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Cultural Differences in PTSD Symptoms, Prevalence & Treatment

My MA Theses in Mental Health Counseling (2013)

The Core Questions

1. How do cultural and societal factors influence the symptoms of PTSD?
2. Can we find major differences in how and to what extent PTSD manifests itself between individuals from different cultural backgrounds, and if so what are these differences?
3. How can therapy and treatment for PTSD be more culturally sensitive?
4. How can this knowledge help those of us who support families in global transition – support them better?

Outline

A. The Relocating Global Family
- Immigrants, migrants & expatriates
- Unique challenges and stressors

B. Post Traumatic Stress Syndrome
- PTSD defined
- Stress symptoms across cultures
- Culture & prevalence

C. Treating PTSD with Cultural Competence
- Individual factors
- Societal factors
- Role of acculturation

D. Supporting Global Families
- Cultural Competency
- Multimodal treatment
- Individual & the family

A. The Relocating Global Family

The Relocating Family - Why we move

Refugees:
- War, conflict, natural disasters, terror, political persecution

Immigrants:
- Economy, finances, lifestyle, career, love

Migrants:
- War, conflict, economy

Expatriates:
- Economy, career opportunity, lifestyle, a calling (missionaries),career requirement

The Relocating Family - Stressors

- **Different context allows for different stressors.**
- **Range from lesser to severe**
- **From threats to life to traumatic stress**
- The expat the missionary & aid worker share similar experiences
- The refugee & migrant often have similarities in their experiences
- The immigrant and expats share some similarities too.

The Relocation Family – Stressors

- Loss of / change in core relationships
- Identity confusion
- Assimilation to a new culture
- Experience of loss of safety
- Transition & Change challenges
- Homesick, acculturation and adjustment
- Need to rebuild "home".
- …….

B. Post Traumatic Stress Syndrome

Post Traumatic Stress

- Not a mental disorder
- It's common, normal and adaptive. A reaction to a traumatic event, such as a car accident, losing a job, relocation, changing schools etc.
- Fight – or – flight reaction
- Should improve within a month
- It becomes a disorder when lasts longer than a month
- Does not subside in intensity
- Recurrent recollections
- Events, people, places and things can trigger a reaction

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PTSD -a brief history

- The earliest known diagnosis of a medical condition triggered by severe anxiety is from the time of the American Civil War and called the Da Costa syndrome or Soldier's Heart.
- Jacob Mendez Da Costa, a medical doctor, believed that the chest pains, heart palpitations, and fatigue that some soldiers who did not have a diagnosed medical heart condition experienced were somatoform reactions to the extreme stress the soldiers endured
- World War I. – earliest attempts to study and define combat stress symptoms
- Called: Foy, *Combat Fatigue, Shell Shock, Traumatic War Neurosis* and *Battle Fatigue*
- Early studies of these syndromes were done by Freud, Ferenczi and Abraham, Simmel and Jones

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PTSD Defined Today

PTSD in DSM-V 2013

- Trauma & stressor related disorder
- **A" stressor criterion:** person has been exposed to a catastrophic event involving actual or threatened death or injury, or a threat to the physical integrity of him/herself or others (such as sexual violence).
- Indirect exposure includes learning about the violent or accidental death or perpetration of sexual violence to a loved one.
- Repeated, indirect exposure (usually as part of one's professional responsibilities) to the gruesome and horrific consequences of a traumatic event (e.g. police personnel, body handlers, etc.) is considered traumatic.
- Intrusive re-occurring recollections
- Avoidance
- Negative cognitions & mood
- alterations in arousal or reactivity (hypervigilance, panic)
- Duration – for min 1 month
- Functional significance
- Exclusion (Not due to medication, substance abuse or illness)
- Specific criteria for children aged six & younger

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Stress & Culture

The core human experience of trauma is the same across cultures even if some variations in specific symptoms exist. How humans experience and heal from trauma cannot be explained without sociocultural variables, therefore one cannot assume that criteria and treatment stemming from one sociocultural context are suitable for individuals from a very different sociocultural context. (KHD, 2013)

UNIVERSAL

- The fight – or – flight reaction is universal!
- Experiencing stress and traumatic stress in threatening situations is universal
- Need to feel safe and healthy is universal

CULTURAL

- How we experience a situation is influenced by culture.
- How stress manifests itself in us is also to some extent influenced by culture
- How we cope with and recover from traumatic stress is also influenced by culture

Culture & Health

- Hinton and Lewis-Fernandez (2011) define culture as including:

a group's "understanding of how the mind and body function; healing traditions; religious systems; social structures; economic situation; security situation; and patterns of previous trauma" (p. 785) . In their research, they looked in particular at if and how cultural variations in cognitive, somatic and affective aspects of behavior influence the development and symptoms of PTSD.

PTSD Across Cultures

Research show:

- Support for the cross-cultural validity of PTSD
- Recommended further cross-cultural research and suggest that some criteria should be modified to include cross-cultural variations in symptoms.
- highlighted the importance of further researching the comorbidity of culture-bound syndromes with PTSD.

Hinton and Lewis-Fernandez (2011)

PTSD Across Cultures

Study of Cambodian and Vietnamese refugees in California (Matkin, Nickles, Demos & Demos,1996)**:**

- Both groups reported several somatic and other symptoms.
- More Cambodians experienced chest pain, anxiety, fatigue, fearfulness confusion, auditory hallucinations, intrusive thoughts, uncontrolled crying, and among women, anhedonia.
- Vietnamese experienced nightmares, headaches, dizziness, memory impairment, memory loss, lower back pain, shoulder pain, generalized weakness in lower extremities, frequent episodes of falling, impaired vision, localized pain in legs and arms, neck pain, high blood pressure, generalized numbness in arms and impaired hearing.

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PTSD Across Cultures

Three studies carried out in Australia compared individuals from individualistic and collectivistic cultures, i.e. independent and interdependent cultures (Jobson & O'Kearney, 2008; Jobson & O'Kearney 2009; Jobson, 2010):

1. Cultural differences in how trauma impacts an individual's memory and identity.

2. Differences in the areas of goal-setting, self-defining memories and self-cognitions between trauma surviving individuals from independent cultures and interdependent cultures who were diagnosed with PTSD and those who were not diagnosed with PTSD.

- Within interdependent cultures, a PTSD diagnosis had no significant impact on an individual's self-defining memories, trauma-centered goals and self-cognitions.
- Within independent cultures, a PTSD diagnosis was significant: Goals, self-defining memories and self-cognitions of individuals diagnosed with PTSD were more trauma-related than those of individuals without PTSD.

3. Another analysis of the same population focused on the influence of culture on cognitive appraisals and PTSD.

- Individuals from independent cultures diagnosed with PTSD had higher levels of alienation, fewer control strategies, more mental defeats and permanent changes than undiagnosed individuals who experienced trauma.
- Individuals from interdependent cultures diagnosed with PTSD had higher levels of alienation than undiagnosed individuals who experienced trauma.

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Culture-bound Syndromes

Recurrent , locally-specific patterns of aberrant behavior and troubling experience that may or may not be linked to a particular DSM-IV diagnostic category. (DSM- V, 2013)

Society + Culture + Individual (Marcella, 2010)

- To understand a disorder within a certain culture the clinician must first understand such variables as gender status and role, the meaning of religion, the ethnic identity and cultural background and history of the client, and ideas about the individual, health and illness.
- The manifestation of stress and the development and symptoms of a stress-related disorder such as PTSD is influenced by external factors, such as the nature of the traumatic event, the exposure the individual experienced, and internal factors such as socio-cultural descriptions of different aspects of life and what it means to be a person.

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Culture-bound Syndromes

Kyol goeu	Orthostatic panic common in Cambodia. A sudden episode of fainting, when the individual often is unresponsive but conscious. Comorbid with PTSD.
Ataques de nervios	Described as an "episode of acute emotional upset" it is a cultural variation on a panic attack. Common in Mexico, Puerto Rico and other Latin American Cultures.
Susto	Described as "soul loss" and often preceded by a frightening event that results in sadness and being sick. Other symptoms are low self-worth, dirtiness, low motivation and sleep disturbances. Common in Mexico, Central and South America and some Latinos in the US.
Hwa Byuang	Korean cultural syndrome related to repressed anger. Symptoms are many and include; aches and pains, palpitations, anorexia, insomnia, fatigue, panic and fear of one's death.
Latah	Being hypersensitive to sudden fright and is characterized by echolalia, being in a trancelike state and a tendency to follow commands. Best known in Malaysia, also reported in Thailand, Japan, and the Philippines, and among some Siberian groups.
Amok	Dissociative episode when the person initially broods and then explodes into aggressive or homicidal acts towards things and others. It is prevalent in Malaysia, Laos, Philippines, Polynesia, Papua New Guinea and Puerto Rico.

C. Treating PTSD with Cultural Competence

Culture and Therapy - Core Influencers

Individual Factors

- Belief systems
- Social and family roles
- Somatic symptoms

Societal Factors

- How illness is viewed in different cultures
- The role of the family or group in the treatment

Acculturation

- the influence of the acculturation level of the individual on the treatment outcomes among refugees and immigrants

Treating PTSD with Cultural Competence

- treatment and healing in the West is traditionally understood as taking place in the relationship between the patient and the medical professional or therapist.
- This is different from cultures that use so called traditional healing methods, where the family and the group (village, extended family) are often included in the treatment.
- Use multimodal treatment: Medicine, traditional healing and therapy

Cultural differences

- How emotions are shown – style switch
- Treat somatic symptoms first
- Explore client's history, education, religious beliefs and culture
- Language differences, including verbal – non-verbal

Intercultural Competency in Therapy

Twelve goals for multicultural counselling and therapy (Nelson-Jones, 2002):

1. Reconciliation
2. Support
3. Coping with post-traumatic stress
4. Assisting acculturation and assimilation
5. Avoiding further marginalization
6. Addressing racial and cultural discrimination
7. Assisting clients to manage close cross-cultural relationships
8. Assisting clients to manage intergenerational conflict
9. Assisting long-stay transients and expatriates
10. Assisting with gender role and equality issues
11. Attaining higher levels of development
12. The good society.

D. Supporting Global Families

Supporting Global Families

- Recognize PTSD symptoms
- Explore Psychosomatic symptoms
- Explorer Culture-bound symptoms
- Explore family dynamics
- Explore Cultural values, beliefs and norms

Tips and Techniques

- Holistic: Mind & Body & Soul
- Listen well
- Person centered
- Family oriented
- Use a cultural Informant
- Don't assume you know
- Be mindful of a western / your own bias

Culture sensitive communication

- Assess the communication style

- Verbal culture / Non-verbal culture
- High / low context culture
- Indirect / direct
- Attached / detached
- Confrontational / non-confrontational

- Style switch and mirror

Shared Best Practices

Q: Share your experience working with relocating families across cultures

Q: What has been especially challenging?

Q: What methods has worked well for you?

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