

BEYOND
COMPETENCE:
CULTURALLY
RESPONSIVE
TRAUMA-
INFORMED
CARE



*"It is not every question
that deserves an answer."*

- Publilius Syrus

Topics

- Systems of Suffering: The force of trauma
- Systems of Meaning: Sense of coherence
- Systems of Understanding: Inclusive cultural empathy
- Systems of Practice: Co-creation: Integrating evidence-based practices with cultural traditions for healing

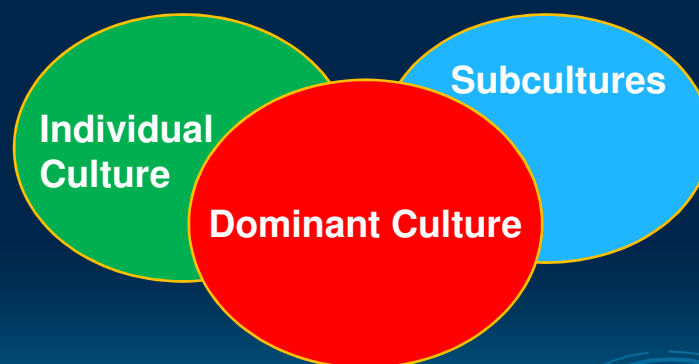


INTRODUCTORY CONCEPTS

Spheres of Influence



The Trifocal Lens of Culture



Culture

“Shared learned behavior that is transmitted from one generation to another to promote individual and group adjustment and adaptation.”

(Marsella, quoted in Drozdek and Wilson, 2007)

Guiding Concepts

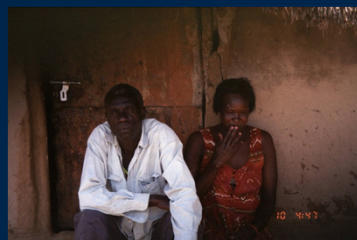
- Etics vs. Emics
- Idioms of distress
- Explanatory models
- The nature of mind
- The nature of self

Five Cultural Worldview Criteria

- How people view human nature (bad, good, bad and good)
- The relation of people to nature (control, subjugation, harmony)
- The temporal or time orientation of the group (past, present, future)
- What people believe about the value of human activity (being, doing, becoming)
- The relational orientation of people to other people

Culture influences . . .

- How we are born
- How we live
- How we die
- How we grieve
- How we recover from loss and trauma
- How we define illness and health
- How we make sense of our lives
- How we define culture . . .



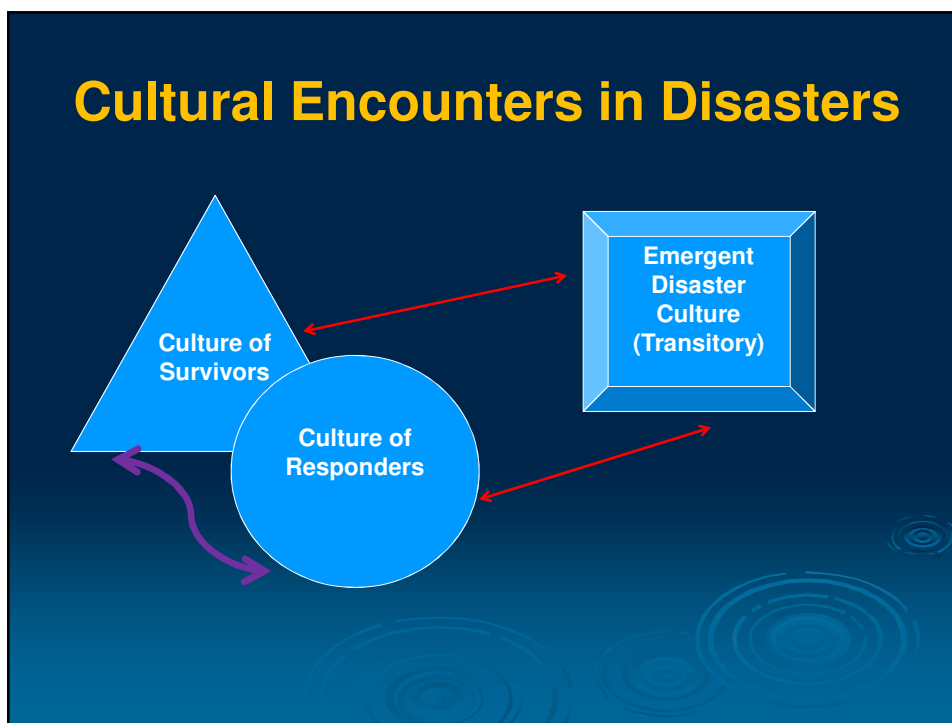
Cultural Responsiveness Is . . .

- Being honest about our biases
- Being open to “not knowing”
- Being **curious** – seize opportunities to learn
- Being mindful of diversity
- Being committed to co-creating a healing environment – sharing power and responsibility

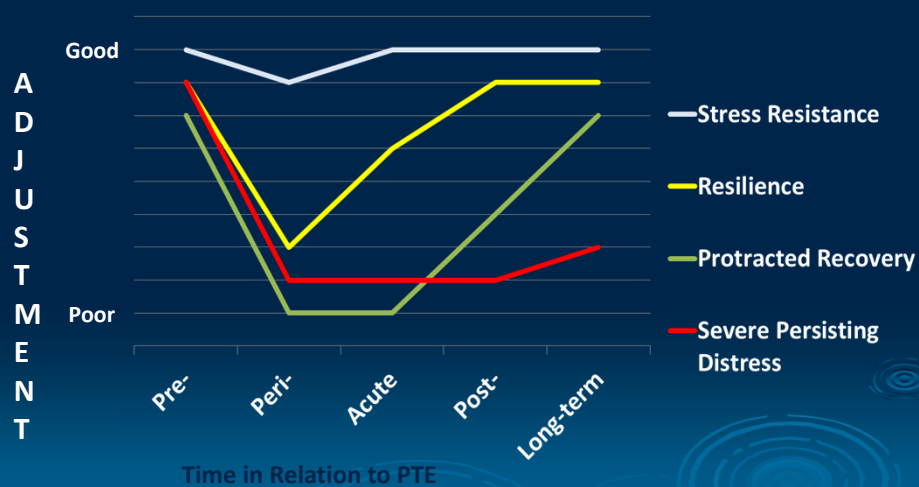
Cultural Encounters in Disasters



Cultural Encounters in Disasters



Adaptation Trajectories



(Adapted from Friedman, Keane, Resick (Eds), 2007)



SYSTEMS OF SUFFERING: ***THE FORCES OF TRAUMA***

Sources of Suffering

- Betrayal trauma
- The cost of survival
 - Oppression: Losing one's voice
 - Immigration: Losing one's home
 - Psychological homelessness
- Racial and cultural microaggressions

Betrayal Trauma

- Occurs in addition to other, often times extreme, traumatic events
- Reflects the added shock of having one's assumptions of safety, justice and protection shattered
- Includes the experience of abandonment by trusted others and/or authority figures
- Typically has lifelong consequences

The Cost of Survival

- “There is something worse than death”: Survivor guilt
- Unbearable choices, unspeakable losses: Seeking refugee/asylee status
- “At some point they no longer have to kill you to keep you silent”: Internalized oppression

The Place We Call Home . . .

- Where is home for you?
- What makes it your home?
- What does it feel like to be away from home?
- What does it feel like to go home/be at home?

Imagine you were forced to leave your home and could never return . . .

- How would you react?
- What would be the hardest thing for you?
- How would you adapt?
- What would this mean in your life?

Psychological Homelessness (K. Hardy, 2006)

- Metaphysical condition
- Perpetual yearning, spiritual restlessness
- Home as a metaphor – respite for the soul
– where we are free to be who we truly are
- Loss of childhood (early sense of home)
an irrevocable and irretrievable loss
- “Learned voicelessness” – voice as a
metaphor for advocacy, for will and
agency



SYSTEMS OF MEANING:
SENSE OF COHERENCE

Coherence

- Clarity of thought
- Emotional balance
- Quality of being orderly, consistent and intelligible
- In physics, ordered distribution and synchronization of energy in wave forms, resulting in greater power

Coherence

- **Salutogenesis** – (Antonovsky (1979,1984) focus on health and well-being rather than illness and pathology (pathogenesis)
- Global orientation to the world seen across cultures
- Involves **stress resistance**
- Related to hardiness, self-efficacy and resilience

Coherence

State of being that allows one to perceive the environment as:

- ❖ *Comprehensible*
- ❖ *Manageable*
- ❖ *Meaningful*

Resilience Defined

Contributing Factors

- ✓ Close relationships with family/friends
- ✓ Positive view of self and world
- ✓ Confidence in abilities
- ✓ Help seeking
- ✓ Adaptive coping with stress
- ✓ Helping others
- ✓ Meaning making despite traumatic events

Individual Attributes

- ❑ Hardiness
- ❑ Optimism
- ❑ Self-enhancement
- ❑ Repressive coping
- ❑ Self-control
- ❑ Positive affect
- ❑ Sense of coherence



SYSTEMS OF UNDERSTANDING ***INCLUSIVE CULTURAL EMPATHY***

Inclusive cultural empathy

- Adopts a more collectivist approach to understanding human relationships
- Empathy is formed not simply with the individual, or even with the family or community, but with the cultural teachers and ancestors that have all been part of creating the individual, family and community
- Two defining features:
 - Culture is defined broadly to include cultural teachers
 - The empathic counseling relationship values the full range of similarities and differences, as well as positive and negative features contributing to the quality and meaning of the relationship in a dynamic balance (Pedersen, 2010)

Inclusive Cultural Empathy (ICE)

- Appreciates ambiguity and complexity of cross-cultural interactions
- Implies empathic process as more bidirectional (e.g., client empathizes with the clinician as well as vice versa)
- Can provide access to emotions and thoughts that clients cannot or chose not to articulate in therapy, positive and negative

ICE Skills

- Accuracy of understanding
 - Behaviors or actions
 - Expectations or intentions
- External and internal dialogue
- Value of continually evolving relationship

Interpersonal Cultural Grid

		Behavior or Action	
		Same Positive	Different Negative
Expectation Or Intention	Same Positive	I Congruent, Harmonious (Non-harmonious)	II Multicultural Conflict
	Different Negative	III Veiled Conflict	IV Hostile Disengagement



BREAK



SYSTEMS OF PRACTICE
EVIDENCE BASED HEALING,
CULTURAL BASED PRACTICES

*“Morality is
the desire
to lessen
suffering in
the world.”*



George Santayana

IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007)

- Human Rights and Equity
- Participation
- Do No Harm
- Building on Available Resources and Capacities
- Integrated Support Systems
- Multi-layered Supports

Five Essential Elements of Interventions

- Safety
- Calming
- Self-efficacy
- Connectedness
- Hope



(Hobfoll, et al., 2007)

Five “Universal” Moral Principles

- Harm
- Fairness
- Community (group loyalty)
- Authority
- Purity

Elements of Healing Actions

- Reconstructing meaning
- Rebuilding hope
- Restoring/creating sense of empowerment

Community Based Approaches

- Collectivist perspective
- Integrate psychosocial assistance with economic development and political reconstruction
- Foster a sense of ownership
- Role of consultants as facilitators rather than experts
- Creating joint communities of practice

Fostering Humanity through Building Community

- Build community capacity
- Social capital: Extent to which community members demonstrate:
 - A sense of shared responsibility for the general welfare of community members
 - A collective competence in confronting situations that threaten the integrity of the community

(Lloyd Potter, SAMHSA Summit, New Orleans, LA, May 24, 2006)

Community Types

		Collective Competence	
		Low	High
Shared Responsibility	Low	Anomie	Detached
	High	Intentional	Empowered

Promoting Protective Cultural Norms

(L. Potter, 2006)

- Interdependence – interconnectedness
- Knowledge and skills
- Positive attitudes toward help-seeking
- Accurate understanding of mental health and mental illness

Promoting Resilience

- Differentiating stress resistance from resilience
- Shift from resilience-related attributes to more dynamic resilience-related mechanisms
- Involves a multidimensional understanding:
 - Identification of those at increased risk
 - Mitigating the effects of vulnerability factors
 - Increase accessibility of protective factors

Promoting Social Support

- Support network resources
 - Depth and breadth of social network
- Supportive behaviors
 - Specific interactions that promote connection
- Subjective appraisals of support
 - Intra- and interpersonal factors that influence the perception of support

Five Supportive Functions

- Emotional support
- Instrumental support
- Informational support
- Companionship support
- Validation

Culturally Responsive Trauma Treatments

- Etic vs. Emic Modes of Understanding
- Aversive Bias
- Privilege
- Racial/Cultural Microaggressions



Culturally Responsive Trauma Treatments

- **Etic vs. Emic Modes of Understanding**
 - Etic: looking from outside the culture; objective, reductionistic, “scientific”
 - Emic: looking from within the culture; subjective holistic, integrative
- **Aversive Bias**
 - Nonconscious biases held by individuals who consciously reject overt expressions of bias
- **Privilege**
 - “Invisible backpack” of safety and positive experiences carried by each member of the dominant group

Examples of Privilege

(L. Brown, in Courtois & Ford, 2009)

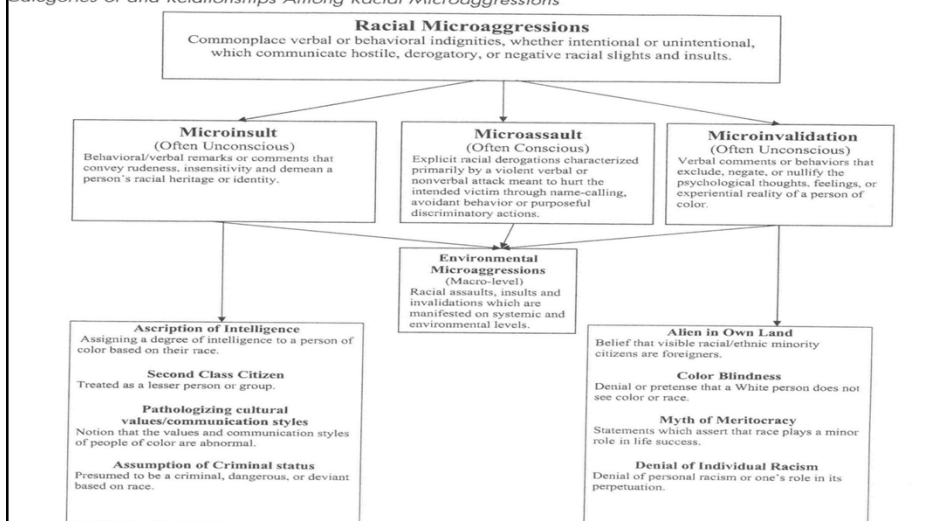
- While driving your car, you are unlikely to be stopped by the police so long as you obey local traffic laws
- You can marry the person you love no matter where you live and have access to him/her in an emergency room if she/he were in an accident
- Your culture’s holidays are always days off from work or school
- You can be imperfect, and few people will generalize from your imperfections to those of everyone in your group

Racial/Cultural Microaggressions

- “Brief, everyday exchanges that send denigrating messages to people of color because they belong to a racial minority group.” (Sue, et al., 2007).
- Often unconsciously delivered in the form of subtle snubs, dismissive looks, gestures or tones
- Have been shown to impair performance in various settings and sap psychic and spiritual energy of persons of color by creating inequities

Categories of Microaggressions

Figure 1
Categories of and Relationships Among Racial Microaggressions



Dilemmas of Microaggression

- Clash of racial/cultural realities
- The invisibility of unintentional expressions of bias
- Perceived minimal harm of microaggressions
- Catch-22 of responding to microaggressions

Potentially Integrative Therapeutic Approaches

- SMART Model of Crisis Response (China)
- Narrative Exposure Therapy (Germany/East Africa)
- Sensorimotor Psychotherapy (USA)

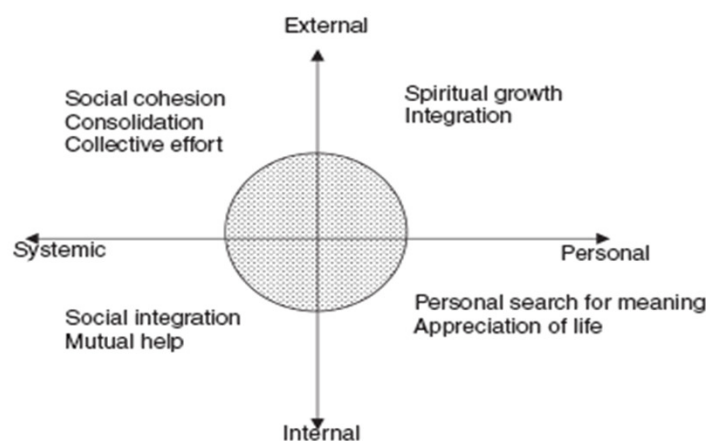
SMART Model

- Strength-focused, Meaning-oriented Approach to Resilience and Transformation
- Involves both stress resistance (resilience) and post-traumatic growth (transformation) aspects
- Adaptation of Eastern Body-Mind-Spirit model developed at University of Hong Kong

The Smart Model

(Chan, Chan & Ng, 2006)

FIGURE 2. Harmony after crisis resolution



SMART Intervention Components

- Exploring alternative meanings through spiritual teachings
 - Suffering
 - Unpredictability
 - Karma
 - Persistence
- Building strengths through physical expression
 - Tai chi
- Consolidating new meanings through psychoeducation
 - Growth through pain; mind-body connection

Narrative Exposure Therapy (NET)

- Focus is twofold:
 - Reduce trauma-spectrum symptoms by confronting memories of the event(s)
 - Reconstruction of biographical memory
- Based on exposure therapy/CBT and testimony therapy
- Study of 43 Sudanese refugees in Uganda resettlement camp: outcome measures after 1 year supported efficacy of NET

(Schauer, Neuner & Elbert, 2005; Friedman, Keane & Resick, 2007)

Narrative Assessment

(Kleinman, 1978)

- ✓ What do you think has caused your problem?
- ✓ Why do you think it started when it did?
- ✓ What do you think your sickness does to you? How does it work?
- ✓ How severe is your sickness? Will it have a short or long course?
- ✓ What kind of treatment should you receive?
- ✓ What are the most important results you hope to receive from this treatment?
- ✓ What are the chief problems your sickness has caused for you?
- ✓ What do you fear most about your sickness?

Elements of NET

- Active, chronological reconstruction of autobiographical/episodic memory
- Prolonged exposure to fearful memories in order to de-condition the fear response
- Meaningful integration of physiological and somatosensory responses to time, space and life context
- Cognitive re-evaluation of patterns of thought, emotion and behavior
- Regaining of one's dignity through satisfaction of "testifying"; internalizing a human rights orientation ***to oneself***

Sensorimotor Psychotherapy: Core Organizers

- Cognition – functioning of the mind
- Emotions – core affects and more nuanced states
- Five-sense perception – smell, touch, taste, sight, hearing
- Movement – movement of the body, small and large, voluntary and involuntary
- Inner body sensations – physical feelings as body gives feedback about its internal state

(Ogden, 2000)

Unifying Principles of SP Therapy

(Based upon Hakomi Principles)

- Organicity
 - Respect for inherent capacity to grow and change
- Non-violence
 - Accept with compassion all parts of the those with whom we work
- Unity and Collaboration
 - Interconnectedness and interdependence of all living things
- Mind/Body/Spirit Holism
 - Cannot separate human condition from these integral parts



SUMMARY

Practical Suggestions

- Analyze your own preconceptions and biases as you go.
- Recognize that your knowledge, methods and approach are extensions of a cultural system that may be very different from the one you are entering.
- Honor and respect local people who have much to teach about the meaning of resilience.



Practical Suggestions

- Ask what you have done to actively invite sharing of local beliefs and practices.
- Situate the current community orientation and problems in historic context, connecting psychological issues with problems of colonialism, poverty, racism and discrimination.
- Ask on a continuing basis “*who benefits?*” and “*who’s excluded?*”

(Nader, Dubrow & Stamm, 1999)

Conclusions

- Although the neurobiological manifestations of trauma may be similar across cultures, both the experience and expression of trauma differs widely
- Current state of the art of Western PTSD treatment research does not provide sufficient knowledge to guide the use of these practices “wholesale” in non-Western cultures
- Culturally responsive interventions represent a ***philosophy of care*** to be employed across all levels of service

Conclusions

- Culture must be at the center of planning all interventions, understanding specific *idioms of distress*
- Co-creating an intervention ***from within the group*** (“emic” approach) has potentially salutogenic and healing effects in and of itself
- Interventions co-created in such a way show significant promise for adding to the knowledge base of the field (“etic” approach)

“It is not where you are, but what you do there that matters.”



~Rwandese Proverb

THANK YOU!

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