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# Interpreting Trauma

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# Cultural & Linguistic Competence

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- Acknowledge cultural differences
- Understand your own culture
- Acquire cultural knowledge and skills
- View behavior within a cultural context
- Engage in self-assessment
  - ADDRESSING Model (P. Hayes, 2002)



# ADDRESSING MODEL

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- A-Age related factors. Actual age and age cohort (generation)
- D-Disability- visible and invisible disabilities
- R-Religion and spirituality
- E-Ethnic identity- “race”, culture, including Euro-American ethnicity



# The ADDRESSING Model

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- ❑ S-Socioeconomic status- current and former, especially in childhood
- ❑ S-Sexual orientation
- ❑ I-Indigenous heritage-First nations peoples
- ❑ N-National identity- immigrants, refugees, temporary residents
- ❑ Gender- biological sex, gender roles, transgender



# As an Illustration

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To help illustrate how ethical cultural competence comes into play, we are going to use trauma and PTSD as an example. This could apply to any mental health disorder.



# What is a traumatic event?

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- “An event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.” – DSMIV-TR
- Examples: witness/survivor of homicide, house fire, interpersonal violence, serious physical and/or sexual assault, car crash, war experiences, industrial accident, mass or public violence



# Psychological Trauma

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- “Trauma is a psychophysical experience, even when the traumatic event causes no direct bodily harm.” - B. Rothschild
- “Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life. Unlike commonplace misfortunes, traumatic events generally involve threats to life or bodily integrity, or a close personal encounter with violence and death.”- J. Herman
- “Trauma is the intersection between what you expect and something sudden and fear-provoking that is so sharply in contrast that it overwhelms your usual capacity to cope.” - J. Brodsky



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# After traumatic events...

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- Most people have some kind of reactions.
- About ½ of those with reactions (*and no further trauma*) will see reactions taper off naturally within 1–3 months after the trauma.
- The other half may develop symptoms that require treatment.
- Of those people, some will develop Post-Traumatic Stress Disorder.



# Not everyone develops PTSD

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- Bereavement
- Adjustment Disorder
- Major Depressive Episode
- Alcohol/Drug Use or Dependence
- Generalized Anxiety Disorder



# Common Post-Trauma Reactions

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- Intense fear/anxiety
  - Need to know what is going to happen next
  - Worrying that bad things will keep happening
  - Jumpiness, tension and always on guard
- Memories come at you suddenly
- Disturbed sleep, including nightmares



# Common Post-Trauma Reactions

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- ❑ Irritability/Anger
- ❑ Feeling numb or detached from others
- ❑ Avoiding outside world
- ❑ Efforts to block out memories
- ❑ Gripping sadness/grief/fatigue



# Common Post-Trauma Reactions

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- ❑ Questioning one's religious or spiritual faith
- ❑ Guilt about surviving
- ❑ Body pain and illness



# Factors that help symptoms decrease naturally

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- ❑ Resilience
- ❑ Positive brain chemistry
- ❑ Some past mildly traumatic events
- ❑ Secure attachment in infancy
- ❑ Good social support & resources
- ❑ Philosophy of life that recognizes that uncertainty & human limitation are a part of life



# Factors that increase at risk individuals for lasting problems

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- ❑ Avoidance as typical way of coping
- ❑ History of mental illness and/or substance abuse
- ❑ Brain chemistry that keeps “red alert” button on
- ❑ Unresolved past severe trauma
- ❑ Social isolation/alienation/blaming self
- ❑ Anxiety or depressive disorder in past
- ❑ Ambivalent or avoidant attachment in infancy
- ❑ Other stressors at time of the traumatic event



# When Might Someone Seek Help Outside Their Natural Community?

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- When usual ways of coping aren't working, and symptoms become unmanageable
- When a new traumatic event opens the floodgate on stored emotions, memories, fears, and make it difficult to close
- If the individual does not have much community or family support available





# When Might Someone Seek Help Outside Their Natural Community?

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- If the person prefers to speak with someone outside their community (for safety reasons, for privacy, etc)
- If the person has a need to tell the story of their traumatic experience
- If the person is more familiar with western culture, perhaps a teen or youth who has knowledge about the benefits of counseling



# What makes up a PTSD diagnosis?

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- PTSD diagnosis in the DSM-IV-TR is based on six criteria (American Psychiatric Association, 2000), labeled A through F.



# PTSD diagnosis

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- **Criterion A:** The person has been exposed to a traumatic event in which both of the following were present:
  - A person **experienced, witnessed, or was confronted with** an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
  - A person's response involved **intense fear, helplessness, or horror** (children may express this in disorganized or agitated behavior)



# PTSD diagnosis

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- **Criterion B:** The traumatic event is persistently RE-EXPERIENCED in one or more of the following ways:
  - **Recurring and intrusive distressing recollections** about the event (children: repetitive play with aspects of the event)
  - **Recurring distressing dreams** of the event. (children: scary dreams without recognizable content)
  - **Acting or feeling as if the traumatic event were recurring** – hallucinations, flashbacks that occur while awake (children: trauma-specific reenactment)
  - **Intense psychological distress at exposure to cues** that symbolize or resemble an aspect to the traumatic event.
  - **Physiological response at exposure to cues** that symbolize or resemble an aspect to the traumatic event.



# Criteria B--Example

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When Maria comes to the clinic for her appointment, if she is scheduled to see Dr. Brown, she will leave the clinic. She has been doing this the six years. What is possibly going on?

# PTSD diagnosis

- **Criterion C:** Persistent **AVOIDANCE** of stimuli associated with the trauma and **NUMBING** of general responsiveness (not present before the trauma), as indicated by three (or more):
  - Efforts to avoid **thoughts, feelings, conversations, activities, places** or people associated with the trauma
  - **Diminished interest** in significant activities
  - Feeling of **detachment** or estrangement from others
  - Restricted range of affect
  - Sense of a foreshortened future



# Criteria C--Example

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Jose used to teach children how to play the guitar. He is a great teacher. He can no longer to look at the guitar. What is possibly going on?



# PTSD diagnosis

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- **Criterion D:** Persistent symptoms of **INCREASED AROUSAL** (not present before the trauma), as indicated by two (or more) of the following:
  - **Difficulty falling or staying asleep.**
  - Irritability or **outbursts of anger**
  - Difficulty **concentrating**
  - Hypervigilance (**constantly on guard**)
  - Exaggerated **startle** response





# Criteria D--Example

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For the last six months, Sara goes to Starbucks and every time she hears the steam coming out of the espresso machine, she jumps. What could possibly be going on?



# PTSD diagnosis

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- **Criterion E: Duration of the disturbance (symptoms in Criteria B,C and D) is more than one month.**



# PTSD diagnosis

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**Criterion F:** The disturbance causes **clinically significant** distress or **impairment** in social, occupation, or other important areas of functioning



# Mental Health Provider via interpreter

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- ❑ Works to stabilize client
- ❑ Refers for medication if needed
- ❑ Offers tools for coping with flashbacks, nightmares, anxiety, depressed mood
- ❑ Assists client in working through traumatic memories



# Who is The Interpreter

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- Someone who has learned the language
- Bi-lingual/bi-cultural
- Immigrant
- Refugee
- Advocate
- Consultant
- Serves two clients



# Possible Feelings May Have

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- ❑ Alone—unsupported
- ❑ Only a language conduit
- ❑ Information overload
- ❑ Environmental noise
- ❑ Emotionally strained
- ❑ Uncomfortable saying out loud graphic details of the client's story
- ❑ Feeling anxious
- ❑ Losing concentration during session



# Possible Feelings May Have

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- Highly empathic
- Feeling impatient
- Wanting to edit the story
- Any others feelings?

These are normal feelings but.....



# Definitions

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## Secondary or Vicarious Trauma

Does not happen directly to you, but you feel the effects. This happens to people who are involved with those who have been directly traumatized.





# Definitions

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## Retraumatization

The individual having experienced their own traumatic event may develop symptoms that are reactivated by hearing the client tell their story of trauma.



# Symptoms

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- Anxiety
- Impatient
- Irritability/anger
- Difficulty concentrating
- PTSD symptoms
- Nightmares
- Over identifying with client



# Taking Care of Self

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- Be with family & friends
- Physical activity
- Journaling
- Meditation
- Listening to music
- Set limits (the client is not your friend)
- Before session remind self what your job really is
- Talk to colleague or friend
- Know when to back away or seek help



# Taking Care of Self

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- Relaxation exercises
  - Breathing
  - Yoga
  - Tai Chi
  - Focus exercises
- Giving the trauma away
  - Remember the trauma is not happening anymore
  - Remind self you are part of the healing process
- Give yourself a pat on the back
  - Acknowledge to yourself for a job well donw



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Questions---Comments?



# Collaboration

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- Each setting has own expectations
  - Expectation of legal setting
  - Expectation of medical setting
  - Expectation of mental health
  
- How is each alike and how is each different



# Collaboration

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- If possible, take a few minutes to discuss expectations
- What does the client want from you
- If a word is not translatable
  - Notify
  - Suggest
  - Ask for suggestion
  - Develop a word list



# Collaboration

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- In mental health
  - Testing
  - May need to inform regarding culture
  - Political background





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THANK YOU

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