Working with Refugees with PTSD

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Training Objectives

1. To enhance provider-client relationships and create more successful outcomes with refugees with PTSD

2. To provide an in-depth understanding of PTSD symptoms and impact on the survivor

3. To empower providers in making their own clinical decisions in the moment
According to the **Centers for Disease Control (CDC)**...

*Posttraumatic Stress Disorder (PTSD)* and Major Depression are the most common mental health issues experienced by refugees, both for those who are in clinical care and for those who are not *(CDC, 2012)*
Risk factors that predispose refugees to PTSD include:

- Exposure to war
- State-sponsored violence and oppression
- Torture
- At least 10 to 30% of refugees in the US are torture survivors (Modvig & Jaronson, 2004)

- Internment in refugee camps
- Human trafficking
- Physical displacement outside one's home country
- Loss of family members and prolonged separation

- The stress of adapting to a new culture
- Low socioeconomic status
- Unemployment (CDC, 2012)
According to the Diagnostic & Statistical Manual (DSM-5)

PTSD
A disorder lasting more than one month following a trauma, characterized by 4 types of symptoms

1. Re-experiencing the Event
2. Avoidance of Reminders of the Event
3. Negative Changes in Mood or Thoughts
4. Hyper-arousal of the Nervous System

Trauma
Direct exposure to actual or threatened death, serious injury or sexual violation (American Psychiatric Association, 2013)

As a victim, witness, or at times, even a perpetrator
6 Steps to PTSD

- Information Processing Theory
- The Panic Response
- Dissociation in Panic
- Time Capsules
- PTSD
- Complex PTSD
1. Information Processing Theory

Normal Flow of Information (Shapiro, 2001):

- **Brain Stem**
  - Autonomic Functions
  - &
  - 5 Senses: See, hear, smell, feel, taste

- **Short-Term Memory**
  - Vivid, detailed, emotional

- **Frontal Cortex**
  - Executive functioning, interpretation, decision-making

- **Long-Term Memory**
  - Hazy, distant, minimal emotions
2. Panic

- "Fight or Flight"

**Physiological reactions**
- Body goes into emergency response mode
- Flood of endorphins and adrenalin
- Heart rate increases
- Blood pressure increases
- Breathing becomes shallow and rapid
- Muscles tense
- Trembling
- Sweating
- Feeling hot or cold

**Enhanced perceptions**
- Sounds appear louder
- Visual acuity increases
3. Dissociation

**Dissociation:** A disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment *(APA, 2013)*

- Self disconnects to avoid the oncoming expected pain
  - Normal information processing disrupted *(Shapiro, 2001)*
- If still aware
  - Short-term memory
- If fight or flight doesn’t work
  - Freeze
  - Brain stem (amnesia)
4. Time Capsules

- All 5 senses
- Emotions & thoughts
- Physical: heart rate, blood pressure, etc.

Raw, intense state

Conscious self not present to interpret and digest experiences

- Everything inside the time capsule can become a trigger
5. PTSD – 4 Symptom Clusters (APA, 2013)

1. **Re-experiencing**: Time Capsules are activated by triggers or the mind’s natural process of trying to digest information
   - Nightmares
   - Intrusive thoughts or images of events
   - Flashbacks
   - Physical panic in response to reminders
   - Emotional distress in response to reminders
5. PTSD – 4 Symptom Clusters

2. **Avoidance** of triggers that could result in re-experiencing trauma
   - Internal – Thoughts, feelings
   - External – Conversations, situations, people, media

3. **Hyper-arousal** of the nervous system
   Body “stuck” in panic/semi-panic state
   - Irritability and angry outbursts with little or no provocation
   - Reckless or self-destructive behavior
   - Excessive watchfulness
   - Jumpiness
   - Poor concentration
   - Insomnia
4. Negative changes in thoughts and mood

Attempts by the mind to reduce conflict between beliefs and traumas, or avoid emotional pain

- Inability to remember an important aspect of the trauma(s)
- Exaggerated negative beliefs or expectations about oneself, others, or the world
- Distorted thoughts about the cause of the trauma(s) that lead the individual to blame self or others
5. PTSD – 4 Symptom Clusters

4. Negative changes in thoughts and mood

- Persistent strong negative emotions
- Loss of interest in significant activities
- Feelings of detachment or estrangement from others
- Inability to experience positive emotions

Significant overlap with symptoms of depression and the freeze response
5. PTSD – Specifiers

• **Dissociative** symptoms:
  • In response to triggers the person feels:
    • Depersonalization: Feeling detached from oneself
    • De-realization: Feeling everything is unreal

• **Delayed** expression:
  • When most symptoms don’t start until at least 6 months after the event
  • Frequently:
    • When there are prolonged periods before the person is completely safe
    • When there is a new significant life stressor
6. Complex PTSD (Herman, 1992)

Extended trauma where the person has little control, can cause long-lasting personality changes

- Prolonged imprisonment and torture
- Prisoner of war or refugee camps
- Childhood sexual abuse

Disruption of basic sense of self

- Rapid mood swings
- Unstable relationships
- Impulsivity
- Repeated failures of self-protection
- Search for rescuer
- Sense of helplessness or paralysis of initiative
- Hallucinations
Applying this to your work

- The relationship with the provider is the single best predictor of treatment outcome (Ardito & Rabellino, 2011)
- Use your knowledge to help you maintain the most helpful mindset possible
Applying this to your work

Recognition of any symptom

= Normalize and Reassure

• Physical symptoms of panic
  • Watch a horror movie and notice how you feel physically and emotionally

• Catch first signs of panic or distress in clients
  • Respond quickly to model calming or change subject if needed

• Psychological distress
  • It’s OK to be quiet and let feelings be there

• Flashbacks and culture
  • Distress may be described as medical problems or spirits/demons/possession (Van der Veer, 1998)
Applying this to your work

Thoughts – Lack of trust and paranoia

Communicate clearly and openly
Discuss culture and language directly
(Van der Veer, 1998)
Immediately clears up misunderstandings
Minimizes escalation from mood swings
Demonstrates trustworthiness

Thoughts – Self-Blame

Don’t challenge unrealistic thoughts too directly
Can feel invalidating
Applying this to your work

• Watchfulness & jumpiness
  • Be especially respectful of personal space
  • A kind look when a client is startled by a noise or appears lost in thought can go a long way in helping them feel supported and understood

• Paralysis, overwhelm, & self-endangerment
  • It will be easier not to get frustrated if we remember where it comes from...

• Be mindful of higher occurrence of domestic violence and substance abuse (Shannon & Simmelink, n.d.)
  • Refer appropriately
Applying this to your work

• Lack of control = Learned helplessness
  • Staying in situations where one continues to feel powerless can prolong suffering
  • No opportunity to confront feared situations and learn they are relatively safe (Foa, Hembree, & Rothbaum, 2007)

• Supporting clients in taking steps for themselves mediates the impact of PTSD
  • Decreasing the avoidance that prolongs symptoms (Foa et al, 2007)
  • Meeting basic needs decreases stressors
  • Strengthening support systems improves resiliency (Wilson & Drozdek, 2004)
    • Family relationships, community involvement, spirituality
Therapy

- Bearing witness (Herman 1992)
- Trauma is healed in relation to others
- Digesting time capsules (Shapiro, 2001)
- Cognitive-Behavioral Therapies
- Groups
- Feeding emotions
- Revisiting from a safe place
- Move into long-term memory
- Narrative Exposure Therapy
- Fit with many cultural traditions (Weine, Kulauzovic & Klebic, 2008)
QUESTIONS?
Resources

• International Society for Traumatic Stress Studies
  http://www.istss.org

• National Center for PTSD
  http://www.ptsd.va.gov/professional

• Dignity – Danish Institute Against Torture
  http://www.dignityinstitute.org

• National Consortium of Torture Treatment Programs
  http://www.ncttp.org
References


References


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