



**Refugee Services**  
National Partnership  
for Community Training

Gulf Coast Jewish Family & Community Services

# 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

&

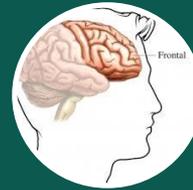
5 Senses:

See, hear, smell,  
feel, taste



## Short-Term Memory

Vivid, detailed,  
emotional



## Frontal Cortex

Executive  
functioning,  
interpretation,  
decision-making

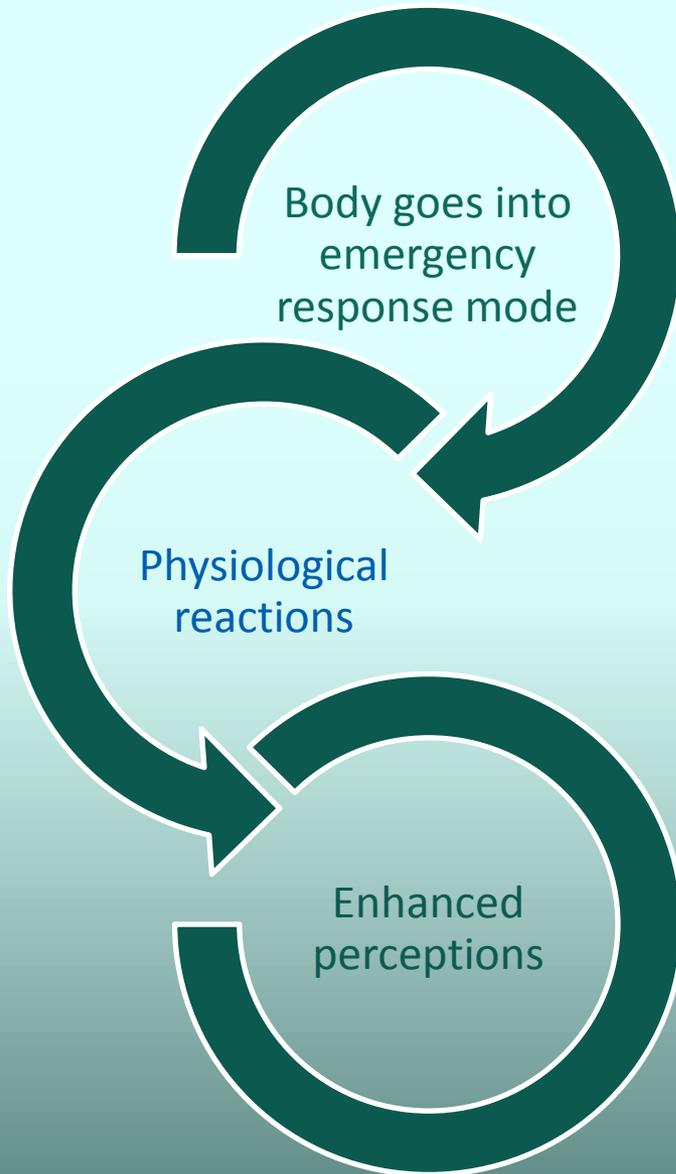


## Long-Term Memory

Hazy, distant,  
minimal  
emotions



# 2. Panic



- **“Fight or Flight”**

- Flood of endorphins and adrenalin
- Heart rate increases
- Blood pressure increases
- Breathing becomes shallow and rapid
- Muscles tense
- Trembling
- Sweating
- Feeling hot or cold

- 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

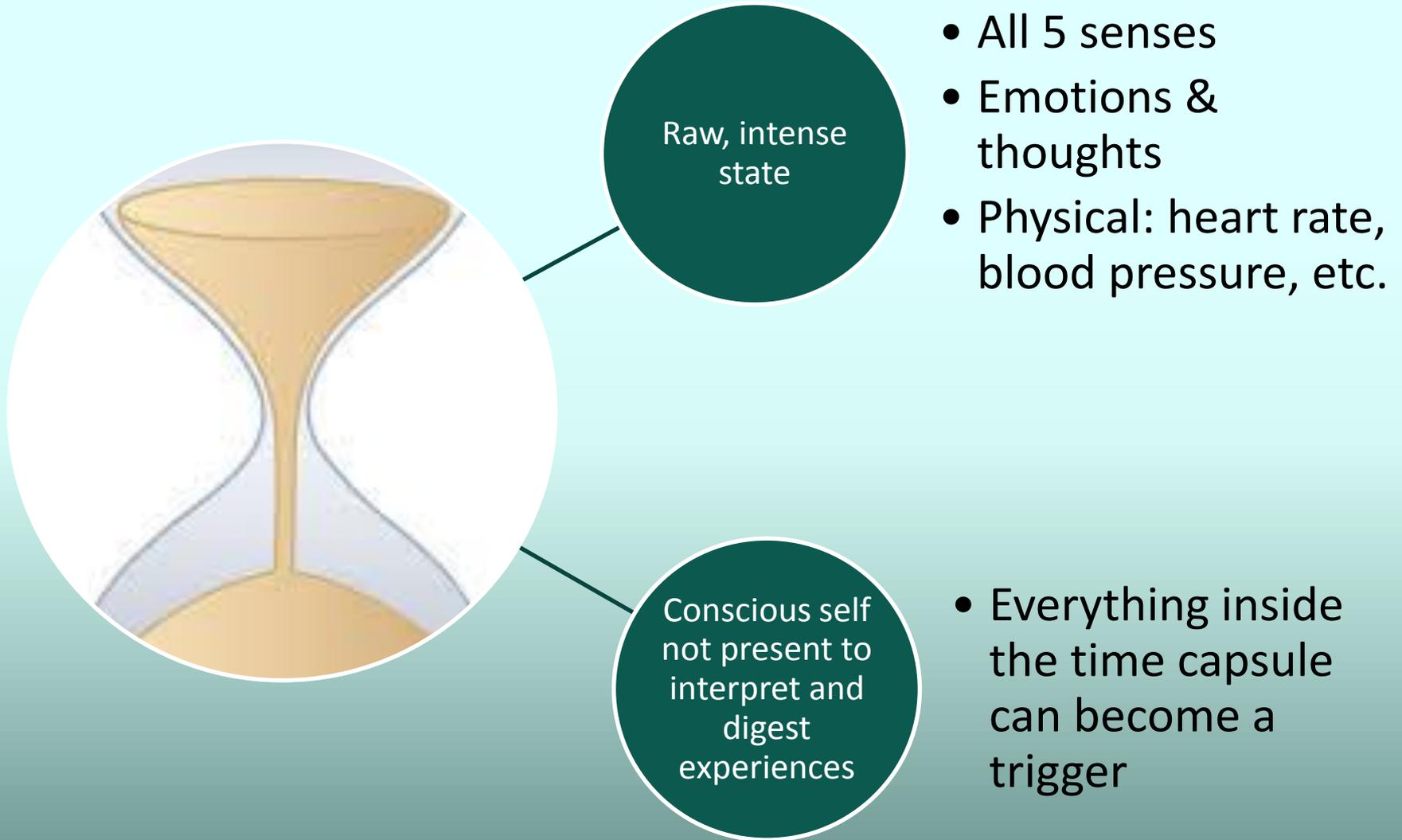
Short-term memory

If fight or flight doesn't work

Freeze

Brain stem (amnesia)

# 4. Time Capsules



# 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

# 5. PTSD – 4 Symptom Clusters

## 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**

Significant overlap with symptoms of depression and the freeze response

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

# 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

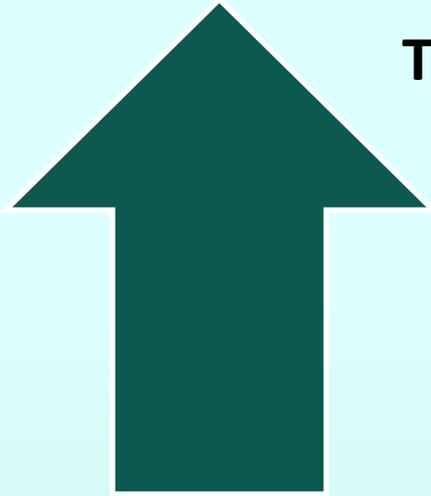
# Applying this to your work

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**

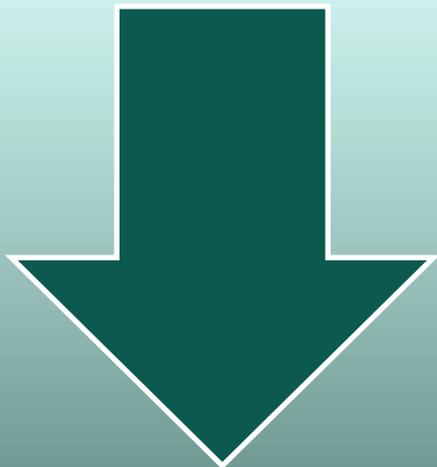
**Discuss culture and language directly**

*(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

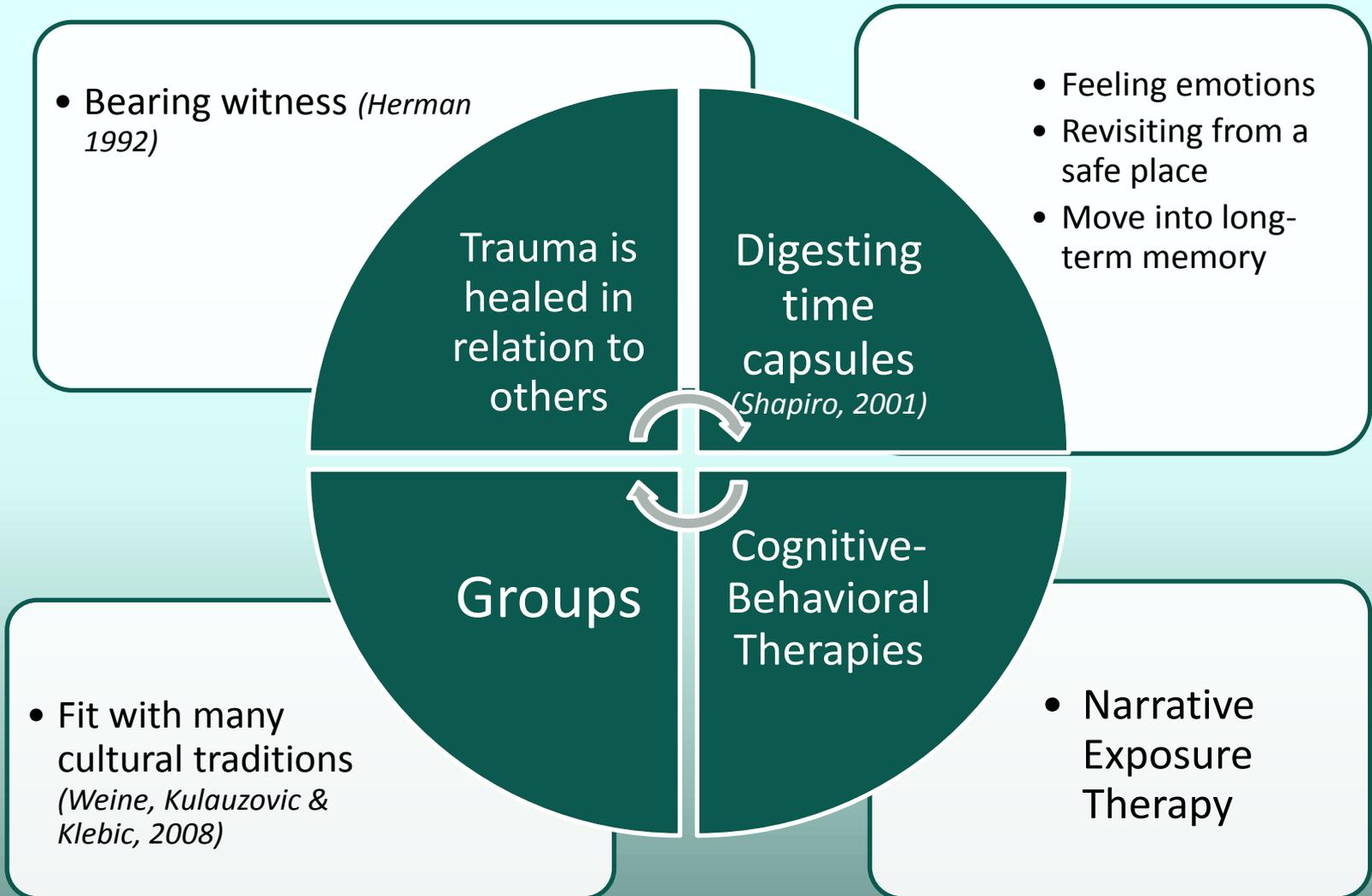
# Applying this to your work

- 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





**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>

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Weine, S., Kulauzovic, Y., Klebic, A. (2008). Evaluating a multiple-family group access intervention for refugees with PTSD. *Journal of Marital and Family Therapy* April 2008, Vol. 34, No. 2, 149–164.

Wilson, J. & Drozdek, B., Eds. (2004). Broken Spirits: The Treatment of Traumatized Asylum Seekers, Refugees, War, and Torture Victims. New York: Brunner-Rutledge.



# Contact Information

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The screenshot shows the website header for Gulf Coast Jewish Family & Community Services (GCJFCS). The header is blue and features the organization's logo on the left, which consists of a tree inside a circle with the text "gulf coast JFCS" next to it. To the right of the logo is a white box containing the text "Gulf Coast Jewish Family & Community Services". Below the logo and text is a navigation menu with the following items: Home, About GCJFCS, About You, Children & Family, Elderly & Disabled, Employment, Jewish Community, Mental Health, and Refugee. Below the navigation menu is a large banner image. The banner features a close-up photograph of an elderly Black man's face on the left. To the right of the photograph, the text "in times of need" is written in a large, white, serif font. Below this text, the words "GCJF&CS Refugee Services" are written in a smaller, white, sans-serif font.

[www.gcjfcs.org](http://www.gcjfcs.org)

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