PTSD Treatment in the Face of Cultural Sensitivity and Collaboration

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Epigrath

"Trauma is not just the result of major disasters. It does not happen to only some people. An undercurrent of trauma runs through ordinary life, shot through as it is with the poignancy of impermanence. I like to say that if we are not suffering from post-traumatic stress disorder, we are suffering from pre-traumatic stress disorder… There is no way to be alive without being conscious of the potential for disaster. One way or another, death (and its cousins: old age, illness, accidents, separation, and loss) hangs over all of us. Nobody is immune. Our world is unstable, unpredictable, and operates, to a great degree and despite incredible scientific advancement, outside our ability to control it."

- - Mark Epstein, M.D., columnist, "The Trauma of Being Alive," *New York Times,* August 3, 2013

Introduction

Purpose: to develop expertise in diagnosing and treating Post Traumatic Stress Disorder through a culturally sensitive and collaborative approach

Case Study: Bosnian refugee Population in St. Louis

1. Refugee Resettlement in St. Louis – exacerbation of PTSD
2. Collaborative and Culturally Sensitive Approach to Treatment
3. PTSD in Refugees – Symptoms and Treatment
4. Collaboration in Action – PTSD and Citizenship Process

I. Refugee Resettlement Process

Assumption

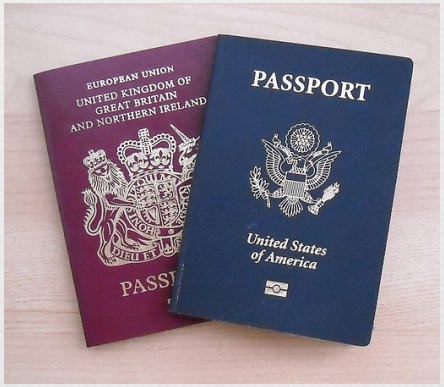
- Once refugees removed from setting in which persecuted, they will show rapid improvements in mental health and well-being.

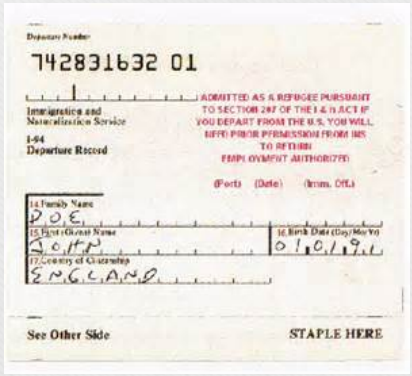
Reality

- Exile contributes considerably to psychological stress among refugees
- Experience of being refugee + war trauma + personal / group identity issues + lack of social support + un(der) employment + lack of English + non-equivalency of professional training = **exacerbation of PTSD/mental illness**

Immigrant vs. REFUGEE

- Immigrant – Came to USA by choice; usually for work, school or family reunification
- Refugee – persecuted in home country; takes years to be resettled; includes asylees
- Asylees – someone inside USA unable to return to home country due to persecution



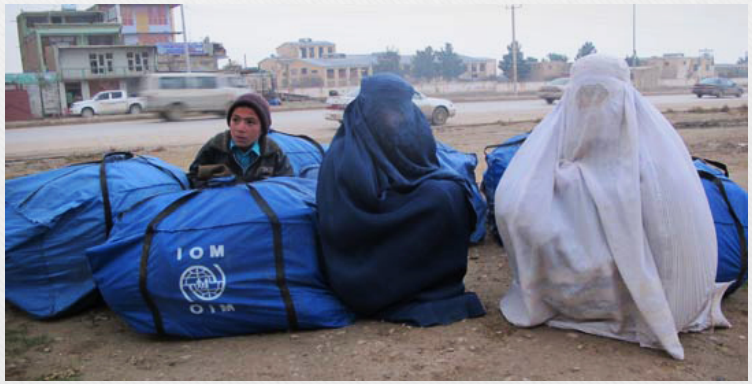


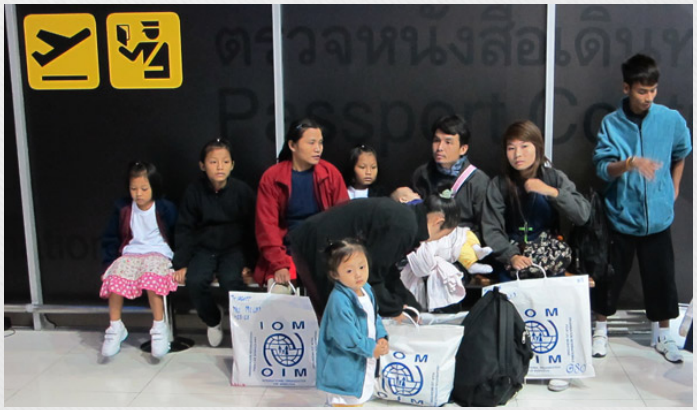
Statistics of REFUGEES in STL

- FY 2012 – Congressional Ceiling for 76,000 in Refugee Admissions
- Estimated Over 80,000 -100,000 refugees in St. Louis Metro Area
  - Iraq, Afghanistan, Somalia, Bhutan, Bosnia, DR Congo
- Estimated 70,000 Bosnians in St. Louis Metro Area
- 30% of Refugees survived torture in home country
- 30 – 60% of refugees experience PTSD symptoms in refugee resettlement process

Refugee Resettlement Process

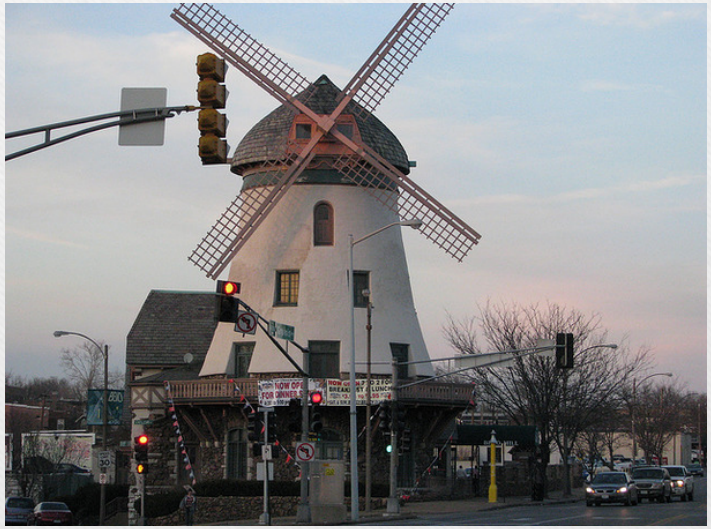
- Fled home country where experienced war, torture, rape, starvation, shelling
- Usually outside home country in refugee camp for **years** in bleak conditions before coming to USA
- Plane ticket to USA via travel loan; received by resettlement agency





Refugee Resettlement in STL

- Two Resettlement Agencies
  - Catholic Charities
  - International Institute
- 3 month of assistance
  - Food Stamps
  - Housing
  - CMA of $400
  - 8 months of Medicaid
  - SSI eligible

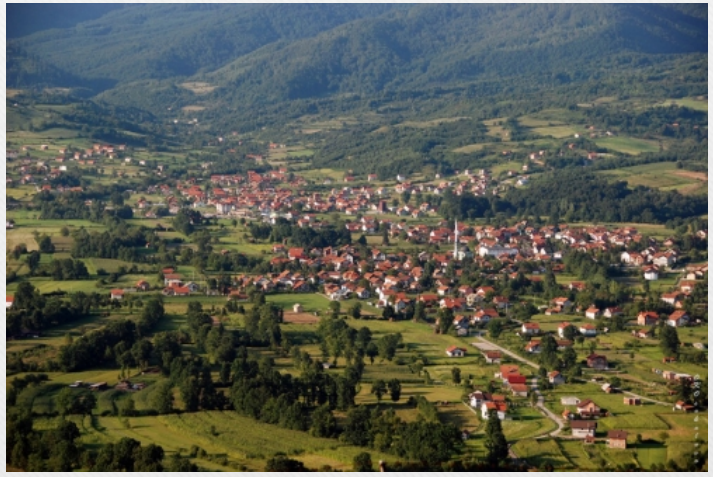


Resettlement – Perpetuation of PTSD Symptoms

- Housing - high crime areas
  - Hodiamont, Bevo, State Streets
- Lack of access to medical care
- Financial Struggles – most refugees impoverished and lack education
- Lack of skills to succeed in American life
- Lack of political justice in home country

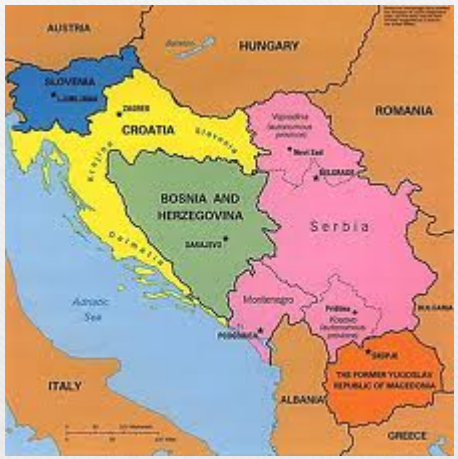
Bosnian Community in St Louis

Peaceful life in Yugoslavia



Sarajevo

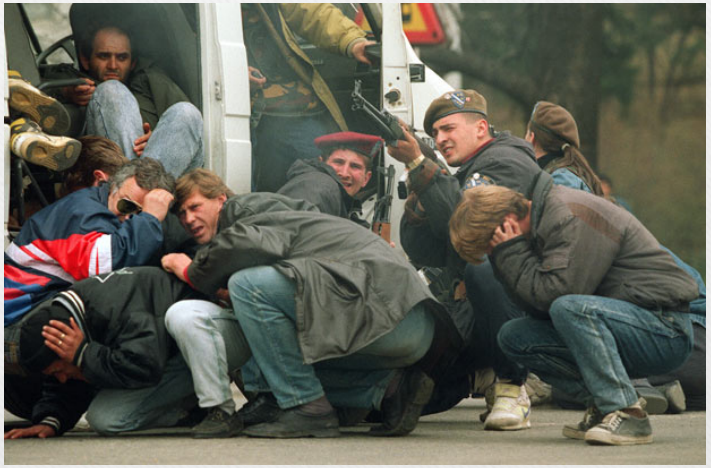
THE BOSNIAN WAR 1992-1995



- Serbian-led "Ethnic Cleansing"
- Bosnian, Croatian, Serbian = Same Language – Different Dialects
- Former Yugoslavia – 7 "republics"
  - Bosnia &Herzegovina
  - Croatia
  - Kosovo
  - Macedonia
  - Montenegro
  - Serbia
  - Slovenia

BOSNIAN WAR – 1992-1995

Cities & Towns Under Siege 3+ years



Constant shelling, Bombing, Sniperfire

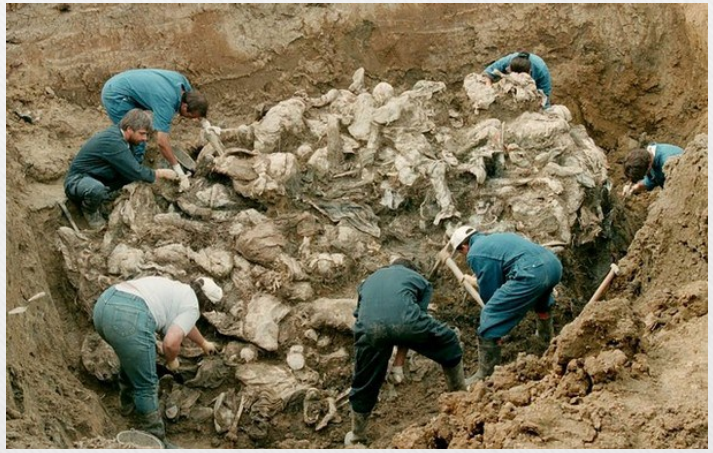
Common War Experiences

Concentration Camps, Torture, Sexual Torture, Starvation

Massacre of Relatives

Common Post-War Experiences

Genocide & Mass Graves



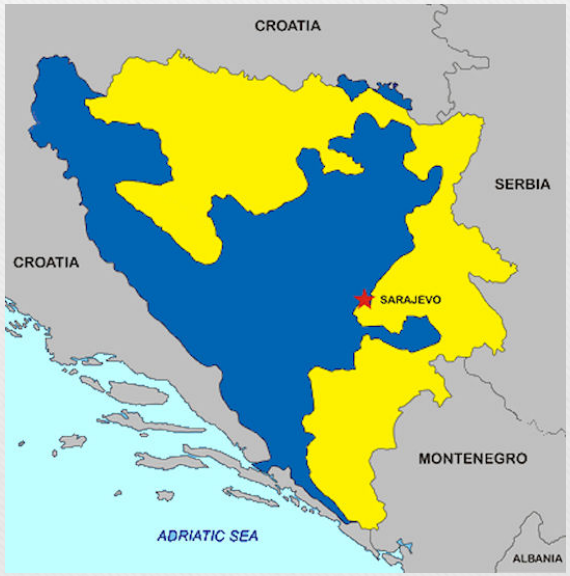
Identifying remains of loved ones – 20 years later

Common Post-War Experiences

Stressors on Survivors

- Country Divided/ lack of unified political identity
- No apology from perpetrators / provocation
- Lack of effective judicial remedies for war crime
- Minimization of Genocide

Map of Divided Bosnia



Survivors of Torture Collaborative

- Purpose: holistic healing to survivors of torture and family members
- 2006 – present
- SLU, Places for People, CSTWT, BIAS, LAMP
- Consultation between all parties involved regarding patient's needs and symptoms
  - Psychiatry & Therapy – stabilize patients
  - Case Mangers – obtain basic daily life benefits
  - Immigration Lawyer – immigration benefits
  - Interpreters – key to communication

WHY 20 YEARS LATER?

- Initial Trauma
- Repeated Trauma
  - Resettlement Process
  - Failing Economy in USA – job loss, impoverishment
  - Lack of Political Stability in Bosnia as reported by our patients
  - Continued discovery of mass graves
  - Family members identified in mass graves through dna process
- Question still unanswered

II. Collaborative and Culturally Sensitive Approach to Services and Treatment of PTSD

Cultural sensitivity

Cultural Sensitivity is a set of skills that enables you to learn about and get to know people who are different from you, thereby coming to understand how to serve them better within their own communities.

Cultural Competence

Cultural competence comprises four components:

- (a) Awareness of one's own cultural worldview
- (b) Attitude towards cultural differences
- (c) Knowledge of different cultural practices and worldviews, and
- (d) Cross-cultural skills. Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures

Cultural Sensitivity vs. Cultural Competency

- Religion
- Gender
- Cultural Practices
- Provider
- Translator

Cultural Competency in Translation and in Providing Services

- Trust between Interpreter and client
- Choice of Interpreter crucial
- Interpreter Accent and Demeanor can trigger PTSD episodes and break trust and treatment
- Interpreter is the patient's voice
- Same Considerations in Choice of Provider

III. PTSD in Refugees – Symptoms and Treatment

Challenges in Treating PTSD in Bosnian Community

CULTURAL COMPETENCY IN PSYCHIATRY

DSM 5 cultural interview and formulation is the framework

- Provides tools and methods for providers to become culturally competent
- Providers are encouraged to use culturally competent consultants

PTSD

- Epidemiology
  - 8-9 % of population has a form
  - Remains Underdiagnosed
    - Stigma
    - Comorbidity
    - High diagnosed threshold
  - Sub-threshold cases
  - Acute stress disorder

PTSD

- Course of PTSD
  - Initial Symptoms are anxiety, depression, shock, agitation, disassociation
  - Within days, symptoms are resembling PTSD
  - PTSD symptoms that are persistent over 6-12 months usually become chronic
  - At 1 year, the treatment is very successful
  - After 6 years, one-third of cases do not remit

PTSD

- Comorbidities psychosocial consequences
  - 88% of men and 79% of women have comorbidities such as depression, dysthymia, anxiety, substance abuse, psychosis and suicide
  - Health effects secondary to neurobiological abnormalities
  - Personal, social, and occupational impact

PTSD

- Psychological models
- Mechanisms involved in fear:
  - Conditioning
  - Extinction
  - Sensitization

PTSD

- Neurobiology – stress response is deregulated
  - Influences
    - Neurochemical changes
    - Neuroanatomical changes
    - Genetic vulnerabilities
  - Hypothalamic-pituitary-adrenal (HPA) axis dysregulation, cortisol dysregulation

PTSD

- Neurobiology, cont.
  - Catecholamine – increases during stress, enhance long term memory
  - Serotonin – decreases, triggers aggression, impulsivity, depression, suicide
  - Dopamine – may cause psychosis
  - BABA transmitters – implicated in encoding memories
  - Opioids – Involved in avoidance and numbing

Challenges in Treating PTSD in Bosnian Community

DSM 5 and PTSD formulation

1. <u>Exposure to actual or threatened death, serious injury, or sexual violence</u>

- Cultural barriers can minimize self reported experiences
- Patients not able to recognize trauma
- Not able to self-report

  Emotional Inability / lack of emotional language: ex: somatic complaints rather than expressing emotion

Challenges in Treating PTSD in Bosnian Community

- 1. (Continued) **Exposure to actual or threatened death, serious injury, or sexual violence**
- Communication tools
  - Language barriers
  - Interpreter v. Translator
    - Comprehensive v. literal interpretation
    - Face to face v. telephonic/televised
  - Cognitive problems, e.g. Traumatic Brain Injury
  - Illiteracy
- Gender roles- rejection by spouses
- Religion – patient have a spiritual explanation of trauma

Challenges in Treating PTSD in Bosnian Community

- 2. **<u>Intrusive symptoms</u> <u>associated with the traumatic event</u>**, can be very emotional, powerful = re-experience the trauma

- Recurrent, involuntary, and intrusive distressing memories
  - - Recurrent distressing dreams
  - - Dissociative reactions or flashbacks

Intense psychological or physiological distress at exposure to internal or external cues

Challenges in Treating PTSD in Bosnian Community

2. (cont'd) **Intrusive symptoms associated with traumatic event**

Interpretation Issues

- Lack of trust with interpreters – concerns of confidentiality
- Ethnic concerns with providers
- Insufficient command of English or medical terminology
- Secondary Traumatization of Interpreter
- Unprofessional interventions from interpreting

Challenges in Treating PTSD in Bosnian Community

- 2. (cont'd) **Intrusive group of symptoms**

  - The interviewer should carefully formulate the questions to avoid to misinterpretations by the patient such as "I am not crazy"
  - Cultural competency and sensitivity play an important role
    - Remind yourself who is the patient: male/ female, old/younger patients, educated/uneducated, religious affiliation

Challenges in Treating PTSD in Bosnian Community

3. Persistent avoidance of stimuli associated with the traumatic event

- Patients are mindful of the surroundings, sometime surroundings are evocative for patients
- Try to accommodate the patient's needs
    - Eg: the building reminds them of the jail
    - One of the students' beard was triggering a patient
    - Fear of authority
    - Noises such fireworks or ambulance
    - Crowded offices

Challenges in Treating PTSD in Bosnian Community

- 4. **Negative alterations in cognition and mood associated with traumatic event**

- - Inability to remember things – dissociative amnesia, R/O other causes, especially TBI
    - Need interdisciplinary approach
    - Persistent and exaggerated negative beliefs or expectations about oneself or others
    - Refer for therapy, traditional or altered approaches, such as home visits, coffee shop sessions

Challenges in Treating PTSD in Bosnian Community

- 4 cont. **Negative alterations in cognition and mood alteration associated with traumatic event**

  - Persistent negative emotional stage/ inability to experience positive symptoms
  - Markedly diminished interest and participation in significant activities
  - Feeling of detachment and estrangement

    - Above symptoms contribute to obstacles to acculturation process (i.e., obtaining jobs, learning language, social functioning, obtaining CITIZENSHIP, etc.)

Challenges in Treating PTSD in Bosnian Community

- 5. **Marked alteration in arousal and reactivity associated with traumatic event**

This group of symptoms is usually prompting psychiatric care

- Irritable behavior, and angry outbursts with little or no provocation, verbal or physical
- Reckless and self-destructive behavior
- Hyper-vigilance
- Exaggerated startle responses
- Poor concentration and poor sleep

Challenges in Treating PTSD in Bosnian Community

Treatment

- 1. Pharmacology

  - SSRI and SNRI
  - Anxiolytic medication
  - Antipsychotic medication
  - Antiadrenergic medications
  - Mood stabilizers

Challenges in treating PTSD in Bosnian community

- 1cont. **Pharmacology**

- SSRI- FDA approved, first line of treatment
  - Sertraline
  - Paroxetin
- SNRI – Venlafaxine
  - Mirtazapine
- TCA
- Antiadrenergic agents
  - Alpha1 adrenergic antagonist Prazosin, effective only for nightmares

Challenges in treating PTSD in Bosnian community

- **Benzodiazepines**
  - helpful for comorbidity with anxiety disorder, careful approaches due to potential addiction
- **Anticonvulsants agents-** Topiramate
- **Atypical anti-psychotics**
  - studies with Risperdal and Zyprexa found effective only in PTSD with psychotic symptoms

Challenges in treating PTSD in Bosnian community

Looking ahead

- Partial NMDA – D-Cyclosporine, a partial NMDA receptor agonist, potentiates new behavior, such as fear of extinction
- CRF antagonists
- Hydrocortisone
- Endocanabonoids , etc

Challenges in treating PTSD in Bosnian community

Non pharmacological therapies

- Trauma focused behavioral therapies
  - form of modified CBT
  - "Debriefing" therapy not recommended Psychiatric care:
  - traditionally, office visits
  - non traditionally, home visits, coffee shops, parking lot, community centers, etc.

Challenges in Prescribing Medications

- Multiple providers and therefore, multiple prescriptions
- Patients can not follow directions due to language barriers, illiteracy, cognitive problems
- Financial problems and/or not knowing how to use the resources

Challenges in prescribing medications

- Problems with polypharmacy
- Unintentional misuse
- Poor compliance
- Side effects
- Substance use concurrent with medication
    - Do ask patients about substance abuse (example: ask with sensitivity- some Muslim patients feel offended)
- Idiom of distress are culturally specific
    - Eg: headaches, joint aches and other somatic complaints are an expression of the patients distress

IV. COLLABORATIVE APPROACH

- PTSD and IMMIGRATION BENEFITS

Legal Component

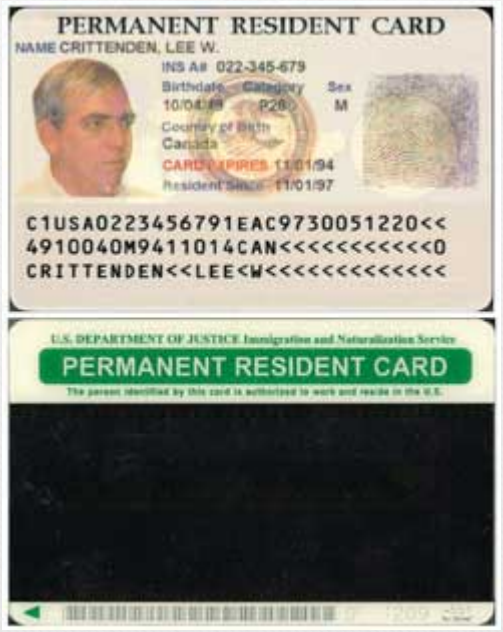
- Role of Immigration Attorney: obtain immigration benefit for patient
- Consequences of PTSD Symptoms in Immigration Process
  - Too disoriented to navigate system alone
  - Lack of interest in obtaining benefit
  - Anger, agitation, self-medication (Drinking, substance abuse) – lead to Criminal Consequences

Immigration Benefits

- Importance of Citizenship
  - Psychological – permanence in new country
  - Family Reunification
  - Ease of foreign travel (important for Bosnians who return to identify remains of loved ones)
  - SSI Benefits – must receive citizenship within 7 years or discontinued
  - Generally no longer deportable from USA

Permanent Resident Status

- "Green Card"
- Law requires that Refugees Adjust Status after One Year in USA
- Permanent Residence not a Right but Privilege
- Must show adherence to Law – Certain Crimes Preclude It
- Requires Vaccination Certification from U.S. Citizenship & Immigration Certified Physician

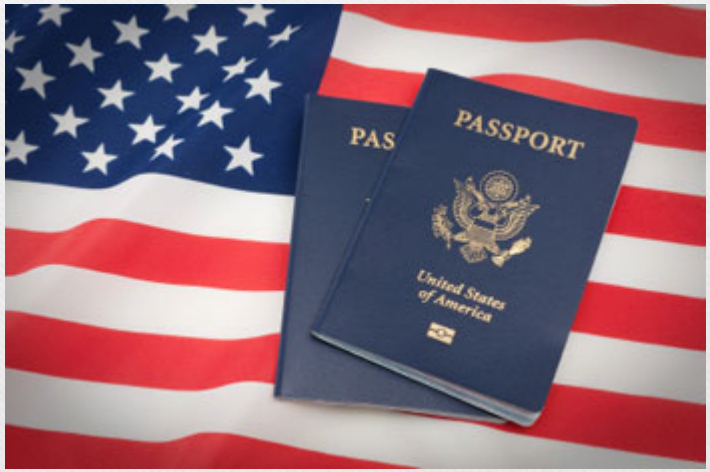


Therapeutic Benefits of Citizenship

- Sense of Belonging and Security
- Eligible for Supplemental Security Income
- Ease of Travel with USA Passport
- Ability to petition for immediate Relatives to Live in USA

General Requirements for Citizenship

- Lived in USA for 5 years as permanent resident
- Meets legal standard for "Good Moral Character"
- Pass Citizenship "Exam"
  - Interview in English
  - Oath of Allegiance
  - Write Sentence in English
  - Read Sentence in English
  - 10 Civics Question from List of 100



PTSD Challenges to Citizenship

1. Good Moral Character
   - Certain crimes preclude GMC
   - Aggravated felony (permanently barred from citizenship)
   - Drug charges
   - Fraud
   - Habitual Alcoholism in Past 5 years
   - Multiple misdemeanors

PTSD Challenges to Citizenship

2. Interview
   - Inherent fear of government officials, metal detectors
   - Triggers:
     - Intimidating officers
     - Interview = interrogation
     - Confined space with government officials
     - Being asked for name

PTSD Challenges to Citizenship

2. Interview, cont'd

- Common reactions when triggered
  - Disassociation
  - Silence of patient
  - Anxiety, lack of concentration
  - Memory loss
  - Not understanding questions they normally would
  - Giving up after months of preparation
- Reaction of USCIS: client cannot demonstrate understanding of English

Solution #1 to PTSD Challenges to Citizenship

Collaborative Preparation of Patient

a. Attorney prepares legal document; intake of client functioning; refers to other arms of collaborative as necessary
b. Psychiatrist / Therapist – addresses anxiety issues
c. Tutoring program – individual tutors sent to client's home
d. Interpreters – intake, several tutoring sessions, practice interviews

Solution #2 to PTSD Challenges to Citizenship

Form N-648 Waiver of English Language and Civics Requirement

- Can only be certified by M.D.s or Licensed Clinical Psychologist after evaluation of patient
- Exempts patient from having interview in English as well as preparing civics questions
- Must still show Oath of Allegiance
- Frequently challenged by USCIS

Solution #3 – Communication with USCIS

- Can request "Due Consideration" in examination of applicant = easier questions
- Request for accommodation on citizenship application
- St. Louis USCIS Office – very open to concerns about patients and special needs
  - Has received specialized training
  - Acknowledges effects of PTSD in process

Solution #4 – Specialized USCIS Interviews

- For severe cases, USCIS has conducted more than 16 specialized interviews at Places for People
- Gives sense of safety and security for patient; usually passes test in this environment
- Collaborating providers on site if needed

Success Stories - #1

- Patient "Frank"
  - Concentration Camp Survivor
  - Unmarried, Truck Driver
  - Successful first Decade in USA
  - Psychotic Break following death of Mother
    - Disabled
    - Homeless
    - Limited English
    - Poor Concentration
- Citizenship
  - Psychiatry – Stabilized Symptoms
  - Individualized tutoring
  - Passed with Due Consideration
  - SSI Eligible
  - Stable Housing
  - Ability To Travel To Bosnia

Success Story #2

- Patient "Carey"
  - 14 months Internment in Serbian Concentration Camp
  - Out-of-State
  - Limited English
  - Death of Daughter
  - Disabled / Barely Surviving
  - PTSD Symptoms in Citizenship Interview
- N-648 Medical Waiver
- Special Interpreter from Same Background and Experiences
- Received SSI and Passport

Success Story #3

- Patient "Susan"
  - Interned in House; repeatedly raped by Serbian Soldiers
  - Parents Killed by soldiers
  - Abusive Relationship in USA
  - Psychologically Disabled
  - Unstable Housing
- Psychiatry to Stabilize Symptoms
- Individualized Tutoring
- Efforts by Psychiatrist for Patient's Stable Housing

Conclusion

- Integration of Psychiatry and Legal for refugees with PTSD is essential and effective
- Obtaining immigration benefit can help minimize some PTSD symptoms and open access to public benefit – but obtaining this benefit cannot be done without aid of psychiatry!
- Analysis of results can aid policy makers in refugee resettlement and responsibility to this population