


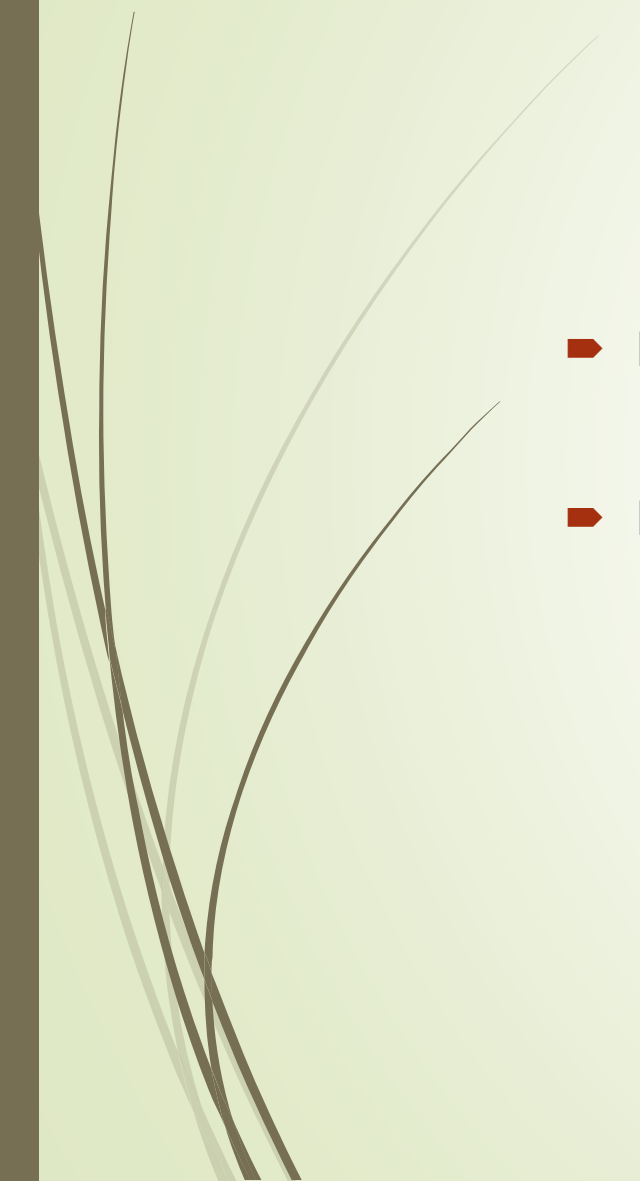
The Intersectionality of Diversity and Trauma: Cultural Considerations



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Disclosures

- ▶ No conflict of interests to report.
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Objectives

- The Goal is to Deconstruct Trauma Through a Variety of Lenses
 - Meant to be discussion-based
- Gain a Better Understanding of Diversity Variables
- Cultural norms vs. Social norms
- Culture of Obesity
- Female Genital Mutilation (FGM)
- Trauma Involving Migration/Immigration
- Findings Regarding Black Immigrants
- Forcibly Displaced Populations
- Emodiversity
- Suggestions on Working with Diverse Populations
- Utilizing Trauma Assessments
 - Which are appropriate to administer?
- **"Heavy" topics will be discussed**



Implicit Bias

- ▶ Implicit bias exists in everyone. However, in healthcare, implicit bias can lead to unequal health outcomes. It's important to have an understanding of implicit bias, how it manifests in healthcare at the individual and systems level, and how to reduce the effects of implicit bias.
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Definitions

- ▶ Cultural norms vs. Social norms
 - ▶ One's personal culture
 - ▶ One's environmental culture
 - ▶ One's family culture
- ▶ What are examples of cultural groups?
- ▶ The fish does not see the water in which it swims.
 - ▶ What does this mean?

Your Trauma Is Not My Trauma

- ▶ Have you ever heard a trauma, and thought, 'I have heard worse?'
 - ▶ Or perhaps the opposite, and it was the most traumatizing experience you have heard.
 - ▶ How do you think either impacts the client?
- ▶ Which global atrocity incurred upon a cultural/ethnic group was worse?
 - ▶ "Battle" at Wounded Knee
- ▶ Assuming a client's experience is traumatic w/out asking.
 - ▶ Tucson example of not having food.
- ▶ "Beauty is in the eye of the beholder."
 - ▶ The same is true regarding trauma.



Military Sexual Trauma (MST)

- ▶ Experience of an African American military personnel handcuffed to a bathroom which was discussed in a training in 9/2020.
 - ▶ Was this a “traumatic stressor?”
- ▶ 33% of women, and 2% of men experience MST.
 - ▶ Veteran Affairs (2020)



Poll

- ▶ Was there a traumatic stressor?
- 



Culture of Obesity

- ▶ In many cultures, being “overweight” is considered an attractive quality, and is desired.
- ▶ Friend uses the term “Baller-belly.”
- ▶ Article in 1/2012 entitled “Obesity is a sign of good health in some Cultures” by Arya Sharma, MD.
 - ▶ The notion of obesity as a sign of good health of course is not that surprising – especially in countries where malnutrition, infectious diseases, gut parasites, and other ‘wasting’ conditions, are endemic. Being skinny is a sure sign of sickness and weight loss is most alarming.

Culture of Obesity (Cont.)

- ▶ One family physician noted in his presentation the case of an overweight woman, who presented in his practice with diabetes. A few weeks after starting her on metformin, she came back considerably distressed about the fact, that she had now lost a few kilos. He noted that despite explaining out that her diabetes was now under control and her blood pressure had improved, she remained unconvinced about the benefits of being on this treatment. To her, losing weight equated directly with being unhealthy and “less sexy” to her husband.
 - ▶ What is more important, your relationship with your partner, or your health?
- ▶ One discussant reminded me of the African practice of fattening rooms, where brides-to-be would be sequestered and overfed in order to be their ‘best weight’ on their wedding day – the exact opposite of Western societies, where brides wanting to lose weight provide healthy profits for the weight-loss industry.
 - ▶ It can be argued that both can be viewed as traumatic, as the sentiment is “you are not the right size.”

Culture of Obesity (Cont.)

- ▶ As clinicians, let us be aware that when some of our patients appear unconcerned about their weight-related health problems, they may not simply be unmotivated to consider obesity treatments – they (and their family and friends) may actively oppose and resist them.
- ▶ Body image vs. Self-esteem
- ▶ When looking at the culture of obesity in African Americans, what is the correlation between self-esteem, and body image?
 - ▶ **The correlation is individually-based, in that each person experiences things differently.**
- ▶ Is there a correlation between trauma and obesity?
- ▶ How is weight viewed in the African American culture?
 - ▶ Has that view changed at all in the last decade?
 - ▶ Poll



Female Genital Mutilation

- ▶ Strid & Axelsson (2020) looked into FGM in a Somali migrant minority community in Sweden.
- ▶ “Involving men in anti-violence work has been gaining increased attention.”
 - ▶ Why is it now “gaining increased attention,” and what has been the traumatic impact of there being less attention previously?
- ▶ The social norms approach challenges notions of violent masculinity and underlines the need for comprehensive, culturally relevant, and sensitive interventions to engage men in violence prevention.

Background on FGM

- ▶ FGM is a global health problem, a violation of human rights and a form of violence against women and girls (UN, 1989).
- ▶ It involves the amputation or damage of genitalia for non-therapeutic and non-medical purposes (WHO, 2016).
- ▶ It is performed on girls between the ages of 0–15, often without anesthesia, and can have serious consequences for sexual and reproductive health.
- ▶ The UN (2016) estimates that 200–400 million women and girls are affected, and three million girls at risk annually.
- ▶ In African countries, national prevalence rates for girls/woman aged 15 to 49 are still high
 - ▶ Kenya 21%, Tanzania 10%, Senegal 25%,
 - ▶ It is also important to note that prevalence rates vary greatly across each country, with some communities having rates in the range of 80 to 90%.
 - ▶ (AMREF Health Africa, 2021)- African Medical Research Foundation



Background on FGM (Cont.)

- ▶ In Sweden, nearly 38,000 girls and women may have been subjected to FGM (National Board of Health and Welfare, 2015).
- ▶ Global prevalence is decreasing, but through migration processes, regional prevalence has increased in countries where FGM did not previously exist (Mergaert et al., 2015), attracting political attention from the EU (European Parliament [EP], 2012; European Commission [EC], 2013).
- ▶ FGM is illegal in many countries, but not all. In Sweden, it has been illegal since 1982.



Men's View on FGM

- ▶ Developed in the context of sexual assault, studies have documented how men hold misperceived attitudes about other men's acceptance of violence-supportive attitudes and behaviors, and found that men's willingness to act as women's allies is influenced by their perceptions of other men's attitudes.
 - ▶ (Fabiano, Perkins, Berkowitz, Linkenbach, & Stark, 2004).
- ▶ What are the implications of this?
 - ▶ "Your perception is your reality."



Findings on FGM

- ▶ Participant:

- ▶ It used to be an old tradition that we have at home. And then, when it comes to, if I for example have a daughter, then I am a dad, and dad has nothing to do with it.

- ▶ Participant:

- ▶ In Somalia, our dad has never told us or talked about it. It is the mothers that take care of the girls, if than shall be cut or not. The dad has not, nothing to do with it.



What is Your Role Regarding FGM?

- ▶ A focus on men's attitudes and self-perceived roles underlines the responsibility and accountability of men as a group for the continuation or abandonment of the practice.
- ▶ The analysis of men's attitudes and self-perceived roles make visible the power of men as a group, and the possibilities to engage men.
- ▶ Once men were made aware of what FGM was, it significantly changed their perspectives on this cultural practice.



Trauma Involving Migration

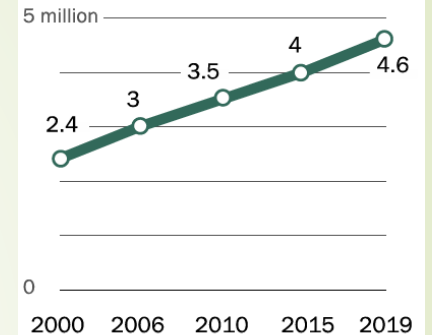
- ▶ Trauma, Discrimination, and Psychological Distress Across Vietnamese Refugees and Immigrants: A Life Course Perspective (Kim et. al, 2019)
- ▶ There is a difference between the terms refugee, and immigrant.
- ▶ Much of the literature has focused mainly on experiences of pre-migration trauma, however, emerging literature highlights the importance of post-migration factors contributing to a variety of mental health outcomes.

Black Immigrants

- Immigrants are a part of the nation's Black population that has grown over time. The foreign-born Black population has nearly doubled since 2000, rising from 7% then to 10% in 2019. In numbers, 2.4 million Black people were born in another country in 2000, and by 2019, that had risen to 4.6 million.
- Black immigrants are mostly from just two regions of the world. Almost nine-in-ten (88%) were born in African or Caribbean countries. Of that group, a little less than half (46%) were born in Caribbean nations, while a slightly lower share (42%) are from African countries. The remaining 12% of Black immigrants are from other parts of the world, with Guyana, Mexico and Honduras as the top three countries of origin.

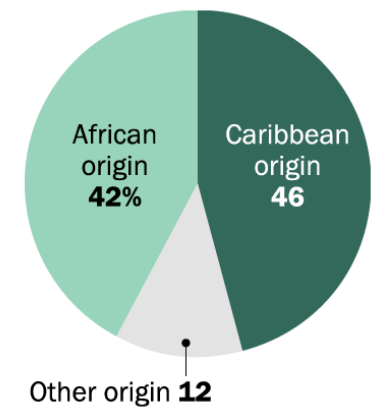
Number of Black immigrants has almost doubled since 2000 ...

Black immigrant population of U.S. in millions, 2000-2019



... and most are from Caribbean, Africa

% among Black U.S. immigrants, 2019



Source: Pew Research Center tabulations of 2000 decennial census (5% IPUMS) and 2006, 2010, 2015 and 2019 American Community Surveys (IPUMS).


Black Immigration Trauma

- ▶ Brenda Ingram, EdD, LCSW
 - ▶ Director of Clinical Services for Peace Over Violence. Dr. Ingram is a lecturer with UCLA Social Welfare Department and was a full and adjunct faculty member at Pacific Oaks College, Marriage and Family Therapy where she developed their specialization for African American Mental Health. She is also the director for Relationship and Sexual Violence Prevention and Services, Licensed Clinical Social Worker and Clinical Assistant Professor of the Department of Psychiatry and Behavioral Sciences at Keck School of Medicine of USC.
- ▶ Sendit Admassu, MSW, ACSW
 - ▶ Founder of the African Communities Public Health Coalition (ACPHC), a Los Angeles based nonprofit organization. Ms. Admassu assists in the Los Angeles County Department of Mental Health (LACDMH) African/ African America (AAA) Under-Represented Ethnic Population (UREP) subcommittee in assessing mental health service provision in the African Communities. Ms. Admassu currently serves on the LACDMH AAA-UREP subcommittee as a cultural broker.
- ▶ These researchers constructed a presentation entitled “Black Immigration Trauma: Cultural Approach to Re-Build Community and Resilience”



Differences Between Black Immigrants and Other Immigration Groups

- ▶ Less likely to be in the U.S. illegally
- ▶ More likely to be U.S. citizens
- ▶ Speak English at a higher rate
- ▶ Comparable rates of higher education (Africans > U.S.)
- ▶ Lower rates of marriage
- ▶ Lower household income, less likely to own their own home
- ▶ Comparable rates of poverty
 - ▶ Let's deconstruct why this might be.



Differences Between Africans Who Migrate/Immigrate and African Americans

- ▶ Older
- ▶ Have higher education
- ▶ Higher income
- ▶ Less likely to live in poverty
- ▶ Higher rates of marriage
 - ▶ Why is this occurring?



Treated Differently

- ▶ Black immigrants have higher numbers of deportations and detentions than Asian, Middle Eastern or White immigrants.
 - ▶ Even though Black immigrants make up only 7% of the total immigrant population, they represent 20% of all immigrants in deportation proceedings due to criminal convictions.
- ▶ Intersectionality suggests that Black immigrants have dual identities which are highly correlated with stress, immigrant status, and being Black. This puts them at greater risk for mental health issues, especially traumatic stress reactions.
 - ▶ (Williams et al, 2007).

Stressors Related to Immigration

- ▶ Though black immigrants tend to have a health advantage compared to American born blacks, the longer they live in the US the greater the decline in that health advantage due to adjusting to minority status and racism (Case & Hunter, 2014; Williams, 2007; Anderson, 2015).
 - ▶ Let's read that one again...
- ▶ Refugee status is an added stressor to immigrant status.
 - ▶ Refugee status is a predictor of higher risk of psychotic disorders (Anderson et. al., 2015)
 - ▶ What is a key hallmark of a diagnosed psychotic disorder?
 - ▶ Among refugees, those from East Africa had a 95 percent greater risk.
 - ▶ The stress of leaving trauma behind in the home country, coupled with the stress of unemployment and other problems in the new country, could be working together to create higher rates of mental illness in certain refugee communities.



4-Stage Migration/Immigration Process

- ▶ Researcher Perez Foster, 2001 identified four stages of migration/immigration process at which there is significant potential for traumatogenic experiences that may lead to serious psychological distress:
 - ▶ Pre-migration trauma, i.e., events experienced just prior to migration that were a chief determinant of the relocation;
 - ▶ Traumatic events experienced during transit to the new country;
 - ▶ Continuing traumatogenic experiences during the process of asylum-seeking and resettlement;
 - ▶ Substandard living conditions in the host country due to unemployment, inadequate supports, and minority persecution.
- ▶ If this information was presented to an individual prior to migrating/immigrating to the United States, do you believe it may impact their decision to set up a new life here?



Prevalence of PTSD

- ▶ In one study done in San Diego (2012) involving over 200 refugees from Africa, where 75% of the study participants were from Somalia, Sudan and South:
- ▶ Traumatic experiences
 - ▶ 85% had at least one symptom of PTSD
 - ▶ 70% reported 3 or more
 - ▶ 50% reported 10 or more
 - ▶ 10% reported more than 30
 - ▶ (Living Ubuntu, 2015).



Treatment

- ▶ When working with black immigrants, service providers use Trauma Informed Services that are culturally relevant:
 - ▶ Service providers recognize immigration trauma symptoms and focus on building safe trusting relationships with immigrants;
 - ▶ Use bi-lingual and bi-cultural workers whenever possible;
 - ▶ The diagnostic assessment of clinical responses to trauma in various black immigrant subgroups should emphasize somatic vs. psychic symptoms, as these are more consistent with indigenous idioms of distress
 - ▶ Providers also understand and assess the role that culture plays in resiliency and the importance of community resources as potentially mediating the trauma experience.



Intervention Methods

- ▶ Interventions need to be family-focused, not just child-focused.
 - ▶ Children get more exposure to U.S. culture, and therefore may misinterpret the cultural role of the family versus freedom and rights for children.
 - ▶ Since many Black immigrants, especially African, have left behind immediate and extended family members; there tends to be an experience of great distress in longing for reunification with those left behind.
 - ▶ Building supportive relationships with others in a community is paramount to reducing isolation.
 - ▶ Developing methods to increase connections with family members in their home country.
 - ▶ A holistic community response is comprehensive, providing personal and political advocacy in combination with community building, empowerment, and recovery/healing services.



Call to Action

- ▶ The Families Together Program (FTP) is a home visitation program provided by Horn of Africa, a community-based organization providing services to Somali and East African refugees who reside in the greater San Diego area.
- ▶ The FTP provides support services to Somali families either expecting a child or with a child ages birth to five. Each new family is assigned to a Family Support Worker (FSW) who meets with them weekly to review the culturally-tailored curriculum, provide referrals to needed resources, interpret information, and support families throughout their participation.
- ▶ Key findings revealed that participants had positive feelings about their Family Support Worker (who was a woman due to cultural restrictions):
 - ▶ Reduced fears about medical procedures or immunizations for children
 - ▶ Increased parenting knowledge
 - ▶ Learned American systems
 - ▶ Accessed better housing
 - ▶ Increased communication with their children

Forcibly Displaced Populations

- ▶ Briefing paper in the International Society for Traumatic Stress Studies entitled “Trauma and Mental Health in Forcibly Displaced Populations” by Nickerson et. al, 2020.
- ▶ Exposure to traumatic events, and daily stressors contribute substantially to psychopathology in refugees, and asylum-seekers.
- ▶ Trauma-focused interventions have the strongest evidence base to reduce PTSD symptoms in adult and child refugees, and asylum-seekers.
- ▶ Culture impacts on conceptualization, expression, and treatment of psychological distress in refugees and asylum-seekers.
- ▶ There exist numerous logistical, cultural, and situational barriers to accessing treatment for psychological disorders for refugees and asylum-seekers.
- ▶ There is promising evidence regarding scalable interventions for refugees and asylum-seekers that overcome barriers to accessing treatment for psychological symptoms, however, these require further evaluation.



Forcible Displacement Overview

- ▶ There are over 65 million people forcibly displaced worldwide due to conflict and persecution, with over 21 million of these being refugees (UNHCR, 2016).
- ▶ Approximately half of forcibly displaced people are children and adolescents, including a substantial proportion who are separated from their families (UNHCR, 2016).
- ▶ According to the 1951 Refugee Convention, a refugee is a person who is unable or unwilling to return to his or her country of origin due to a well-founded fear of persecution on the basis of race, religion, nationality, political affiliation or group membership.
- ▶ The United Nations High Commissioner for Refugees estimates that, in 2015, one in every 113 people globally was either an asylum-seeker, internally displaced person or a refugee (UNHCR, 2016).

Forcible Displacement Overview (Cont.)

- ▶ It is notable that, out of these, less than 1% of refugees worldwide in 2016 was resettled (UNHCR, 2016), with the majority of those being exposed to sustained displacement residing in LMICs (low and middle income countries).
- ▶ Refugees, asylum-seekers and other forcibly displaced persons are typically exposed to multiple traumatic events in the context of war, persecution and displacement.
- ▶ These experiences, which are often prolonged, repeated and interpersonal in nature, can have a profound impact on the individual's mental health.
- ▶ As an increasing number of people become forcibly displaced worldwide, there is a growing impetus amongst host countries to recognize and meet the mental health needs of refugees and asylum-seekers.
- ▶ Why does research indicate that there should be an attention to trauma in refugee communities?
 - ▶ **This is due to the fact that, due to other populations, refugees are more likely to have experienced war-related violence, political persecution, and torture.**



PTSD, Depression, and Substance Use

- ▶ A comprehensive meta-analysis of rates of PTSD and depression in adult refugee and conflict-affected populations reported a point prevalence of 30.6% for PTSD (ranging from 0-99%), and 30.8% for depression (with individual study rates ranging from 3-86%; Steel et al., 2009).
- ▶ In addition, individuals who have lost loved ones, or are uncertain of the fate of those close to them may experience complicated bereavement or prolonged grief reactions.
- ▶ In contrast, findings regarding substance use disorders are mixed, with studies suggesting that there are elevated rates of alcohol and drug use amongst some displaced populations, but not others.



Working with Translators/Interpreters

- ▶ Who has worked with a translator/interpreter?
 - ▶ If so, what language was therapy conducted in?
- ▶ What are the downsides to working w/ a translator/interpreter?
 - ▶ Additional collaboration regarding working out timing of schedules.
- ▶ The pros of working w/ a translator/interpreter?
- ▶ Experience w/ colleague who worked with a deaf interpreter for her client.



Translators/Interpreters (Cont.)

- ▶ “Summarizing is not always best practice, and context is not always translated properly...they are not translating word for word, and important pieces are missed.”
 - ▶ Mila Kunis, born in Soviet Ukraine
- ▶ What are the dangers of not having an interpreter/translator in the client's native tongue?
- ▶ **Certain cultural complexities and nuances that the clinician may miss, which can be picked up on by the translator.**



Poll

- ▶ Due to the complexities involved regarding SES, as well as environmental stressors, would an “interpreter” be helpful/advantageous when working with African American clients?
- 

Positive vs. Negative Emotions

- ▶ Werner-Seidler et al. (2020) stated that "mental health and well-being are predicated upon the experience of relatively high levels of positive emotions, and lower levels of negative emotions." (p 106).
 - ▶ This statement accurately reflects the imbalance of negative and positive felt emotions when addressing the emotion experience for clients/patients.
 - ▶ What is this statement actually saying?
- ▶ There have been significant traumas that have occurred in the African American community. How does one continue to "high levels of positive emotions" when atrocities are occurring around him/her?
- ▶ **A balance of both negative, and high positive emotions is optimal.**
- ▶ How is this viewed through the lens of individuals who are African American?
 - ▶ Historically neglected




Emodiversity

- ▶ **A term coined by Quoidbach et. al (2014) to describe the diversity of experienced emotion, which is derived from the literature on biodiversity.**
- ▶ Results suggested that greater levels of emodiversity, regardless of emotion valence (wherever you are on the continuum), was associated with better mental health.
- ▶ Werner-Siedler, et al. (2020) challenged this study, and researched the intersection between individuals who were depressed, and emodiversity.



Findings

- ▶ In this analysis, those with recurrent depression develop, and remember a more diverse experience of the nuances of different kinds of negative emotion states, and indeed experience a greater variety of these states (e.g., sadness, fear, shame, guilt, hopelessness), relative to those who have not been depressed.
- ▶ This current research lends support to the suggestion that chronic mental health conditions including post-traumatic stress, and depression are associated with elevated expertise in the domain of negative affective experience.
- ▶ One can therefore argue that the protective effect of greater (negative) emodiversity found in general population groups does not extend to those with chronic mental health difficulties.
- ▶ In short, a greater diversity of experienced emotion is only psychologically healthy if the individual is experiencing a mix of both positive, and negative emotions.



Suggestions when working with African American clients/patients





Suggestions for Public Health Policy

- ▶ Provision of evidence-based treatment at no cost (with interpreters if required).
- ▶ Increased competence in the culturally-informed delivery of evidence-based interventions in the healthcare systems of host countries.
- ▶ The creation of complementary treatment, training and research facilities for refugees and asylum-seekers in settlement countries.
 - ▶ This has been done when Houston experienced hurricane Harvey in 2017, and individuals were displaced here in Dallas.
- ▶ The involvement of individuals from a refugee background in mental health programming and implementation.
- ▶ Provision of stigma-reduction programs.



Suggestions for Immigration, Settlement, and MHPSS Policy

- ▶ MHPSS= Mental Health and Psychosocial Support
- ▶ Provide critical resources to facilitate positive adaptation in refugees and asylum-seekers, including enhancing individual capacity for resilience and strengthening family and community supports.
- ▶ Consider the negative mental health effects of restrictive immigration policy, and how psychological symptoms may impact on legal processes related to immigration status resolution.
- ▶ Prioritize the reunification of families to protect vulnerable children and adolescents.



Suggestions for Clinical Practice

- ▶ Implement evidence-based treatments (such as trauma-focused interventions for PTSD) where possible, and via a trained interpreter if required.
- ▶ Consider how the cultural background of the client, the context in which the client is living (i.e., refugee camp, settlement country) and daily stressors impact on psychopathology, and how clinical practice can be adapted to accommodate these factors.
- ▶ Consider family and school contexts when working with forcibly displaced children and adolescents.



Suggestions for Research

- ▶ Implement community participatory designs, and be conducted in collaboration with service providers, clinicians, and policymakers where possible.
- ▶ Investigate the full breadth of psychological disorders, and symptoms in refugees, focusing on cultural conceptions of distress.
- ▶ Implement longitudinal, experimental, biological, and neuroscience methods to identify mechanisms underlying refugee mental health, and determine the temporal causal relationship between refugee experiences, mental health, and other outcomes.
- ▶ Be conducted in low- and middle- income countries (LMICs), to increase knowledge regarding the mental health of refugees in sustained displacement.

Treatment Study Suggestions

- ▶ Implement rigorous randomized controlled trial designs.
- ▶ Investigate the efficacy of interventions in reducing psychological symptoms beyond PTSD and improving broader outcomes (e.g., functional impairment, quality of life).
- ▶ Evaluate interventions that improve access to mental health care (i.e., stepped care and on-line treatments), and have a broader community and societal focus.
- ▶ Evaluate the efficacy of early intervention/ prevention programs, including Psychological First Aid.
- ▶ Investigate treatment moderators to identify individuals who fail to benefit from best practice interventions.
- ▶ Include the development, and evaluation of programs that support parental care and parenting practices in refugee families.



Findings

- ▶ High-quality research should be undertaken in collaboration with refugee communities to increase understanding, and treatment of psychological disorders amongst refugees and asylum-seekers.
- ▶ Evidence-based interventions should be made available for, and implemented where possible with, refugees with psychological disorders.
- ▶ Clinicians and support workers should take into account contextual factors (i.e., cultural background, daily stressors, living, family, and school environments) when working with refugees and asylum-seekers.



Culturally Competent Psychological Treatment Intervention

- ▶ Evidence-based PTSD treatment models may work well with culturally-specific healing practices because they share the common the goal of fostering not just symptom reduction but a bolstering of resilience, and mastery.
- ▶ Developing culturally specific and sensitive prevention or treatment interventions for PTSD, however, requires careful ethnographic study – that is, observing, and learning about the values, norms, beliefs, and practices endorsed and enforced by different cultural sub-groups.
- ▶ Ultimately the goal is that the PTSD clinician will truly work with – rather than imposing external assumptions and standards upon – the members of the wide range of ethnic, and cultural communities
- ▶ **The “gold standard” of care is be to incorporate a careful ethnographic study, collaborating with clinicians trained to treat PTSD, and working with varied cultural communities.**
 - ▶ (Ford, 2008)



Assessments/Questionnaires

- Stressful Life Events Screening Questionnaire (SLESQ)
- Subjective Traumatic Outlook Questionnaire (STO)
- **Trauma History Questionnaire (THQ)**
 - **English, Spanish, Danish, French, Portuguese, Urdu, Icelandic**
 - **Widely utilized tool to assess trauma**
- Posttraumatic Cognitions Inventory (PCTI)



Learning Objectives Revisited

- ▶ The learner will be able to identify three (3) diversity variables existent in an individual.
 - ▶ One's personal culture
 - ▶ One's environmental culture
 - ▶ One's family culture
- ▶ The learner will be able to list four (4) appropriate trauma assessments to use when working with diverse populations, that are free from implicit bias.
- ▶ The learner will be able to apply and discuss five (5) culturally competent psychological interventions for diverse populations who have experienced trauma.
 - ▶ Translators/Interpreters, family-focused interventions, culturally sensitive interventions that are culturally informed, become involved with natural supports in community, and utilizing culturally indicated assessment measures.

Knowledge Check

- ▶ When looking at the culture of obesity in African Americans, what is the correlation between self-esteem, and body image?
 - ▶ **The correlation is individually-based, in that each person experiences things differently.**
- ▶ **According to research regarding the culture of obesity, weight-related concerns are often culturally-specific, and not seen as “always negative,” or “always positive.”**
- ▶ Why does research indicate that there should be an attention to trauma in refugee communities?
 - ▶ **This is due to the fact that, due to other populations, refugees are more likely to have experienced war-related violence, political persecution, and torture.**
- ▶ Please choose the correct answer regarding translators/interpreters.
 - ▶ **There are certain cultural complexities and nuances that the clinician may miss, which can be picked up on by the translator.**
- ▶ Which answer is **true** regarding the Trauma History Questionnaire (THQ)?
 - ▶ It is comprised of 24-items
 - ▶ It has been translated into English, Spanish, Danish, French, Portuguese, Urdu, and Icelandic
 - ▶ It is revered as the most widely utilized tool to assess trauma
 - ▶ **All of the above**
- ▶ What is the “gold standard” when completing a culturally competent psychological treatment intervention?
 - ▶ **Developing culturally specific and sensitive prevention or treatment interventions for PTSD requires careful ethnographic study – that is, observing, and learning about the values, norms, beliefs, and practices endorsed and enforced by different cultural sub-groups.**



Questions

- ▶ Are there any answers?
- 