

CULTURALLY ORIENTED APPROACH IN A TREATMENT OF TRAUMATIZED NEWCOMERS AND REFUGEES'

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The treatment of refugees who are suffering from PTSD is a very complex situation for both patient and therapist.

The great majority of traumatized refugees do not receive trauma-focused therapy, largely because cultural differences with regard to, for example, the way of establishing and maintaining a therapeutic relationship or basic ethical values such as trustworthiness and discreteness, are not taken into account sufficiently (Knipscheer & Kleber, 2012).

The author of this article is clinician and researcher, working with traumatized newcomers and refugees in various settings.

Pilot research, effectiveness of collaterally oriented approach (iToolbox© for PTSD)

In two groups of newcomers 35 males and 47 females (82 participants) the iToolbox was used for diagnostics and psychoeducation. Satisfaction, involvement and motivation for treatment were measured with a questionnaire.

Most therapists focus on stabilization, psychosocial and community support (Knipscheer & Hasan, 2013), which is not always enough to help patients effectively. Also, therapists often move on to exposure therapy too soon or too late. There may be several additional impediments, such as lack of knowledge, incorrect diagnosis, or lack of motivation on the side of the patient and/or the therapist.

Over time, postmigration difficulties may even increase and complex PTSD may develop, making trauma-focused therapy an even greater challenge. Each phase of the treatment is essential for a successful treatment. In the first phase, psychoeducation about PTSD and related complexities is very important. It helps the patients and their family or friends to make connections between the trauma and symptoms (Gersons, Meewisse, Nijdam, 2011). It also contributes to a better understanding of their everyday functioning.

This helps the patients and their supporters to better articulate their request for help and together with therapists set realistic goals. These objectives are set in an intercultural context. Another extremely important aspect is the establishment of trust so that the refugee feels being taken seriously and understood. Also, in the trauma-focused phase of therapy, cultural differences should be considered.

Many patients cannot, or do not dare to write, or are not used to talk about their feelings. In these patients, making use of drawings in the context of trauma-focused therapy can be extremely helpful. Through drawing, traumatized patients are challenged to talk not only about their past but also about their current problems, for instance about their relationship problems they are often ashamed of (Hasan, 2015).

In the treatment is not simple to put the diagnostics and treatment into the right context, diagnostically there seems to be more frequent over or under reporting of complaints. Culturally oriented psych education over PTSD and in the Context of traumatization is very important in order to be more receptive to the treatment and to be able to rational relationships and look contacts with others, in conjunction with the influence of the traumatization. Trauma focus therapy using culturally oriented approach, drawing and letter writing, and patient support has helped to discuss grief and anger and subsequent incorporation.

The 3 most important things are:

The way to approach the people, orientation and generate their full motivation If they don't understand what they can get then they are not motivated, they will avoid contact, they are not going to make contact. This is understandable. When we look at confidence, the clients need to really accept what you tell them to understand about their feelings. If they believe you care and listen to them they will better understand you and be more motivated to be treated. That is why we focus on the education of these patients regarding psychological aspects With colleagues from centrum 45 and CoTeam I developed a new method for simple screening and diagnoses and instructions to start with treatment, called: 'Intervention toolbox for PTSD'.

Psych education first, if they understand, believe and trust you then they become more motivated to be treated. Refugees have often experienced traumatic events. Some of them might develop a PTSD and will need specialized mental health care. As loss of former status, their family, friends as well as feelings of disappointment and rejection, might lead to a low self-esteem and faith in the future.

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