PTSD 101
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COURSE TRANSCRIPT FOR:
Cultural Dimensions in the Assessment & Treatment of Hispanic Veterans with PTSD
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Slide 1: Cultural Dimensions in the Assessment and Treatment of Hispanic Veterans with PTSD

Assessment and treatment of Hispanic veterans with PTSD. My name is Diane Castillo and I am a psychologist in charge of the Women's Stress Disorder Treatment Team at the New Mexico VA Healthcare System in Albuquerque, New Mexico.

Slide 2: Overview

Today I'm going to present some information that will hopefully help you in treating male and female Hispanic veterans with posttraumatic stress disorder at your facility. First I'm going to briefly review the symptoms of PTSD as I'll be making references to symptoms along the way. Then I'll identify some primary characteristics of the Hispanic culture as well as frequently encountered themes in the culture. Finally, I'll broadly address assessment and treatment issues for Hispanic veterans with PTSD. Case examples will be woven throughout the lecture in order to highlight the information provided.

Slide 3: PTSD Symptoms

As you may know PTSD is a psychiatric disorder that occurs after the experience of a traumatic event such as combat, rape or natural disasters just to name a few. The symptoms fall into three categories including reexperiencing, avoidance and numbing and hyperarousal symptoms.
The reexperiencing symptoms include intrusive recollection, distressing dreams, flashbacks, psychological distress with reminders and physiologic reactivity with reminders of the event. Only one of these five symptoms is needed to meet criteria for the disorder.

Slide 4: PTSD Symptoms (cont.)

The second category of symptoms are the avoidance and numbing symptoms and they include avoidance of thoughts and feelings about the event, avoidance of reminders of the event, psychogenic amnesia, social isolation, feelings of detachment, numbing of emotions, and a sense of a foreshortened future. At least three of these symptoms are required in order to meet criteria for the diagnosis.

Slide 5: PTSD Symptoms (cont.)

The third category of symptoms are the hyperarousal symptoms and include sleep difficulties, irritability and anger outbursts, poor concentration, hypervigilance and exaggerated startle response. A minimum of two symptoms are required to meet criteria for the disorder. Finally, these symptoms must persist for longer then one month in order to make the diagnosis. Like others, Hispanics are subject to developing these PTSD symptoms. As a matter of fact, data from the National Vietnam Veterans readjustment study in 1988 showed that Hispanic veterans have higher rates of PTSD then African American and white

veterans. Twenty-nine percent of Hispanics had PTSD compared to twenty percent of African Americans and fifteen percent of white veterans with the disorder.

Slide 6: Qualifier

Now in terms of the Hispanic culture, I must make it clear that when providing descriptions of values unique to different cultures it is important to avoid generalizing and creating new or reinforcing old stereotypes. One way to avoid stereotyping is to view the themes we will be discussing as if each is on a continuum. Hispanics are rapidly approaching the largest minority in the United States and range from recent immigrants to families who have been here for five and six generations. The end result is that the Hispanics or Latinos that you see in treatment will present with a wide range of acculturation levels and you may even notice more variability within the culture then between Hispanics and other cultures. On assessing Hispanic patients with PTSD it is important to first get an idea of the individual level of acculturation. Acculturation is the process by which ideals and values of the dominant culture are assimilated into the minority culture.

Slide 7: Features of the Hispanic Culture

With that in mind, I'd like to outline some characteristics prominent in the Hispanic culture. They are language, family, and spirituality.

Slide 8: Language

Language. The Hispanic culture includes a variety of Latin cultures that may show slight differences based on country of origin such as Mexican, Cuban, and Puerto Rican Americans. The one feature that connects them all is the Spanish language. One way to assess for acculturation is degree of fluency the individual has in speaking the language. Be aware that some Hispanic veterans may not speak any Spanish at all and for others it maybe their first language. Lang, et al, in 1982 found in their study that seventy to eighty-three percent of Hispanics prefer to be interviewed in Spanish.

And Marcos et al, in 1973 found that Hispanics interviewed in English appeared more pathological then when interviewed in Spanish.

Slide 9: Language (cont.)

It also shows your willingness to enter into your client's world. When listening to a client or patient speaking in Spanish, avoid your own discomfort and listen more for the emotion conveyed rather then trying to understand the context of the speech.

Sometimes nervousness in the interview maybe expressed in a mixing of English and Spanish words, which might make the patient's speech, appear confused or illogical and might serve to alienate the inexperienced clinician. Sometimes language mixing is a reflection of the patient's increased comfort level with you as a therapist. And finally it might be a way to convey an experience or an emotion that does not directly translate into English.

As with any language the expression of ideas inherently conveys parts of the culture that don't directly translate into another language. So when Hispanic patients are expressing themselves Spanish words maybe the only way they have to convey their experience. It is important to set the stage to allow the exploration of expressing thoughts and feelings through both languages.

Slide 10: Family

Family in Hispanic culture extends beyond the nuclear family and well into the extended family. It is not unusual for extended family to live geographically close to one another and particularly for adult children and their families to live near or even with their parents. Frequent social gatherings for various celebrations are the norm for Hispanics. The interdependence between family members may appear dysfunctional at times and may even carry out dysfunctional patterns to extremes because of the emphasis on family.

An example of the importance of family is of the female veteran who became the caretaker for her elderly father. She drove sixty miles a day three to four times per week to see to his needs, and cutback from her full time employment in order to do so. Interestingly enough her adult brother lived next door to the parents, which speaks to the gender roles in Hispanic culture as well as to devotion to the family. She harbored no resentment toward her father but rather felt it was her duty to care for him. The emphasis is to rely on family for most needs including emotional and material needs and for the PTSD veteran may couple with the avoidance systems leaving the veteran even more isolated. It is unlikely the PTSD veteran will talk to family about traumas either in an effort to protect them from the pain they suffered. This heavy reliance on family can also thwart efforts of the clinician who maybe functioning from an ethnocentric perspective with an emphasis on individuality.

The behavior of all family members is seen as a reflection on all and when a family member behaves inappropriately in public shame is experienced by the family members. Thought deviance is not sanctioned, ties to family are almost always maintained. For example a mother may coddle her adult son calling him “mi jito” translated into “my little boy” though he may have behaved badly and shamed the family.

Slide 11: Case Examples

Now, I’d like to go into a couple of case examples. The first is Maria, a thirty-one year old lesbian who lived with her partner and the partner’s eight year old daughter approximately one mile from her mother’s home in a rural town. She was a Persian Gulf War veteran with combat trauma as the source of her PTSD. She described a close loving relationship with her mother and viewed herself as her mother’s protector, particularly from her father as the parents were divorced. Both she and her partner were involved in the family and participated in activities, however, her lesbianism was not ever discussed as it is considered to deviate from proscribed gender roles in the Hispanic culture. She sought treatment after a domestic violence episode and after providing stabilization she was quite avoidant of directly addressing her trauma. It took several years of sporadic treatment before she was willing to engage around the trauma. She may have taken longer to engage as Hispanic culture dictates family is to be relied upon for emotional support not outsiders. Two conflicting values emerge, that is the reliance on family for problems and the need to protect family.

In another case Ramon was a sixty-one year old married Hispanic male Korean War veteran who was in treatment for his combat related PTSD. Family values were evident in the veteran’s weekly sessions where as a courtesy he was asked about the well-being of his wife. He also inquired about the therapist’s family. Although clearly disclosing too much personal information about the therapist is ill-advised this simple exchange is more about establishing and maintaining rapport within the therapeutic relationship as well as enhancing the therapist’s credibility and validating the importance of family as a cultural value.

Slide 12: Spirituality

Hispanics are predominately Catholic and the rituals of the church are interwoven into the culture throughout the lifespan. Baptism, First Holy Commune, Confirmation, and marriage are some of the Catholic Church rituals that brings together family, and are inseparable from the culture. Recognition of the important role they play in the Hispanic veteran patient will enhance the therapeutic process.

There is also a less visible reliance on folk healers or curanderas, curanderos for males, particularly in the smaller Hispanic communities. Santeras or Santeros for males are the Cuban versions. Such healers are not spoken of openly and were differentiated from those practicing dark magic such as brujas or witches. The church has historically tolerated the inclusion of curanderas to a minor degree to avoid loss of parishioners.

To learn more about the curanderas functions within the Hispanic culture I would recommend reading the novel called "Bless Me Ultima" by Rudolfo Anaya. The book provides detailed information about the Hispanic culture and an account of how spirituality with the curanderas is interwoven in the culture in the small northern New Mexico community.

As a clinician the use or integration of rituals into treatment can help to reinforce therapeutic intervention. An example of how this is done within a formal PTSD program is at the end of treatment, having each member writes a letter to a lost one taking a trip to a memorial and having each member read aloud the letter. From a clinical standpoint, this may serve as a form of desensitization with the support of the group, but at a cultural level the ritual serves to finalize the trauma processing.

Finally, one other important question the clinician might consider and address with the Hispanic client is an inquiry about absolution from a religious or spiritual standpoint, particularly if the traumas are combat based. Killing is in direct opposition to the tenets of the church and, depending on the level of the individual's acculturation, he or she may feel the need to seek absolution from a priest. Such a suggestion by the clinician will address a component of PTSD not addressed in treatment and will serve to further enhance the affects of protocol treatment.

Slide 13: Case Examples

Let's review a couple of examples where religion played a part in therapy. Ruby was a twenty-seven year old engaged Hispanic Catholic female OIF veteran with combat as the source of her PTSD. She sought treatment for the intrusion and hyperarousal symptoms. In a structured group, the topic of intimacy was raised using cognitive processing therapy, one of the most effective treatments for PTSD. She waited until the end of group to voice her opinions and was self-conscious about her conservative views of sexuality. Her religious beliefs dictated waiting until after marriage to have sex. She was supported by the facilitator and her religious beliefs were validated. The facilitator approached the topic by encouraging her to separate and recognize the differences between PTSD avoidance reaction and religious beliefs or values. The separation was made by helping her to recall her thoughts and actions about sex before the trauma and compare them to her current thoughts and reactions. Essentially she had the same religious convictions before the trauma and she was able to see how PTSD influenced her current behaviors and reactions.

For another example let's go back to our Korean War veteran, Ramon. Ramon was an older more traditional Hispanic man. In the course of treatment for his PTSD he described two incidences in his life where he saw a vision of the Virgin Mary. The first time he was in an alley at home just prior to his departure to the Korean War. The second time he was in Korea shortly after a firefight. These visions could be considered psychotic hallucinations but the veteran displayed no other symptoms of psychosis. He was very religious and the sightings were integrated into the therapy for his PTSD, particularly as they occurred around highly emotional times. Although he had no clear interpretation of the vision the effect was to create a sense of peace and well-being. Therapeutic interpretations were to identify the sightings as religious guidance and protection, interpretation that fit within his religious viewpoint. While in therapy he and his wife considered a trip to Mexico to visit a sight where the Virgin de Guadalupe had been seen years ago in a vision by others. The therapist supported and encouraged the visit as a pilgrimage given his own history of past sightings.

Slide 14: Other General Issues

Other things within the Hispanic culture worth mentioning are pride, loyalty, the concept of machismo and gender roles. Hispanics as a general rule are a proud people and have difficulty asking for help. You can see how this pride and the reliance on family can combine with PTSD avoidance symptoms to result in the Hispanic veteran not seeking treatment at all. Explain to your patient that the disorder and symptoms occur in most anyone if exposed to trauma and is not a sign of personal failure.

The National Center for PTSD in Palo Alto has developed training videos for clinicians and in addition they have developed a short videotape for Hispanic veterans and their families explaining the disorder. Listening and watching other male and female Hispanic veterans describe their PTSD can help Hispanic veterans get beyond their pride.

Loyalty is also a value held in the Hispanic tradition that when combined with PTSD result in both a commitment to therapeutic procedures during treatment and persists in after treatment. For example, Elizabeth is a fifty-one year old divorced Hispanic female veteran who was the victim of extensive sexual and physical abuse by her ex-husband over a twenty-five year period while she was in the military. She used alcohol to cope with the reexperiencing symptoms and anxiety. She continued in treatment with her PTSD therapist throughout treatment for substance abuse and because of her loyalty to the therapist when she committed to not drink or to agree to follow a homework assignment. She either maintained abstinence or always completed homework assignments giving it her full effort. She at times hesitated in agreeing to an assignment knowing she felt an obligation to follow through.

Another example is Martin, a Vietnam combat veteran with PTSD who was from a small town in northern New Mexico. He was treated in the PTSD program at the Albuquerque VA and shortly after treatment and for several years later at unscheduled visits Martin would offer to help the therapist "with anything or anybody she might need taking care of." Obviously his offer implied less then above board activities but reflected his appreciation and loyalty of the help he received.

Machismo is a concept that has been popularized by the media to describe a certain hypermasculinity and has been associated with Hispanic males. Although the word "macho" is seldom used within the culture the value it represents is prevalent but is defined in a slightly different manner. The term "macho" reflects the male's role as protector of and provider for the family, another clear gender role. An example of the concept is back again to Ramon. When he received his notice of deployment to Korea he lied and informed his wife and mother that he was being stationed in California. He addressed and placed stamps

on several envelopes and arranged for a friend in California to receive his letters from Korea and send them on to his mother and wife in the pre-stamped envelopes so that the letters would appear to be coming from California and not Korea. He developed this elaborate plan to protect his wife and mother from worrying about his being in war. This is an example of machismo.

Gender roles in Hispanic culture are clearly defined but are also an area where a great deal of variability is seen. In traditional Hispanic culture the woman is seen as the caretaker of the family and children in the home and the male is seen as the provider. These roles are evolving a long with a broader dominant culture. An example of how gender roles may play out in the therapeutic venue is again back to Ramon, the Korean War veteran. He was first evaluated by an Hispanic male clinician at which time a military history was conducted. He was then inadvertently assigned to an African American female therapist for treatment where he basically refused to discuss his trauma. He also refused to discuss them with a Hispanic female therapist and it was recognized that his reluctance was not PTSD avoidance but rather his cultural beliefs about protecting females. He was then assigned to a male therapist where trauma processing occurred. His role was to protect the female clinician by not disclosing the horrors of combat. While gender of the therapist should be considered along with acculturation levels and gender of the veteran it does not mean that female clinicians cannot treat Hispanic males. On the contrary Ramon eventually developed confidence in the Hispanic female therapist and was able to review traumas but a longer time was needed to break the cultural barrier.

Slide 15: Other General Issues

Other important themes in the Hispanic culture include idioms of distrust, susto pasado, and the tradition of the military in Hispanic families. Given the tendency for Hispanic veterans with PTSD to avoid mental health treatment settings the likely place for veterans to seek treatment is through primary care providers with complaints of medical symptoms. Escobar in 1987 showed higher somatization rates in Hispanics which may be because the mind body distinction is less differentiated in the Hispanic culture. As a result, the Hispanic veteran may appear not to be as psychologically minded depending upon acculturation level. It is important for the therapist not to discount the Hispanic patient but rather educate them on PTSD symptoms.

Susto Pasado is a concept in the Hispanic culture that parallels the diagnosis of PTSD. Susto Pasado translates to “past fright”. The idea is that the soul of the individual becomes so frightened it runs and hides. The challenge is to bring back the soul in order to heal the loss. Many of our therapeutic interventions such as exposure therapy in a similar way serves to heal the emotional losses associated with the traumatic experience.

The tradition of the Hispanics in the military is a long one and seen as a source of pride as it exemplifies the caretaking of the family in the broadest sense. Many Hispanic families for generations have served in the military and again pride does not allow for complaint. Hispanic veterans therefore are likely to see your services as intended for other veterans.

Slide 16: Assessment Considerations

Now, let’s shift gears and address assessment considerations. The first is self-disclosure. Traditional Hispanic cultures socialize the individual to confide in family members and to not disclose intimate emotional problems to strangers. In addition Hispanic men learn the issues and concerns related to sex and aggression should not be discussed with women as we showed earlier. The reticence of PTSD

veterans to disclose details of their military trauma is thus heightened among Hispanics. Let us recall Ramon, the Korean War veteran who was a more traditional Hispanic male and initially had difficulty discussing his trauma with female therapists.

It is also important to consider female Hispanic veterans and self-disclosure issues. In the Women's Stress Disorder Treatment Team at the Albuquerque VA between seventy and ninety-two percent of the women entering treatment have experienced rape as their trauma and is the source of their PTSD. The majority of these women will not attend appointments with male clinicians, much less self-disclose details of the rape.

In the long run, it is important to address issues of trust with regards to men, however, in order to facilitate entry into treatment for Hispanic male and female veterans, removing potential obstacles is the first step. It is important to be aware of the sensitivity and difficulty of the information you as the clinician will be asking of your patient. As a skilled PTSD therapist, you may already be aware of the avoidance contributing to the resistance in discussing trauma.

Directly ask your Hispanic client or patient if anything is prohibiting their talking about the trauma such as their culture. Providing a label for the veteran can be quite effective.

Slide 17: Assessment (cont.)

Concepts of illness and symptom expression are culturally bound. Hispanic veterans with PTSD may express their symptoms and social support needs through a number of idioms of distress. Perhaps the most common idiom of distress invoked by Hispanics is somatization. A number of Hispanic patients present with a variety of somatic complaints, which may mask PTSD symptomatology or at least raises questions about accurate diagnoses. Another frequently utilized idiom is "nervios", a state of vulnerability to stress characterized by irritability, inability to concentrate, and dizziness among other symptoms. You can see how these symptoms overlap with PTSD hyperarousal symptoms of poor concentration and irritability and anger outbursts.

Also Hispanic patients often seek illness explanations in the supernatural. For example being hexed or "embrujado" serves to explain a wide variety of symptoms. Patients seldom reveal their explanatory models of illness spontaneously. Instead, you as a clinician, may need to elicit their explanations or understanding of the problems or PTSD symptoms.

Slide 18: Assessment (cont.)

Cross-cultural validity of assessment measures is another consideration in the assessment of Hispanic veterans with PTSD. No assessment measure or psychological test is absolutely culture free. Standardization of PTSD, structured interviews, and self rating scales is beginning, but needs to be continued, as most measures have been developed in Anglo society---with the theoretical base anchored in Western viewpoints of psychopathology. Further, idioms of distress and conceptions of illness frequently invoked by Hispanics are not included in the existing questionnaires. Although some research on the MMPI indicates ethnic minorities show more pathological scores on several scales, data from the men's clinic at the Albuquerque VA showed no differences between Anglos and Hispanics on the MMPI2, except for Hispanics with current alcohol abuse who scored lower on PTSD scale. Comparisons of acculturation on PTSD measures are needed. It should be noted that some structured interviews have Spanish translation, such as the SCID, and should be utilized if feasible.

Slide 19: Directions for Assessment

Based on Hinton and Kleinman in 1993, the following guidelines are recommended to arrive at a culturally appropriate diagnosis: Be empathic from the beginning and elicit the veteran's ideas about his or her suffering. Assess the patient's illness experience within his or her socio-culture context of family, work, the healthcare system, and local community. And finally, arrive at a diagnosis utilizing not only DSM-IV categories, but the veteran's cultural idioms of distress. Most important, is utilizing a combination of the clinician's diagnostic consensus, a thorough review of testing results, self-rating scales, and structured interviews.

Slide 20: Treatment Considerations

Hispanics tend to seek services during crisis periods and may abruptly discontinue treatment when the emergency is over. This crisis orientation is not resistance to treatment per se but maybe related to socioeconomic difficulties and the Hispanic male belief that seeking help denotes weakness.

It must also be noted that the more traditional and less acculturated Hispanic may be less psychologically minded. This common problem maybe addressed through patient and family education and assertive case follow-up.

A more comprehensive approach would include the development of alternative treatment strategies more compatible with Hispanics' worldview and socioecological realities.

Direct advice. The scientific literature also describes Hispanics as being more amenable to advice and counsel rather then inside oriented therapy. Thus cognitive and behavioral interventions, which provide specific instructions and homework assignments, maybe better suited for Hispanic veterans. The literature supports two therapies, prolonged exposure and cognitive restructuring as the most effective in treating PTSD. Individual therapy tends to deviate from the protocol treatment and is more consistently provided in the structured group. These methods of delivering therapy to the Hispanic veteran will fit within the expectation of the Hispanic veteran.

Negotiation of explanatory model. Therapists need to negotiate treatment with their clients based on the explanatory models used by their clients and families. It maybe fruitless to expect patients to accept the therapist's models of causality and embrace scientific conceptions of illness when they have been socialized to believe that their illness maybe caused by being "embrujado" or hexed or suffering from "susto" or being punished for their sins. Instead it is important to elicit and respect your client's beliefs while describing professional explanatory models and if appropriate include an open discussion about referrals to religious authorities and folk healers as part of the treatment process.

Cultural adaptation of program content and context. The service delivery format can be enhanced to attract and keep Hispanic veterans in treatment by providing a casual atmosphere in the clinic geared to facilitate the development of "confianza" or trust, and by including extended family members in treatment. Showing Hispanic veterans "respeto" or respect, "dignidad" or dignity and "carino" or caring are essential behaviors you, as a clinician, can offer your patient and will enhance the therapeutic process.

Treatment program content can be adapted to develop sensitivity and engagement of Hispanic veterans. For example, in an introductory or psychoeducational group, the therapist can introduce folk explanations of illness or use proverbs or "dichos" to convey powerful metaphors even though not all members of the

group may be Hispanic. Such an exercise will allow all individuals to engage in discussion of their own cultural beliefs and healing processes. Also incorporate rituals into the therapeutic milieu as feasible. Behavioral interventions, such as in vivo exposure, can include trips to the church and graveyard as apropos or lighting candles during anniversaries of the trauma.

For clinicians, it is recommended that clinical team members engage in simple cultural sensitivity exercises such as those suggested by Pinderhughes in order to increase cultural awareness and improve understanding of cultural differences. Family over involvement can be reframed for other clinicians as devoted concern for the patient and not labeled as treatment interference.

Slide 21: Treatment Summary

In summary, be aware as a clinician, Hispanics tend to have a higher respect for authority and will differ to your direction. This behavior may appear passive but should not be dismissed as such. Instead providing education on the causes and effective treatments for PTSD will establish rapport with your client and credibility in you as a clinician. Directive therapies such as cognitive behavioral intervention are likely to be of the most help and are supported in the literature as the most effective for PTSD. And finally, if it is possible incorporate as many of the details specific to the culture that will allow your therapeutic interventions to work.

Slide 22: Conclusion

In conclusion, how PTSD is expressed in male and female Hispanic veterans, like other veterans, depends somewhat on the unique features of the Hispanic culture. As a clinician you can enhance your assessment and treatment of the Hispanic veteran by placing yourself in the role of learning about the Hispanic culture from your patient. Such an approach does not interfere or modify the use of effective treatments for the disorder, but rather, will open options for treatment to many more veterans and will further enhance the effectiveness of treatments.