

PTSD 101

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COURSE TRANSCRIPT FOR:

PTSD & Culturally Competent Treatment among Asian American & Pacific Islanders

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Slide 1: PTSD & Culturally Competent Treatment among Asian American & Pacific Islanders

Hello my name is Lori Daniels. I am a social worker and I'm a consultant with the National Center for Posttraumatic Stress Disorder, Pacific Islands Division in Honolulu, Hawaii and I also work as an assistant professor of social work at Hawaii Pacific University in Honolulu. And today I am going to be talking about PTSD and culturally competent treatment among Asian American and Pacific Islanders. Some of the information that I'll be talking about, actually I've gotten from some cultural competency material that is adopted from King, Sims, and Osher.

Slide 2: Definitions

First of all, it's important for us to really understand what we're talking about in terms of culture and competence because often times in the field we'll be talking about, we'll be using these words but, at times we just make assumptions as to what we mean by that. So it's important for us to actually define what we're talking about in terms of cultural competence.

But the first thing we want to talk about is the word culture. And we use that word because it implies the integrated patterns of human behavior. That includes communication styles, actions, thoughts, beliefs, customs, values, and different institutions of racial, ethnic, religious or social groups. And so that's what we're going to be using in terms of this lecture and that's the definition we'll be using.

And then of course competence, competence is used because it implied having the capacity to actually function in a particular way. The capacity to function within the context of culturally integrated patterns of human behavior as defined by a group. So being competent, there's a third bullet point in cross-cultural functioning, means learning new patterns of behavior and effectively applying them in the appropriate setting.

It is an informed capacity to understand and utilize a body of knowledge and skills that are compatible with different ethnic groups. And to expand on that a little bit, I guess what we mean by that is culture is defined within the context of where you are practicing. So often times we don't realize that we bring in our own culture into a social context, and until that social context exists, we really don't understand what it means to have different or variation in culture. So if we understand that it's really the interaction between ourselves as practitioners and the social context with which we are practicing that's where we find cultural competence. So often times

when we're actually working with people who are from a different culture, we have to realize not only our own culture and their culture, but the social context with which we are actually interacting with those individuals.

Slide 3: Systems and Cultural Competence

Cultural and ethnic competence is a developmental process that occurs along a continuum. And there are six possibilities starting from one end of the continuum and then building towards the other. And the first one is cultural destructiveness. That would be where as we know historically where cultures have been oppressed and, actually destroyed in some cases-- sometimes inadvertently, sometimes very aggressively through wars. And so, often a culture is more or less annihilated or, one culture attempts to annihilate another culture.

Then the second one would be cultural incapacity. And that's where we aren't attempting to destroy another culture, cultures are still working together or sort of living together, but there is no adaptability-- there's no flexibility. That's somewhat similar to cultural blindness where we just don't even recognize that another culture besides our own exists.

The third slide talks about being conscious of the dynamics inherent when cultures interact.

And then number four is cultural pre-competent which, seems to be sort of where many places, many institutions are sort of headed towards. Pre-competence-- starting to be at least sensitized to the fact that we need to understand other cultures and be more flexible and be more sensitive.

And then fifth, is cultural competency, which is what we strive for--as well as number six which is cultural proficiency. So it has been suggested that at best, most human service agencies are really providing services to children and families that fall between cultural incapacity and cultural blindness on the continuum. Of course, this is from 1989 and things have gotten much better since then.

Slide 4: Symptoms and Cultural Competence

So there are five essential elements that contribute to a system's ability to become more culturally competent. Here are the five bullet points. The system should value diversity. Secondly, have the capacity for cultural self-assessment. Thirdly, be conscious of the dynamics inherent when cultures interact. Fourth, institutionalize cultural knowledge. And fifthly, adapt--develop adaptations for service delivery that reflect an understanding of the diversity between and within cultures. Further, these five elements must be manifested in every level of the service delivery system. And that means every level being micro, mezzo, and macro in some ways (for social workers) at the clinical level, at the organizational level, and at the more higher systems level. And these elements could be reflected in attitudes, structures within an agency, policies, and different services. So we're going to expand on each one of these five in the next several slides.

Slide 5: Value Diversity

First is to value diversity. And we hear this a lot. We hear that, it's almost sort of like people say it but do we really do it? So to understand what valuing diversity is we have to understand that it means accepting and respecting differences. And, that people come from various different backgrounds and their customs, thoughts, and ways of communicating values, traditions, and institutions will vary accordingly. The choices that individuals make are therefore powerfully affected by their culture. So when we value diversity we actually are looking at, at valuing and embracing so to speak, the different values, traditions, and beliefs of different cultures.

Slide 6: Cultural Self-Assessment

Also what's important is for us to do a cultural self-assessment. Through the cultural self-assessment process all of us as counselors and practitioners can be better able to see how our own actions can affect people from other cultures. The most important actions to be conscious of are usually taken for granted. So we don't realize some of the behaviors that we do, some of the very subtle things that we do when we socially interact that are culturally based. For instance the physical distance during social interaction varies by cultures. Some cultures are very comfortable getting close to each other as they are socializing and other people, other cultures, feel much more comfortable standing apart. What's also important is that if they're anything like me, I use my hands a lot when I talk. And although you can't see it right now, I'm gesturing wildly, and what happens is that that's very culturally based. That comes from my upbringing and from being around other people as I was being brought up in my culture who use their hands when they are talking. Other people don't. Some cultures actually smile a lot even though they're listening to something very serious and that is again very culturally based. So, for us to be a little more sensitive into the cultural behaviors that we actually bring into treating posttraumatic stress disorder or any type of emotional problem is quite important.

Slide 7: Cultural Self-Assessment (continued)

If a person is aware of his or her own cultural beliefs or behaviors therefore we can learn to modify them when appropriate. So not only do individuals have a culture to assess but institutions have and embody a culture as well. If we understand these influences it can help any organization serving diverse people, and the key would be to develop mechanisms that provide ongoing feedback and suggestions for change because this is a process, becoming more culturally competent and therefore eventually culturally proficient is an iterative process and it continues over and over again. And so what's important for institutions as well as practitioners is to constantly be assessing and reassessing how are we doing and providing the avenue for feedback and suggestions.

Slide 8: Consciousness of Dynamics of Cultural Interactions

So there's a consciousness of the dynamics of cultural interaction. There are many factors that can affect cross-cultural interactions. For example, biases that are based on historical cultural experiences can explain some of the current attitudes that we end up, that we end up finding out about. So if a culture has been oppressed for example by a majority culture, here in Hawaii the

Hawaiians were clearly oppressed by the Caucasian missionaries who came over and more or less took over the monarchy of Hawaii. That whole historical trauma of that culture still pervades even a hundred or so years later-- a hundred and fifty years later. And so that's just one example of the historical cultural experiences with interactions of other cultures. There often exists an understandable mistrust therefore, towards members of a dominant culture by a historically oppressed group. So, to be aware of the fact that well before any of us were even born, some of the cultural traumatic events actually occurred with cultures clashing or cultures attempting to destroy or annihilate another culture. And then those wounds still exist within that culture and those people.

Slide 9: Adapt to Diversity

So adapting to the diversity. This is the fifth element of cultural competence and it specifically focuses on changing activities to fit cultural norms. Cultural practices can be adapted to develop new tools for treatment. And so the more aware we are about our own culture and once we do our own self-assessment, then we can adjust and adapt for the situation and for the different cultures that we encounter. So cultural competency really emphasizes the idea of effectively operating in different cultural contexts. Knowledge, sensitivity, and awareness do not include this concept. So when we are operating in different cultural contexts, then it doesn't matter where we operate if we understand certain flexibilities, certain things that we need to do to allow us to better understand and better be aware. Then we can be more culturally competent.

Slide 10: It's not just knowing about different cultures...

So it's not just knowing about different cultures, but it's more about being open to learning and being flexible. And so if I were to just boil it down to two major points that's what we would be talking about. I can have knowledge about certain other cultures, food, music, values, traditions, celebrations, holidays, clothing. I can understand all of that. But, if I'm not open to learning about it and learning more about, about the people themselves and how, how this all sort of works with them-- and also not being flexible to understanding it better, then I'm going to be limited in my ability to be culturally competent. So, it's not just knowledge about different cultures but it's really about ourselves and adjusting ourselves and our attitudes as we approach being, immersed potentially in different cultural norm. So recognizing what culture we're from and what culture exists within clinical practice, again that's bringing it into that social context. For example, even if I'm traveling overseas, what's important is for me to understand that I'm bringing in another culture within the social context with which I'm traveling.

Slide 11: Many cultures and diversity within cultures and diversity....

So having said all of that, another part of my lecture is to be talk about specifically, the Asian American and Pacific Islander population. And again, what I want to emphasize is even though I'm going to list out several different things about Asian American cultures and Pacific Islander cultures, all of that has to be taken within the context of understanding that it's not just understanding about the traditions of these people and the history of these people but it really is about our own social context and what we bring in as our own values when we are working with people with a diverse culture. Even though we have a lot of different Asians we have different

cultures and different diversity within the Asian culture. And even within Chinese for example we're going to have different cultures and norms in languages and food and all of those things within those who are Chinese. And so, another important point to make is to not over-generalize that all Asians are a certain way, all Chinese are a certain way, or even all Chinese from a certain part of China are a certain way. So having said that different people within a particular Asian cultures and different Pacific Island cultures have variations within those cultures. They come from different parts of the country. They have different languages and customs and they have a different history. So it's again re-emphasizing the point, it is important not to over generalize and stereotype all (fill in the blank here) culture, as being the same.

Slide 12: Cultural Issues of Asian Americans

So, let's talk about some of the cultural issues of Asian Americans. And like all other cultures Asian cultures have many, many different subcultures within them. And even within those in the bullet points following here, there are many cultures within them. So there's Chinese, Japanese, Korean, Taiwanese, Vietnamese, Thai, Mongolians, and the list goes on and on and on. But those are the major ones that I identified for this lecture. And with the Asian American population, many of the traditions and values have been carried over across hundreds and thousands of years and continue.

Slide 13: Cultural Issues of Chinese Americans

Cultural issues of Chinese Americans. One cultural issue that's important to look at is really the group is of primary importance rather than the individual. That's the major unit of society is, sort of a collective perspective. And also, some of the cultural issues that, that many Chinese Americans have been brought up with is that parents sacrifice in order to provide for their children and therefore there is filial piety without resentment. And so, children after they've grown up are expected to take care of their parents. So the families really take care of each other within the, family unit. And therefore, individuals should avoid family shame as much as possible. And an individual's action has implications for the whole family. And therefore, personal issues being disclosed outside of the family are extremely challenging for some Chinese Americans because traditionally they are therefore betraying the family and could bring about family shame. And that's one thing that Chinese American clients may actually be hesitant to do-- to reveal highly personal information for long periods of time because of this sort of fear of shaming the family. So there's value also in controlling one's own emotional problem privately. So really everything needs to be private and kept to one's self. And so if a trauma survivor is struggling with symptoms then chances are they will have struggled with that for a very long time alone. And so until a point until it was intolerable and therefore only then as a last resort would they go to psychotherapy. And in, in some Chinese traditions emotional problems are considered an imbalance from what would be considered an irregular lifestyle or a traumatic event.

Slide 14: Cultural Issues of MH Treatment with Chinese Americans

So part of treating mental health with Chinese Americans that can be challenging for people is that therapist's need to evaluate the degree of acculturation prior to determining an appropriate

intervention with the Chinese American trauma survivor because they will not seek treatment unless they can no longer cope with problems. Now again, if a Chinese American client is in your office for example, or in a group and you don't understand if they actually are--have been raised in China or actually been raised by traditional Chinese values-- then you won't understand the level of acculturation that some of the shame dynamic occurs and some of the emotional struggles that they've been dealing with. So, it is important to evaluate the degree of acculturation into the value system. Also, as practitioners, you need to establish your own competency with Chinese clients prior to attaining competence by them. So it's best to respond early on with some Chinese Americans by explaining and educating them about the disorder. Some degree of just education, psychoeducation, sort of explanations-- these interventions may actually work better-- especially early on, versus the self-reflection or sort of the introspective level of intervention. Those you may want to hold back on for a little bit. Also, it's important to explain that the problems that they're experiencing does not mean that they're crazy or weak. Again, that's all part of that whole shame issue and the fact that they haven't resolved it by themselves or within the family, probably means that something is very seriously wrong with them and then therefore they might be very concerned that they're, they're kind of identified as crazy or weak or somehow broken. And so, if part of your explanation includes that-- that might actually ease some of the anxiety. And again talking about anxiety is that it's important for us practitioners to be alert to a client's fears regarding seeking treatment and disclosing shameful behaviors from the past. It is important to recognize that that is probably happening with them.

Slide 15: Cultural Issues of Japanese Americans

And now jumping over to Japan--the cultural issues of Japanese Americans. There are some overlaps here in terms of the value system but there's also some deviation. In terms of problematic behavior with Japanese Americans-- problematic behaviors are generally hidden by families and individuals don't necessarily want to stand out from the crowd. Now as Japan sort of evolves a little bit more, you can see that that's changing but traditionally, individuals actually are very much wanting to meld in with the rest of the larger group. And, Americans of Japanese ancestry generally won't seek professional help for problems and don't complete treatment. And they actually will underreport. This is kind of a sidebar but they underreport having problems statistically, and people don't really even know in research as to whether this is part of because they aren't having the problems, or whether it's because they aren't disclosing that they're having these problems. And again, a third bullet point is discussing personal problems outside the family. It's considered shameful towards the family, again due to the perception that the family has failed in terms of helping the affected family member. So therefore, again to avoid shame, Americans of Japanese ancestry are likely to suffer a lone rather than shame the family.

And there is a negative stigma associated with mental illness so what we might end up seeing, especially in maybe more hospital settings, is that there will be more discomfort reported to physicians or nurses or medical practitioners in some way. So that's where some of the psychological and emotional problems will be manifested because, it will be physical health. "Oh I can't sleep at night" or "I have a lot of pain in my chest." and those kinds of things. If they aren't obviously physically connected with something then, and there is no clear symptom or there's no clear reason for them having the physical symptoms, then what might actually occur is that they might be emotionally manifested from having to deal with it without any type

of disclosure to anybody else outside the family or even within the family. So, physical ailments are a culturally acceptable way of expressing distress. So it's okay to go to the doctor about certain things but it's not okay to go to the psychiatrist for example. And so, what some institutions have had to do is to really interact very closely with the medical practitioners and sensitize them to helping identify the possible emotional connections to physical complaints. And the more so that that happens, the more that people with posttraumatic stress disorder are eventually getting connected to more appropriate interventions for some of their problems, and their physical health actually does appear to improve to some degree.

Slide 16:

These are just some slides that I put together some photographs again showing some of the different cultural historical events that have affected AJAs and Japanese. And, on the left hand side I have some headlines from, and again this is a lot of World War II stuff, but headlines about this "Ouster of All Japs in California Near". And so again, this was part of the sort of clash of cultures that occurred during a war, a war situation. And then you see on the upper right some of the individuals from the 101st Airborne or actually the 442nd, which is the most decorated unit in World War II, who were made up of all Americans of Japanese ancestry. And very fierce fighters and heroes. And so again, they're fighting in a war for the United States while at the same time, the United States in some ways was, having some degree of racism occurring. I mean that whole history still pervades in a lot of people's minds. The bottom right is showing a little Japanese girl along with her classmates doing the pledge, saying the pledge of allegiance. And again sort of talking about how the integration and involvement of Japanese Americans in our history in the United States and how it pervades and how it's important for us to recognize the fact that all of these things still are fresh in people's minds.

Slide 17: Cultural Issues of MH Treatment with Japanese Americans

So when talking about cultural issues of Japanese Americans and mental health treatment one thing that we have to do as therapists is to assess a client's background in context with Japanese heritage—again to assess the degree of acculturation. And treatment goals should be defined with problem solving and tangible outcomes on a short term basis. What we could do is take long term goals and break them down into a series of short term goals. But, it's important to do the short term goals because that way these clients can actually see some degree of progress occurring. Overall goals should be based on physical as well as behavioral changes to facilitate the client's return to life responsibilities and that will be the ultimate goal-- to get somebody to transition back.

Slide 18: Cultural Issues of Pacific Islanders

Now let's move onto cultural issues of Pacific Islanders. Family and the culture are not separate from each other, and extended family is very much involved in upbringing of children within Pacific Island countries and people. Individuals are expected to make sacrifices on behalf of the family-- this is how Pacific Islanders are raised. And older people are considered wise and have much more authority, so a tremendous amount of respect. So the older people are, the more respect they get from the younger people. The traditionally warrior cultures in the Pacific

Islands are the Hawaiians, the Samoan, Tongan, Chamorrans from Guam, and Filipino. Again, within all of these cultures, there are different islands that vary, and they have different traditions and different foods and variations of language, etcetera.

Slide 19: Cultural Issues of MH Treatment with Samoans

But first of all, cultural issues of mental health treatment with Samoans-- personal problems are considered to be family business-- only except under very, very highly distressing situations. So if somebody from Samoa actually comes to your agency, they are under a lot of stress because often, culturally, they would have never even dreamt of going to seek help outside of family or outside of village. So, to see an outsider is considered extremely difficult and challenging and therefore, it's also considered somewhat covert. And they will not want you to be talking to anybody else about anything. Actually, when I was in Pongo Pongo, American Samoa, in the particular hospital there, the one door that didn't have a label on it as to what the office was, was the mental health clinic. And so specifically, culturally in Samoa, they actually did not label where the mental health office was because they didn't want people to be stigmatized and to hesitate going in there. And that was the door we opened up when we needed to find the place and sure enough we were right. So understanding that, that it's kind of a secret if they're going to get mental health treatment, is important. Assessment should also include evaluating the client's identity with a cultural group and within their identity. So be cautious about assuming and inferring mental status from the behavior that is demonstrated by somebody from Samoa or somebody who is highly acculturated from the Samoan culture, because they might come across somewhat stoic and that might be just a cultural norm and not necessarily meaning that they have flat affect or that they're emotionally stunted in some way. We just have to be aware of the fact that we can and cannot make assumptions. We have to be careful about making too many assumptions based upon our own values and our own culture onto Pacific Island cultures.

Slide 20: Cultural Issues of MH Treatment with Samoans

And with mental health treatment the assessment should include evaluating not only the client's identity but their identity with their cultural group. See if there's a desire for them as individuals to strengthen their identity-- or maybe they don't want to-- maybe they just want to stay the way they are and be separate from their Samoan people. And that's obviously their choice. In goal setting you want to potentially include strengthening ties with extended family and community. And, there is a precautionary bullet point that I throw out here to clinicians which is-- be careful not to infer mental status from observed behaviors. I already talked about that, but the stoic response to physical problems does not necessarily mean that they aren't hurting emotionally. And there is a lot of pride in the warrior roles. And these are warrior cultures. They've warred with each other and among each other, and across islands for centuries. And so, so that is a huge part of it. For those of us who have worked with the VA and veterans before, we also need to understand that too because the pride in Pacific Island and Asian Americans with being a warrior is very, very real.

Slide 21: Cultural Issues of MH Treatment with Hawaiians

Now to switch over a little more, to the northeast of Samoa is Hawaii. And not inconsistent with what we were just talking about, with Samoans, family or what's called "Ohana" is central to the fabric of the Hawaiian culture-- and extended family, and then extended family is also included. And as one who has lived here for several years now, it's not unusual to find out that people who you meet are actually related to people with whom you already know. And being a warrior is also considered an honorable role. Hawaiians have a holistic view of illness. Psychological and emotional issues are not separate from the physical or spiritual determinants. And also, I need to add in here, also the land-- their connection to the land here in Hawaii is very real. The birds, the ocean, certain plants, all of that is considered a part of the Hawaiian people. And so, their connection to the earth as well as their spiritual connection, in addition to their physical bodies and emotions-- it's all interconnected. Family is the first resource for problem resolution and resolving emotional problems. There is something called "Ho'oponopono", which is a healing approach that is used among traditional Hawaiians, and that's where they might bring in somebody who is typically an elder, or at least more entrusted individual who has higher spiritual regard. They might solicit this person to come in and help do some sort of family healing. If there's a problem with somebody-- someone in the family is sick or is having some emotional problems, or there's a trauma-- they might actually bring in an outsider who is very trusted and considered more spiritual than them. That individual spends several sessions with the family as a group and conducts what is called a "Ho'oponopono". That's a specific healing. That's one of several different healing approaches within the Hawaiian culture.

Slide 22: Cultural Issues of MH Treatment with Hawaiians

"Phoniness" in a clinical setting or any attempts to set one's self apart from others or "above" the group are sensitive issues. That will not be looked upon very favorably. And also as a practitioner with Hawaiians, it's important to do what's called "talk story". "Talk story" is really what we would call small talk. And it allows a Hawaiian client to actually get to know the clinician a little bit better and to get a better sense of who this person is. A clinician may be asked specific questions about themselves, and in some training we're not allowed to do that. In culturally sensitive training I would say you should disclose some degree about who you are, because if you don't do that, if you say things like "Oh that's inappropriate for you to ask me you know how old I am" or something like that, then what's going to happen is that the trust issue is not going to exist between you and a Hawaiian client. And, that's again, a social norm to "talk story"-- to talk about the weather; talk about something that happened recently in the news. It's not usually very extensive, but it's enough to allow there to be the beginning of a rapport. Also, to include family in treatment planning and interventions can be very worthwhile. To only treat somebody as a single person, and not understand the whole family dynamic, would end up potentially sabotaging the progress of that particular individual. So bringing in the wife or the parents or the children, or even the aunts or some other people, and to actually even be conducting family therapy would be warranted. But actually, just including them even in part of the assessment is considered a good idea. Some successful interventions among Hawaiians that have been looked at are cognitive-behavioral interventions, stress management, anger management, coping skills, group therapy, and family therapy. Fad therapies and psychoanalysis doesn't seem to bode well with this particular culture.

Slide 23: Cultural Issues of MH Treatment with Chamorrans (Guam)

Cultural issues with mental health treatment with Chamorrans from Guam. Again, you'll see a theme pervading throughout the Pacific Islands-- that family determines social status. The extended and nuclear family is really part of the identity and is the central focus. And the emphasis within the family will be on support, cooperation, reciprocity, kindness, compassion and generosity-- all are highly, highly valued. In Guam, among the Chamorrans, intergenerational households are common, and all family members are expected to have cooperative roles. What's important to do when assessing a Chamorran client is to find out whether they're from Guam and/or if they're indigenous Chamorran people, or from another ethnic group. Assessment also again, should be within a family context, and interventions also should include family members and--if you can provide services--try to find out what cultural social networks exist for this individual and try to integrate those services within any type of intervention.

Slide 24: Cultural Issues of MH Treatment with Filipino Americans

Now, with Filipino Americans, we have nuclear and extended families are also considered in high regard and very valuable and of utmost importance. There is honor and respect that's bestowed among parents and older relatives. And sacrifices for family is a primary commitment. Women often have decision-making authority in Filipino American families. With this clientele, when disclosing emotional issues they might initially appear passive and restrained, and that again is culturally normal because as you can see a, this pervading pattern is that Filipino Americans just like other cultures we've talked about, are unaccustomed to discussing personal problems with people outside of the family. And mental health is really dependent on external pressures within the immediate environment. That's where people will identify mental illness. Mental illness is actually probably related to something in their immediate environment that's causing these problems. So once we address that, then hopefully, somebody will start feeling better. So interventions usually come from the community or spouses and co-workers. That's where a lot of some of the interventions occur-- not from people running off to see therapists or psychiatrists.

Slide 25: Cultural Issues of MH Treatment with Filipino Americans

So when we're treating mental health with Filipino Americans we have to understand that credibility is gained with professional credentials, older age, and gender. And then again, if you explain problems and provide advice, that actually will be safer for a Filipino American client than getting into some of the emotional disclosure things-- especially early on. I think later on as they gain trust and you build rapport, I think some of the emotional disclosure and asking more emotional level questions is fine, but initially, it might be too threatening. Clinicians should make sure that you take on a competent role. Now that sounds kind of silly, but what that means is that you need to make sure that it's clear to the client that you know what you're doing-- and not in an arrogant way by any means, but that you have knowledge about what they might be experiencing. So more directive and educational, without necessarily focusing on the individual, but really maybe talking in more general terms about posttraumatic stress disorder. Maybe talk

about some of the symptoms-- that might be a better starting tactic than immediately getting into PTSD. And then again, that also builds your credibility. Support groups or family sessions might actually be more comfortable for Filipino Americans than individual sessions. However they aren't adverse to individual sessions, but it might just be safer, because of the more collective dynamic that occurs.

Slide 26: Overall Recommendations for Treating AA/PI Clients with PTSD

So here are some overall recommendations for treating Asian American and Pacific Island clients with PTSD. And before I say anything else I just want to reiterate again that I think it's really important for us to understand that each person is coming from different families within different cultures within a different social context. So clearly, any type of overriding or overall things that I say need to be taken within that-- within the perspective of every person is different and it's a lot more complex than I can ever explain in obviously one lecture. But overall here are some recommendations.

First of all I think it's a great idea to normalize posttraumatic stress disorder symptoms with Asian American and Pacific Island clients and do it often because again, there's that whole shame dynamic. There's this whole-- "I'm crazy" "I'm broken" "I'm weak" and "I shouldn't be here and there's something wrong with me". And again that happens with non-Asian Americans and Pacific Islanders. But I think again, that normalizing PTSD symptoms and reminding people that this is actually a normal response to traumatic situations then that really seems to calm the anxiety tremendously. Also, to take time to build a rapport with a client prior to discussing specific traumatic memories, prior to getting to any of the heavy stuff, is very important. That may mean spending some time even just talking about very superficial things going on in their lives, asking questions about their family, asking about how their family feels about them coming in here, assessing that, and then also being willing to respond on occasion to maybe a question or two about yourself. After a while, when this was occurring with me and my clients, I realized that this was an effort on their part to maintain a connection with me-- to sort of know a little bit more about me because they liked me perhaps. And so, just by them asking me "Oh are you married, what do you do?" "How long have you lived here?" All of that was their effort to actually reach out and build rapport. I realize that to not reject that was an important piece of the rapport building process.

Thirdly, to be open to responding to questions as I just said regarding your own interest in treating clients and some aspects of your life. And again that first part of that statement actually is important because sometimes people are curious as to why are you doing this and why are you here and why would you want to talk to us? And again, to really have a very sincere, honest response to that is helpful in terms of building relationships. Take some time to teach the client coping skills and encourage them to assess their own social supports if they have them. If they don't have them, or if they used to have them, help them understand where those social supports might still exist in their lives. Obviously, coping skills, i.e. stress management, anger management, all of those would be very important and they'll respond very positively to that.

Allow the client to have a choice and control when discussing traumatic memories. That doesn't mean that we're going to avoid it forever because obviously, if the traumatic memories are still pervading in their life and affecting their sleep and their ability to have relationships, then eventually you're going to need to broach the topic. But to also empower the client to

reveal that information-- perhaps more on their timeline than perhaps on some timeline of our own is not a bad idea.

And respect the client's trauma memory as fragile, as special. That almost doesn't even need to be stated, and then please be patient. The clients, once rapport is built, will share more. And so perhaps if you're working, not with Asian American and Pacific Islanders, perhaps you can build rapport pretty fast with some people. Again I don't want to over generalize, but with most Asian American and Pacific Islanders with whom I've gotten a chance to work, I had to spend probably several weeks on a weekly basis in different types of interactions-- group and individual-- before I actually earned their trust. And then once that happened, then they were able to talk and once they started revealing things, you know that you can get some work done together.

Slide 27: Goals in PTSD Treatment

These are also overall goals in PTSD treatment. I wanted to throw this out for you. It's really to help eventually the survivor identify where they're stuck in the process of processing their memory. And this may occur in individual or group therapy-- also to help the survivor move to the next stages. That might be sadness and grief and eventually to some level of acceptance of the fact that this traumatic event actually occurred; to allow them to process that emotionally; to help the survivor identify what triggers might be connected to their memories of a traumatic event; maybe empower them to learn about how to do, or increase, self-care around being triggered; and, to help survivors break the cycle of avoidance of detachment around their feelings and people and activities that they once enjoyed; and, hopefully reconnect them to do all of those things so they can eventually feel better and have some level of recovery.

Slide 28:

And this is just my little slide showing that again, the whole issue of cultural competence and eventual cultural proficiency takes a tremendous amount of time and understanding and almost an immersion into different cultures to be able to fully comprehend through the complexity of what we're really talking about here. But it's certainly a worth goal to shoot for. I wish you the best of luck in achieving it. Thank you very much.