Culturally Appropriate Care Forum

Advocating for a more inclusive aged care system

6 March 2024

11am - 2:30pm

MCCI

Centre for Cultural Diversity in Ageing

Supported by Benetas

Trauma-informed Care from a Multicultural Perspective

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Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)

Aged Care of Older People with Torture and Refugee Trauma Experiences

March 6, 2024

MCCI

PICAC FORUM

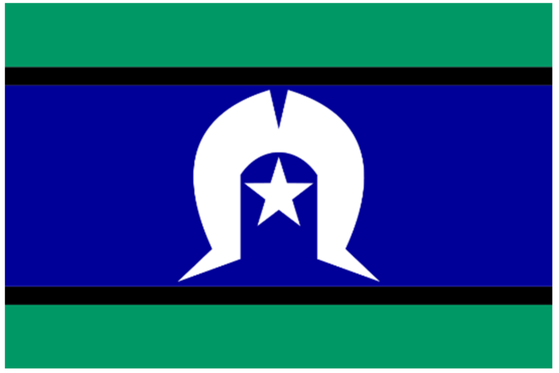
NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors

(02) 9646 6700 | www.startts.org.au

Always Was, Always Will Be, Aboriginal Land

We acknowledge the traditional custodians of this land over which sovereignty was never ceded. We pay our respects to their Elders past and present.
We acknowledge the ongoing trauma of colonisation and dispossession.
We support social justice for Aboriginal and Torres Strait Islander peoples.

Artist: Harold Thomas, 1971



Artist: Bernard Namok, 1992

Image sources: Wikipedia

STARTTS

NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors

STARTTS is a specialist affiliated health organisation and a member of the national FASSTT network.

STARTTS delivers

- culturally relevant psychological treatment to individuals or groups
- psycho-social support and interventions to community groups
- Systemic supports including training, advocacy and policy contributions.
- support to institutions such as schools, health services and community-based organisations.

Healing Refugee Trauma**. Rebuilding** Lives**.**

Counselling Session at STARTTS

Refugees are made in history:

Van Der Kolk, (The Body Keeps The Score), draws our attention to the historical past and Its reverberating impact on the present.

Organized violence has fragmented and displaced locally evolved and developed systems of organization, knowledge and community through:

- Empire, Occupations and the process of colonization
- Racialisation and diminishing of indigenous and native expertise
- Introducing violent and rapid change in societies
- Amplifying and exploiting existing ethnic differences thus creating the historical seed beds for future violence and displacement
- Arbitrary borders in service of the economic and political goals of the global north or occupying power
- Subsequent nationalization and internally displaced communities

Ref: Edward Linley Sambourne (1844–1910), Public domain, via Wikimedia Commons

People become refugees in the context of organised (collective) violence

The “instrumental use of violence by people who identify themselves as members of a group……against another group or set of individuals, in order to achieve political, economic or social objectives”.
(WHO, 2002)

“The purposeful and systematic use of terror and brutality to control individuals, groups and communities”.
(Red Cross, 1995)

Forms of organised (collective) violence include:

- Wars, occupations and other violent political conflicts that occur within or between states
- State-perpetrated or state-sanctioned violence such as genocide, displacement, repression, disappearances, torture and other abuses of human rights

Ref: World Report on Violence and Health, WHO, 2020; http://www.rivo-resilience.org/en_violence_organisee

People who have experienced torture and other traumatic experiences in the context of organised violence commonly have more complex presentations than purely grief and post traumatic stress symptoms.

Other common presentations

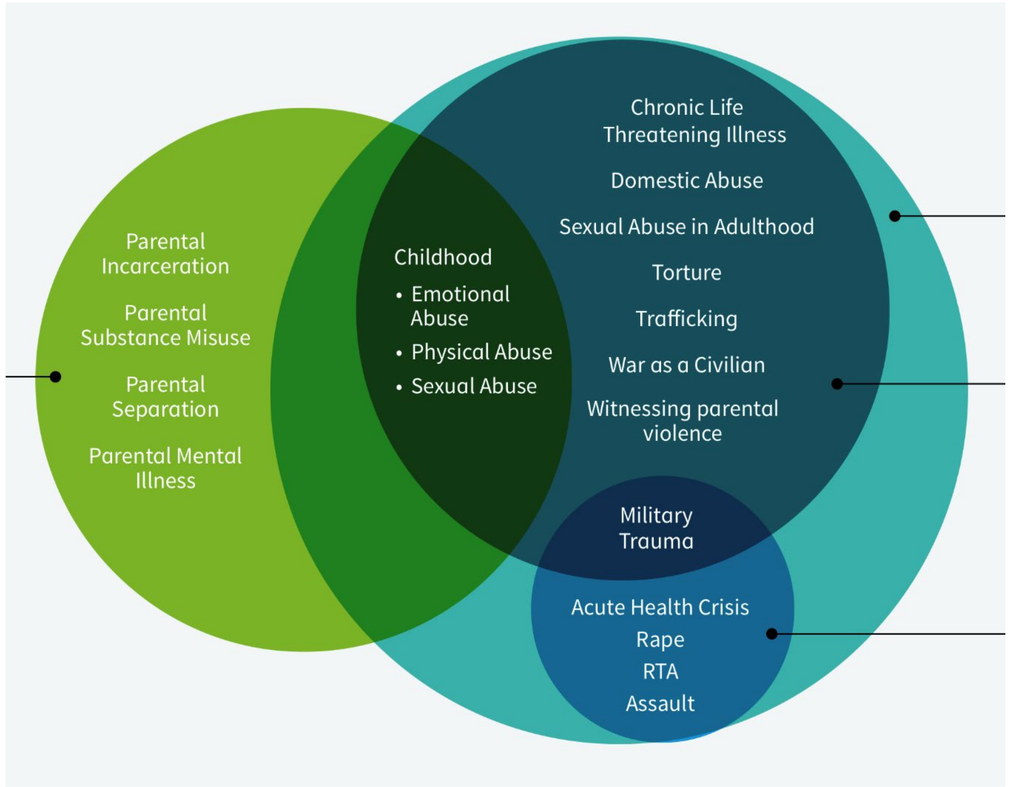
- High anxiety
- Depression
- Dissociative states
- Phobic reactions to different situations
- Nightmares, sleep disorders
- Guilt and shame
- Difficulties with interpersonal relationships
- Somatic (body) symptoms, chronic pains

Ref: STARTTS Client Health Database, 2020

Types of traumatic experiences

People can experience a single specific traumatic event, or they may have been exposed to multiple or chronic traumatic events.

- Adverse Childhood Experiences (ACEs)
- Disasters/ collective trauma (e.g. natural disasters, human disasters, acts of terror)
- FDV/IPV
- War, political violence, military occupations and torture
- Sexual violence and rape
- Combat trauma
- Generational trauma
- Racial traumatic stress
- Minority stress experiences



Ref: Center for Substance Abuse Treatment, 2014

Definition of trauma

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being (SAMHSA, 2012).

A sudden and forceful event that overwhelms a person's ability to respond to it, recognizing that a trauma need not involve actual physical harm to oneself; an event can be traumatic if it contradicts one's worldview and overpowers one's ability to cope (Horowitz, 1989).

Ref: Center for Substance Abuse Treatment, 2014

Impact of PTSD

Re-experiencing

The traumatic event is persistently re-experienced through intrusive thoughts, memories, flashbacks and nightmares.

Avoidance and numbing

Avoiding thoughts, memories, people and situations that trigger traumatic memories, numbing behavior.

Negative thinking and mood

Distorted sense of blame on self and others, estrangement from others, lack of interest in activities, unable to remember key aspects of event.

Increased arousal

Persistent symptoms of increased arousal – sleeping, memory and concentration problems, startle responses and irritability.

It is common for people to have symptoms from more than one of these symptom categories, but not necessarily all of them, together with other types of presentations. PTSD does not capture the pervasive impact of trauma.

Ref: Aroche and Coello, 2004

Trauma responses are automatic responses

Trauma sits in your automatic reactions, dispositions and how you interpret the world.

Bessel Van Der Kolk

- Trauma experiences are often experienced through the sensory system and remembered via the sensory system
- Trauma ‘states’ or ‘experiences can intrude unexpectedly, a sound, smell, proprioceptive experience, or relational state that the body responds to automatically – as if the original traumatic experience is present – resulting in automatic reactions outside of conscious control.

Cold / Hot - Memory

Declarative/ Explicit memory
(cold memory)

- Starts at age 3 years
- Facts and knowledge about the world
- Knowledge about the event in the context of life, time and space
- Deliberately retrievable
- Chronological report

HIPPOCAMPUS

Non-declarative/ Implicit memory
(Hot memory)

- First type of memory to develop – commences in utero
- Babies store emotionally meaningful experiences (both good and traumatic)
- Unconscious recollection, but can influence later experiences
- Sensory, emotional and physiological perception
- Automatically activated by external or internal cues

AMYGDALA

Ref: Elbert et al, 2011, 2015

Traumatic events and memory

During a traumatic event, a person's normal memory processes are often disrupted and the way they remember events is different to other events.

A person is focused on survival and often not able to integrate all the information into a clear chorological, declarative and factual narrative (a **cool memory**).

Trauma memories often involve distinct and interconnected sensory & perceptual information - including intense emotions of fear, anger, disgust or shame (a **hot memory)**.

Trauma memories often contain more detailed perceptual information, although this information may not be clearly contextualised in time or place. People will not usually be able to give a clear beginning, middle and end to the trauma memory.

Image source: (Getty: Eoneren

Ref: Ginet and Verkampt (2007); Schauer, Neuner & Elbert (2011)

Trauma triggers for older people

As people age and their cognitive function and short-term memory decline, the mechanisms that kept the traumatic memories under control may weaken. The person may be more vulnerable to flashbacks. For some elderly people, being triggered may provoke violent or aggressive behavior.

- Personal care, such as showering or assisting a person to use the toilet, shaving, hair cuts
- Women being assisted by male caregivers
- Night/ Security checks
- Not being able to open windows.
- Being told to wait for food
- Medical and dental procedures
- National or religious holidays

Ref: Teshuva and Wells, 2012

Effects of ageing on trauma survivors

Biological

- Premature ageing
- Physical effects of torture/trauma: chronic pain, arthritis, cardiovascular disease, stroke
- Short term memory deficits: earlier memories re-emerging
- Dementia: disorientation, loss of 2nd language skills, increasing dependency

Psychological

- PTSD
- Anxiety
- Panic attacks
- Distrust
- Depression
- Vulnerability to triggers
- Delayed mourning
- Survivor guilt
- Fear of death

Social

- Increased isolation
- Loss of dignity, self esteem
- Increased dependence on family members
- Alienation from younger family members
- Lack of social support for those without family
- Exploitation/abuse by family members

Dementia and older refugees

There is evidence to show that traumatic experiences and PTSD increase the risk of dementia among survivors of war, and one study has shown that exposure to genocide is a risk factor for dementia.

The onset of dementia can trigger painful suppressed memories. When short term memory is impeded, old memories can re-emerge which means that people may relive extremely painful and distressing past experiences.

Symptoms of trauma may be confused with symptoms of dementia.

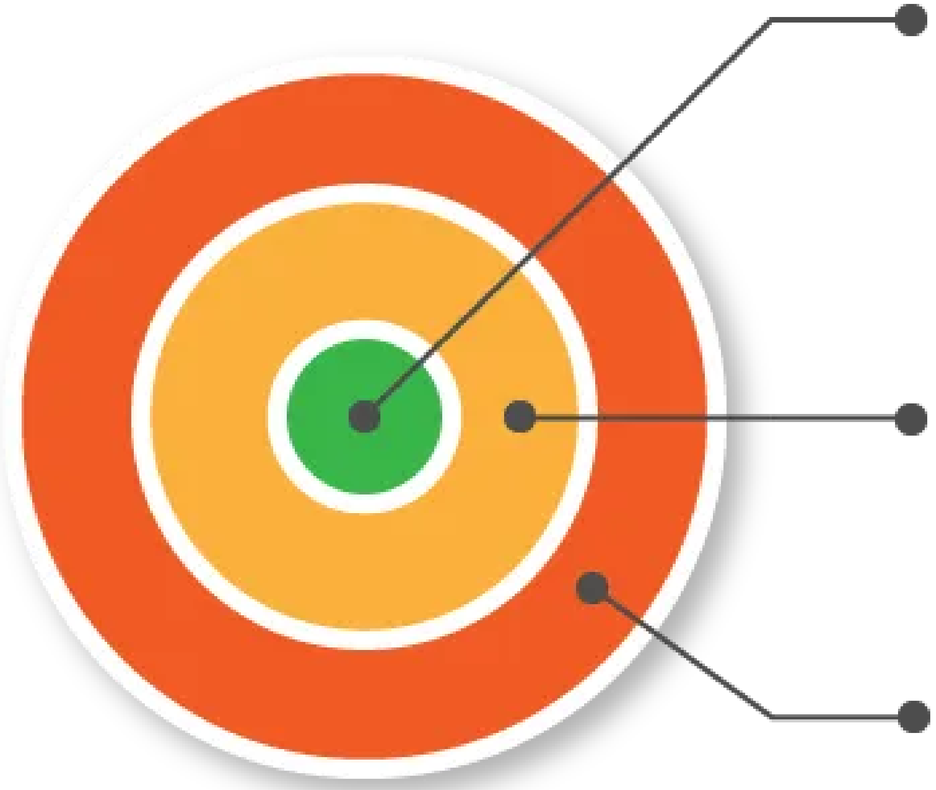
Cognitive impairment and dementia may worsen PTSD symptoms, creating a vicious cycle.

Ref: Kodesh et al, 2019; Teshuva & Wells, 2012

Internal versus external stressors

External stressors are sources of stress that we are aware of around us, these can include traumas, life experiences or simply daily hassles.

Internal stressors are the sources of stress that are inside us and are often the most common sources of stress.



CIRCLE OF CONTROL

What we can directly impact through our thoughts, words and actions.

We have complete control over the outcome.

CIRCLE OF INFLUENCE

Usually involves other people, ranging from family, friends, and colleagues to complete strangers ... or reviewers.

We do not have control over the eventual outcome ... but we can potentially influence the outcome through what we are able to control.

CIRCLE OF CONCERN

Everything else: weather, politics, other peoples behaviour etc.

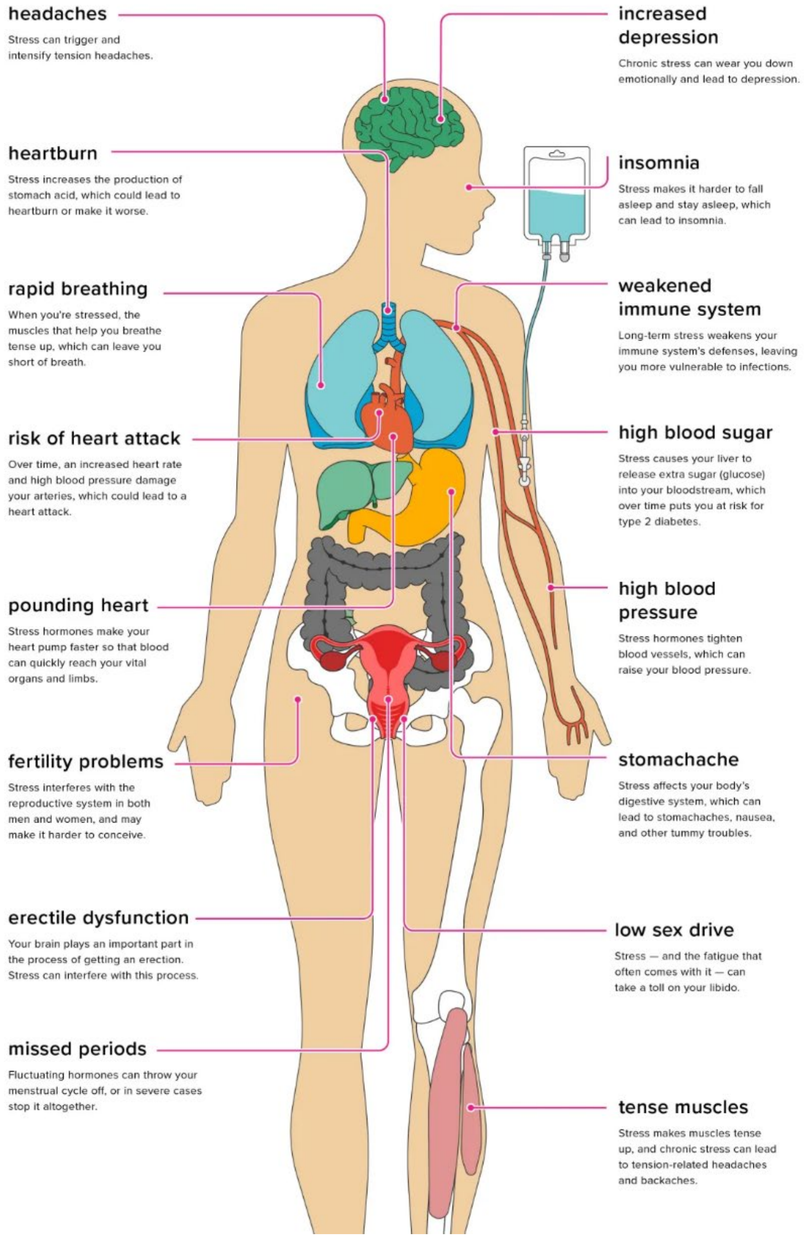
We have no control over the outcome.

Ref: https://mpilearning.com/exercises/internal-vs-external-stressors-exercise/ ,

Impact of stress on the body

Our bodies can cope with short isolated experiences of stress.

When our protective factors are diminished stress can have more significant impacts on the body, especially if exposure to stress is constant or chronic.



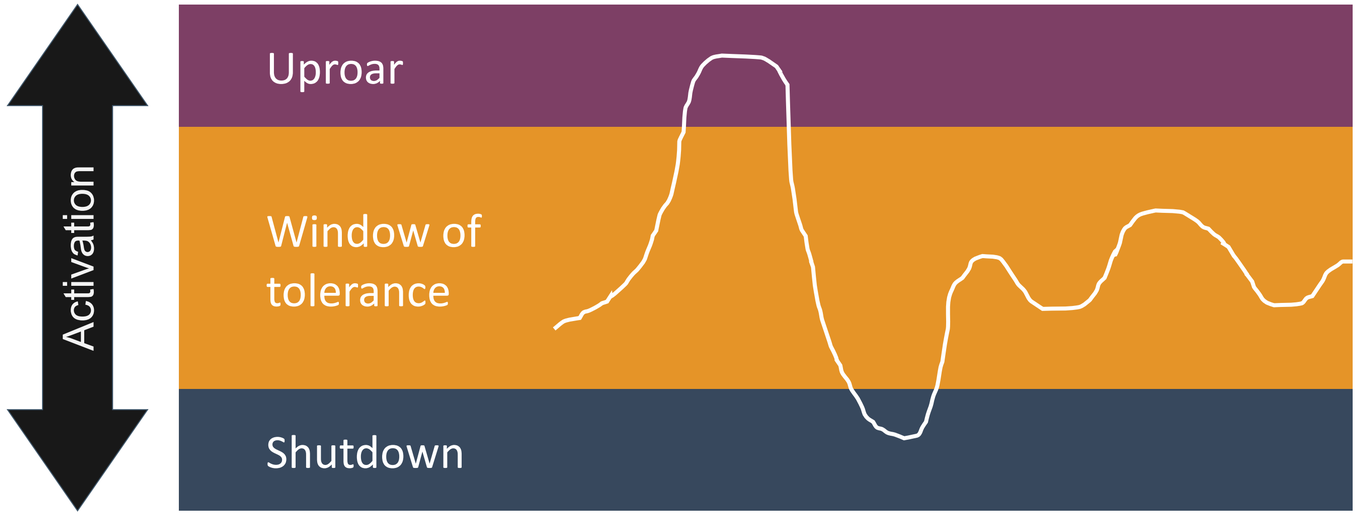
Ref: https://mpilearning.com/exercises/internal-vs-external-stressors-exercise/ ,

The window of tolerance

All of us have a range of emotion, stress and activation we can manage comfortably – our **window of tolerance**. Either extreme of **uproar** (i.e. hyperventilation, anxiety/panic attacks, anger outbursts) or **shutdown** (i.e. zoning out, fainting, going numb) can be distressing and quickly overwhelming.

Containment involves identifying whether:

- Calming skills (helpful when in uproar) or
- Grounding skills (helpful when in shutdown) are most appropriate.



Ref: Arden, 2014, Ogden and Minton, 2000, Siegel, 2010

Image source: https://pixabay.com/photos/grow-leaves-trunk-plant-nature-781769

Promote trauma recovery and resilience

Be guided by these principles in all interactions and types of assistance provided.

1. Restore safety, enhance agency and control
2. Restore secure attachments, promote connections to others, enhance a sense of belonging
3. Restore meaning and purpose to life, rebuild identity, promote justice
4. Restore dignity and value

Ref: Kaplan, Rebuilding Shattered Lives, 2020

Principles of trauma informed care

Relationship is the delivery system for trauma informed practice.

- Safety
- Trust
- Choice
- Control

Image source: https://www.socialwork.career/2014/05/core-principles-of-trauma-informed-care-key-learnings-1-of-3.html

Safety in relational contexts

Accommodations for trauma are based in emotional safety and therapeutic understandings of care and recovery

1. Emotional context is highly important to ensure the safety needs of elderly trauma affected clients
2. Counselling micro skills – acknowledging, validating, reflecting and normalising
3. Therapeutic skills in containing, calming and grounding
4. Intentioned, reiterative support for front line workers supporting aged care clients with trauma experiences

Maintaining person centric VERSUS system centric practices at all levels of organizational planning and practice

Image source: https://pixabay.com/photos/grow-leaves-trunk-plant-nature-781769/

Ref: Kaplan, Rebuilding Shattered Lives, 2020

Restoring control and agency

- One of the things that trauma takes away from people is **control**.
- **Restoring control** as much as possible is important when engaging with people who have experienced traumatic stress.
- You can do this by providing as much information as possible, so they know their role and your role in the organisational system.
- **Seeking permission** is fundamental to ensuring people with trauma experiences have agency and control.
- Encourage them to tell you if they need a break, or if they have not asked, checking to see if they would like one.
- The only time not to take a break is when they are in the middle of recounting a traumatic event (unless the client asks to do so).
- Offer drinks (comfort/ soothing).

Avoid re-traumatisation

Gather information about the context of the experience of the client and family:

- Triggers can be unpredictable, however learning to observe the client / patient is very useful in mapping strategies to avoid retraumatisation
- Have a strategy to respond to clients who are triggered
- Think of how safety can be included in the physical and social spaces you meet clients in
- Think of how methods, practices may impact on the client's sense of safety and control.
- Facilitate safety and avoid re-traumatization by giving choice and control

Cultural safety

“An environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning together”.

Robyn Williams
Australia and New Zealand Journal of Public Health, 1999

Ref: Williams, 1999

Ecological model of culture

Cross-cultural psychologist Richard Brislin identifies culture as the “widely shared ideals, values ... uses of categories, assumptions about life, and goal-oriented activities that become unconsciously or subconsciously accepted as ‘right’ and ‘correct’ by people who identify themselves as members of a society”

(Brislin, 1990).

1. Culture at the level of societal norms
2. Culture at the level of family norms
3. Culture and personal Logic

Ref: Rafik Tanious, 3rd Space Intercultural, 2012

Making space for collectivism in individualist systems

Ref: Victorian Transcultural Psychiatric Unit

Psychological processes where culture is statistically significant

- All people are cultural beings.
- Culture influences all people’s norms, values and behaviours.
- Culture influences how all people understand, interpret and respond to themselves, other people and the world around them.
- Because of culture, all people are inclined to be ethnocentric.
- Despite the strength of cultural influences, individuals within any culture will vary considerably.

- Reasoning styles
- Motivation
- Perceptions of time, space, colour
- Relational styles
- Emotional experience
- Emotional regulation
- Emotional expression
- Sense of self and others

Intercultural learning and 3rd space work

Intercultural learning is not about trying to assimilate individuals into the host system or culture, but facilitating the opportunity and capacity for individuals to develop for themselves an intercultural position that moves beyond their own culture or understanding.

It is bi-directional – allowing our systems to change from individualist practices towards collectivist practices through cooperation and bi-directional learning.

3rd Space Work promotes hybridity and takes us beyond the binaries we are trapped in because of historical or legacy structures.

Ref: Rafik Tanious, 3rd Space Intercultural, 2012

Engaging in intercultural learning

Engaging with individuals from other cultures or life worlds is about letting knowledge of the new culture transform our world view through:

- Noticing
- Comparing
- Interpreting / reflecting
- Interacting

Ref: Rafik Tanious, 3rd Space Intercultural, 2012

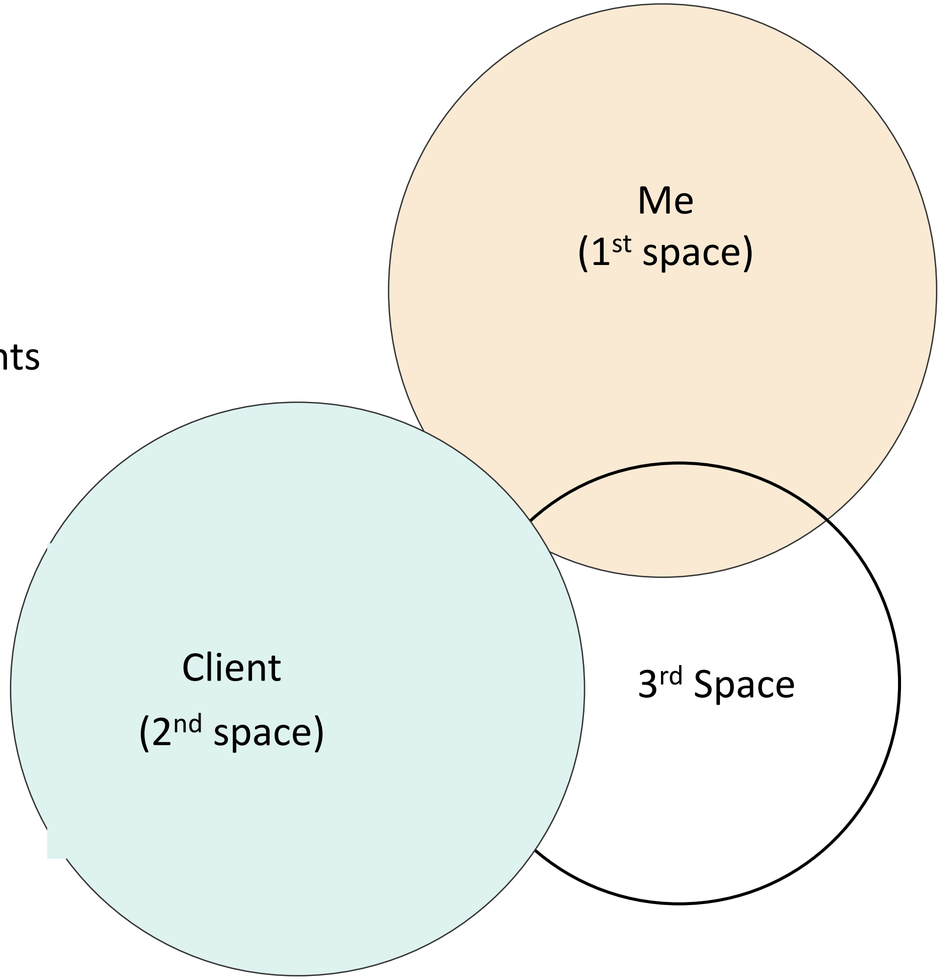
Working in a 3rd space

A methodology for intercultural work.

Practitioners practice intentioned self-awareness of their own cultural values, assumptions and practices as subjective positions, and explicate these to clients as subjective positions.

Practitioners identify and recognise intersections of power and subordination that entitle, censor and enact or reiterate structural violence.

Within this context clients are invited to offer examples from their cultural context in comparison. De-censoring, and explicating power underpin the practitioner's approach.



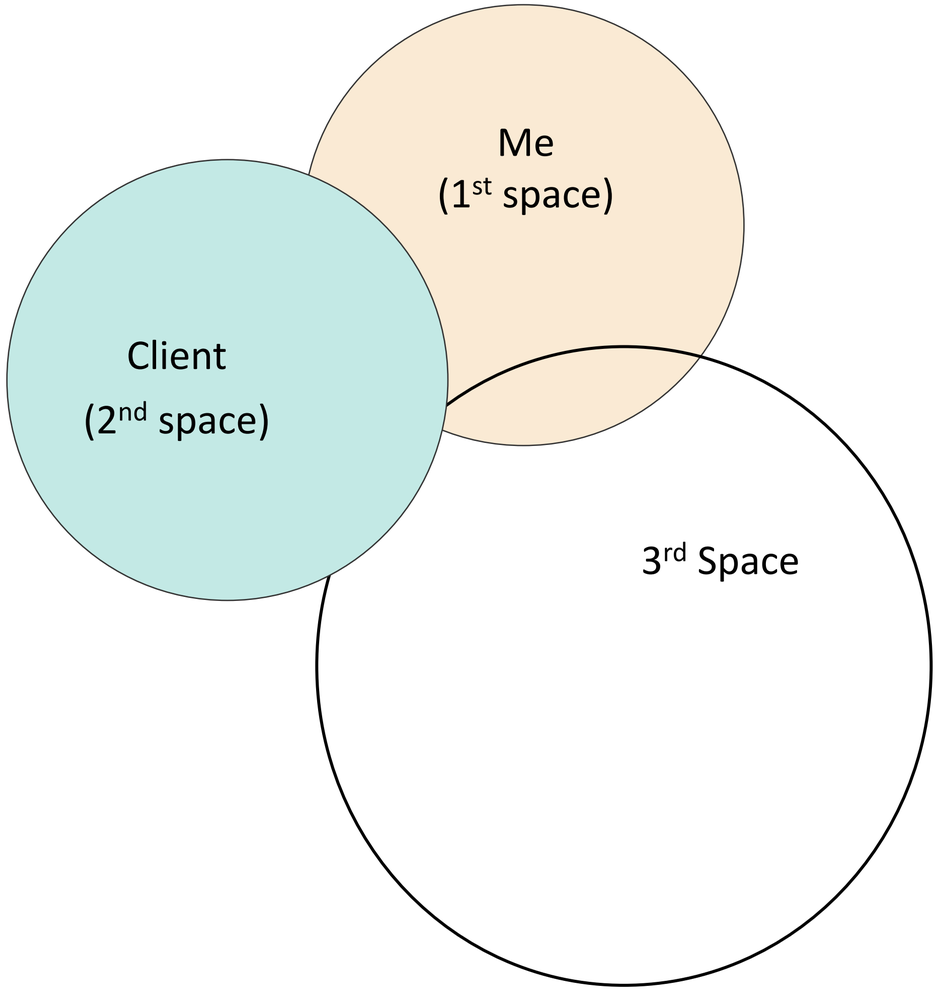
Ref: Rafik Tanious, 3rd Space Intercultural, 2012

Working in a 3rd space

New understandings emerge through collaboration (a 3rd space) that does not resemble one's original cultural or system position and expands the subjective location to reflect new meanings.

3rd space work is characterised by cultural humility, two-way communication, and culturally safe practice. It recognises hybridity and moves beyond structural binaries.

Coercion, subordination and assimilation does not facilitate 3rd spaces



Ref: Rafik Tanious 3rd Space Intercultural, 2012

Referring to STARTTS

Signs, symptoms and behaviours of complex trauma presentations that are impacting on the person's daily functioning and relationships could indicate a need for a referral for torture and trauma counselling.

If the person is under the age of 14 years, the consent of the parent or guardian is necessary.

STARTTS' services are free.

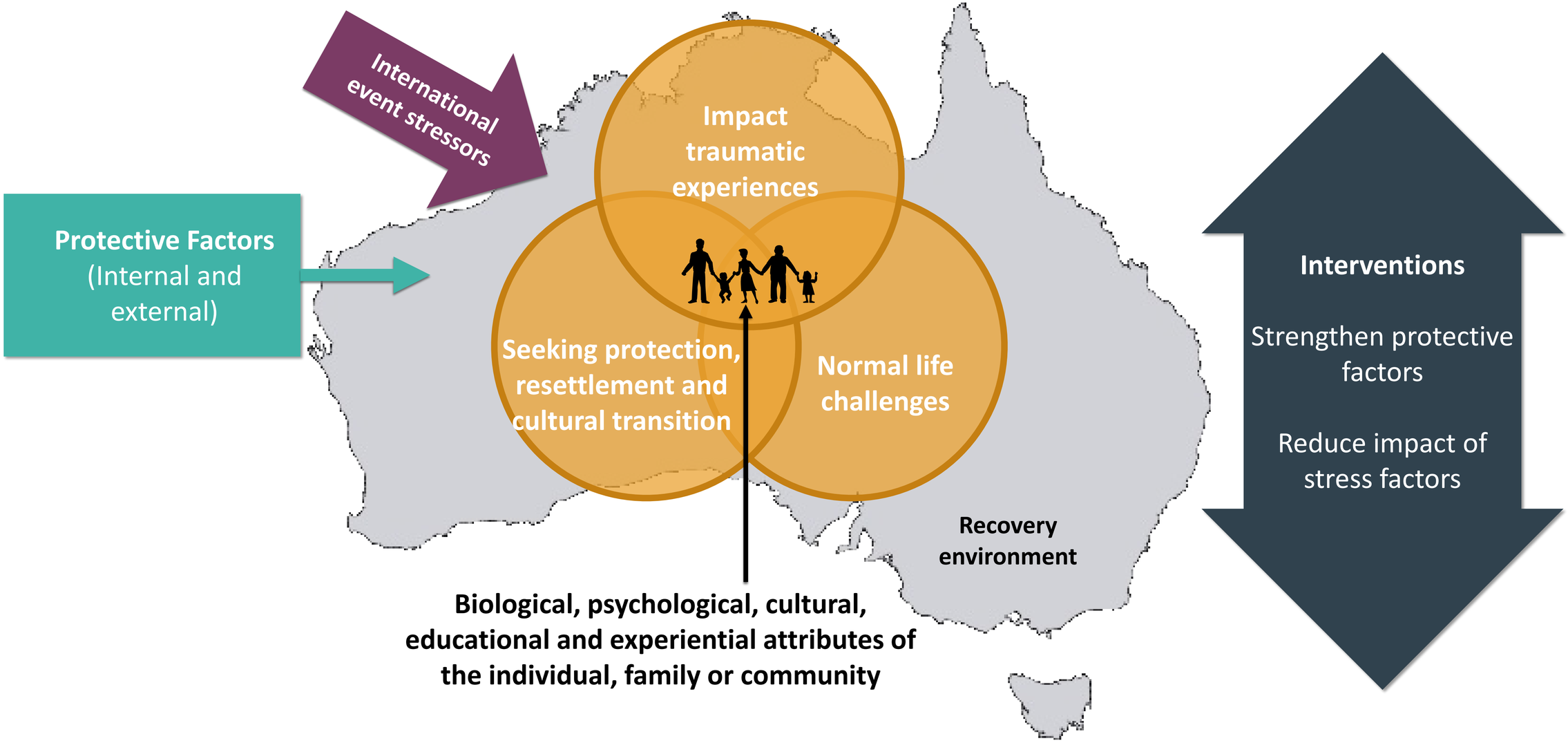
Any person in need of immediate assistance (eg. suicide, psychotic episode) should be referred to the local mental health team or hospital emergency department.

Call: (02) 9646 6800

Download the Intake Form:
https://www.startts.org.au/services/make-a-referral/

Email: stts-intakegeneral@health.nsw.gov.au

The complex interaction of challenges



Ref: Aroche and Coello, Towards a Systemic Approach, 1994

Activity - Case study

Mrs Tran is 78-year-old Vietnamese-Australian woman who arrived in Australia with her three daughters as a refugee in 1979.

Mrs Tran is losing weight steadily and has been admitted to hospital several times with concerns for her health. She is currently only receiving the aged pension, and lives in a granny flat in the home and property of one of her daughters. She believes it is her duty to support her daughter's family even though her health is compromised. She drives one of the children to school each day, shops for fresh food and cooks dinner for the family. She is often tired, moody and sore with neck and back pain and sometimes is critical of her grandchildren, which upsets her son in law.

When Mrs Tran is moody she plays the pokies at the local club or travels to her friend's place to play cards. She often doesn't have enough money to treat herself at the hairdresser, or buy herself nice things, she has no superannuation as she worked private jobs for most of her life in Australia. She also has private gambling debts.

One day Mrs Tran asks her grandchildren for some money (to repay a gambling debt), which results in conflict with her daughter and son-in-law. She is admitted to hospital again because of her weight loss and fainting spells.

How would you assess and support Mrs Tran.

Presented on behalf of STARTTS by

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