

Historical and Culturally Congruent Assessment

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Presentation Overview

- Review of Classical Psychosocial/Psychodynamic Assessment
- Incorporating Consideration of Historical Trauma and Historical Unresolved Grief/Historical Trauma Response Features with Assessment
- Cultural Congruence in Assessment
- Utilizing the Cultural Formulation in Assessment and Diagnosis

Historical Trauma and Unresolved Grief

- ***Historical trauma*** is cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma (1985-88)
- ***Historical unresolved grief*** accompanies that trauma

(Brave Heart, 1998, 1999, 2000)

Historical Trauma Response

- The *historical trauma response* (HTR) is a constellation of features in reaction to massive group trauma
- This response is observed among Lakota and other Native populations, Jewish Holocaust survivors and descendants, Japanese American internment camp survivors and descendants.

(Brave Heart, 1998, 1999, 2000)

Psychosocial Assessment

- Identifying Information and Referral
- Presenting Problem – Client perception
- Presenting Problem – Your perception
- History of the Problem & Precipitating Factors
- Social, Educational, Work, Family, & Medical History including Mental Health, Substance Abuse, & Domestic Violence History; Sexual History
- Psychodynamic Formulation – Use of Induced Feelings
- Mental Status Exam
- Diagnosis & Recommendations

Social History Exploration

- Social, Educational, Work, Family, & Medical/Behavioral Health History – integrate HT, collective group trauma experiences as part of that history
- Early separations from children - a source of incredible traumatic grief for parents
- Early separations from parents, grandparents, and extended family traumatic for children – source of grief
- Perceived abandonment

Mental Status Exam

- Affect – both emotional state and facial expression [attend to cultural styles]
- Full-range, appropriate
- Labile [watch for cultural styles]
- Inappropriate, e.g. grimacing, laughing when it does not match the content of verbalizations (need to distinguish from “nervous laughter” – will feel different)
- Agitated, shaking

Mental Status Exam

- Psychomotor retardation, slowed down
- Clinically depressed affect, sighing
- Thought – concrete thinking – “our time is up” – psychotic process
- Clues – verbalizations make you “scratch your head” seem odd
- Tangential, circumstantial thinking, speech
- Perseveration, repetitive, obsessional
- Pressured speech

Mental Status Exam

- Attend to Appearance, Behavior, Mood, Speech, Thought, Ideation (suicidal, homicidal, paranoid content), Interpersonal Relationship with the clinician and staff
- Attend to Perception – Visual, Auditory, or Olfactory Hallucinations [watch for cultural norms]
- Paranoid thinking, ideas of reference [may be mistaken for coping among oppressed populations]

Mental Status Exam

- Persecutory thoughts
- Delusions
- Government is sending them messages through their television, bizarre thinking
- Ideas of having special powers (narcissistic defense)
- Grandiosity, Narcissistic thinking

Mental Status Exam

- Command hallucinations – RED FLAG
- Where do the voices come from – inside or outside their head? Can others hear their thoughts?
- Mental status exam includes questions re: orientation X 3 – to person, place, and time – who they are, who you are, where you both are, and what time is it, what day is it [cultural, age considerations]
- Cognition and memory – specific questions [culturally appropriate]

Mental Status Exam

- Overall intellectual ability, fund of knowledge, and consciousness; sensorium and cognition
- Is the client alert or catatonic? Is the person confused?
- Can the person concentrate on some basic math questions, e.g. simple subtraction, multiplication, counting backwards from 100?
- Do they have a basic fund of knowledge, e.g. who is the President of the United States?
- All of these can have cultural differences!

Mental Status Exam

- How is their attention span? Are they distractible?
- How is their memory – both long-term and short-term? Can ask them historical questions, when, where they were born.
- Can ask them to remember a phrase, a set of numbers, three or four unrelated words, and then ask them again 5 minutes later.

Psychodynamic Formulation

- Defense mechanisms – unconscious, intended to protect the ego
- Underlying repression
- Classic defenses – projection, reaction formation, undoing, sublimation (more extensive list in the DSM IV)
- Defenses are clues to psychopathology and character structure

Psychodynamic Formulation

- Ability to delay gratification
- Impulse control
- Other ego strengths, e.g. judgment, ability to operate under the reality principle rather than the pleasure principle (giving into id, to impulses); understanding consequences of their behavior
- Quality of superego – weak, rigid
- Ego mediates between the id and the superego

Culturally Sensitive Diagnosis: The DSM IV Cultural Formulation

Cultural Identity

- Ethnic or cultural reference group(s)
- Degree of involvement w/culture of origin & host culture
- Language abilities, use, & preference

Cultural Explanations of Illness

- Meaning & perceived severity of symptoms in relation to reference group/s norms
- Perceived causes & explanatory models that the pt. & reference group(s) use to explain the illness
- Preferences for sources of care

Culturally Sensitive Diagnosis: The DSM IV Cultural Formulation

Cultural factors related to psychosocial environment & levels of functioning

- Culturally relevant interpretations of social stressors, available supports, levels of functioning & disability
- Stresses in the local social environment
- Role of religion & kin networks in providing emotional, instrumental, & informational support

Cultural elements of the relationship between the individual and the clinician

- Individual differences in culture & social status between the individual & clinician
- Problems these differences may cause

Culturally Sensitive Diagnosis: The DSM IV Cultural Formulation

Overall cultural assessment for diagnosis and care

- Discussion of how cultural considerations specifically influence comprehensive diagnosis and care

Reference:

Lewis-Fernandez, R. and Diaz, N. The Cultural Formulation: A method for assessing cultural factors affecting the clinical encounter. *Psychiatric Quarterly*, 2002, 73(4): 271-295. (Table 1, p. 275)

Examples for Native clients: skin color issues, risk for trauma exposure, traditional mourning practices, racism, unemployment rates, housing availability

Cultural Formulation (con't)

- Indirect styles of communication, values of non-interference and non-intrusiveness, & polite reserve may delay help-seeking and true presenting problem
- Variation in eye contact; cultural differences in personal space & cross-gender interaction
- **Listening for the meaning in the metaphor**
- **Client use of narratives, stories; talking in the displacement**
- **Beginning phase may be longer**

Culturally & Historically Responsive Assessment

- Explore generational boarding school history, tribal traumatic events, and investigate how these were/are processed in the family
- Explore degree of involvement in traditional Indigenous culture; complexity of cultural responsiveness
- Use adaptation of the DSM IV Cultural Formulation (Lewis-Fernandez & Diaz, 2002), expanded to include exploration of boarding school trauma, tribal relocations, migration, trauma in tribal community of origin, language

Historical Trauma Response Features

- **Survivor guilt**
- **Depression**
- **Sometimes PTSD symptoms**
- **Psychic numbing**
- **Fixation to trauma**
- **Somatic (physical) symptoms**
- **Low self-esteem**
- **Victim Identity**
- **Anger**
- **Self-destructive behavior including substance abuse**
- **Suicidal ideation**
- **Hypervigilance**
- **Intense fear**
- **Dissociation**
- **Compensatory fantasies**
- **Poor affect (emotion) tolerance**

Historical Trauma Response Features

- Death identity – fantasies of reunification with the deceased; cheated death
- Preoccupation with trauma, with death
- Dreams of massacres, historical trauma content
- **Loyalty to ancestral suffering & the deceased**
- **Internalization of ancestral suffering**
- **Vitality in own life seen as a betrayal to ancestors who suffered so much**

Intergenerational Transfer of the Historical Trauma Response

- **Parents who have been traumatized as children often pass on trauma response patterns to their offspring.**
- **Internalization of ancestral suffering**
- **Loyalty to the deceased**
- **Death wishes – to join deceased ancestors**
- **Vitality in own life seen as a betrayal to ancestors who suffered so much**

Culturally Congruent Assessment

- Look at tribal mental health and diagnosis, e.g. work of Ethleen and Rick Two Dogs, and other Native Systems of Care Projects
- In Cultural Formulation, relationship of clinician with the person seeking help could be affected by dominant societal view of Natives as “savage” and unfeeling – dehumanizing, invalidating grief – still an unconscious process; also, internalized oppression for Native clinicians or tribal differences may interfere

IPS

- Provides preliminary data on the psychometric properties
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- Finalize for research use by tribal communities who have identified a need for such an instrument
- Preliminary data on the nature and prevalence of the emotional challenges (depression, collective trauma exposure, interpersonal losses, and unresolved grief)

Use of HT related measures

- Historical Loss Scale and Historical Loss and Associated Symptoms Scale looks at historical consciousness and some emotions experienced when thinking about losses
- Not a standard mental health assessment but helpful when combined with other assessment tools or in outcome research

Indigenous Peoples Survey

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IPS Content

- Inventory of Complicated Grief
- Trauma History Inventory/HTQ
- PTSD Checklist-Civilian Version
- Historical Loss Scale (Whitbeck)
- Center for Epidemiologic Studies Depression Scale
- Duke-UNC Functional Social Support Questionnaire
- Items from the Lakota Grief Experience Questionnaire (Experimental) and the *Return to the Sacred Path* Study (PI-constructed)
- Experiences of racism and discrimination
- Identity