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


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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.

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

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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:

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

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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

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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

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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**

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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

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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

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IPS

- Provides preliminary data on the psychometric properties
- 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

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