

WORKING WITH PEOPLE FROM OTHER CULTURES

Working with people from other cultures who are survivors of torture and trauma, primarily those who have come as refugees, provides clinicians with a complex array of tasks and issues to focus on. It is also deeply challenging at a personal level, as one needs to existentially grapple with what it means to live and work in a world where the cruelest of human suffering is deliberately inflicted. In this article we will outline the clinical issues related to trauma and place this in the context of multi cultural practice. We will also consider the self-care needs of the professional.

Assessment Issues:

A good clinical understanding of Post Traumatic Stress Disorder and Grief and Loss issues is an important starting point. Most survivors will have experienced multiple losses and traumas.

All survivors should be assessed for the risk of self-harm. Given the highly traumatic backgrounds of many survivors surprisingly few people indicate that they are at risk. However some of the newly arrived asylum seekers are showing severe signs of stress and seem to be at greater risk of self-harm, possibly for several reasons. Often the trauma is more recent; the journey here has been hazardous; the detention experience has often been traumatic; many asylum seekers do not know the whereabouts or well being of their family members and even if they do they cannot apply for their family to join them; and they do not know about their own future in Australia. All of these factors seem to make them more vulnerable to mental health problems.

Many depressive symptoms may be somatized and expressed as physical ailment. Whilst it is important to realize that psychological distress may be the source it is also important that clients have a thorough physical assessment. Many refugees have been physically tortured and experienced a great deal of nutritional and hygiene deprivation over prolonged periods of time and this may have resulted in long-term physical health problems.

Not all the trauma and loss is in the past. Because many refugees have family members who are missing or awaiting resettlement there is often current and unfolding losses. Separation amongst families is common and can be a source of perennial grief. Also new world conflicts, especially in survivors homeland, retraumatizes people. These ongoing losses change the nature of the work and often makes it less psychologically safe to engage in some of the types of intervention one might with an older trauma. The amount of anxiety, grief and guilt can be quite crippling and destabilizing.

Some attention needs to be given to how long people have been in Australia, and indeed what other countries of asylum they have been in, as settlement experiences will influence and complicate other processes. In very general terms it takes at least two years to start to learn English, to get qualifications recognized and/or to retrain, and to begin to materially replace basic household items. For some survivors of torture and trauma they cannot contemplate these tasks until they have "told their story" and begun to experience some relief of symptoms. For many others they cannot afford to begin to

unravel their traumatic experiences until they have physically established their families in this new life. Indeed it is very often because symptoms persist even after successful settlement that people decide that they need to seek psychological assistance.

Part of any thorough psychosocial assessment should include a consideration of social support networks. It is also important to establish why people have not accessed all the supports they might. Sometimes it will be due to lack of information but it may also be due to distrust around people from their own country. Many traumatized people also develop anxiety around leaving their own homes, travelling to new places, and meeting new people.

It is also important to assess what people's understanding of counselling is. Many cultures do not have a specific language or tradition around counselling and may understand it in more medical terms or as a special friendship. Reaching a shared understanding of the process to be embarked upon is an important aspect of the contracting of the work to be undertaken.

It is important that professional interpreters should be used wherever there is a communication problem. Choosing an interpreter from the correct language group, cultural identity, and gender is important. In long-term work it is important to negotiate with TIS to have the same interpreter each time, where possible, as it does make an impact on the work.

Intervention:

When working with people from other backgrounds it is useful to remember that the client is the expert about their own culture and experience. Whilst good material is available on many different cultures, from the Multi cultural Psychiatric Service or a number of web sites, it is important to remember that this information is general, and in the cases of areas of conflict, it is likely to have been prepared by those who have a particular political position. Refugees, almost by definition, are likely to have come from one of the ethnic or political minority groups.

Also for all migrants, there is a tendency to remember their culture as frozen at the time of their departure, so that the migrant may be more conservative than their fellow former citizens for whom life has continued to change and develop. This often contributes to some of the intergenerational tension.

Clinicians at ASeTTS work in quite individualized ways, however one of the common tenants of practice would be the model of Judith Herman. Possibly the most crucial element is to build trust with the client and thus to help the client re-establish trust in the world. This is not only a precursor to the work, it is in a very real sense the heart of the work. Sometimes it is necessary for the counsellor to prove themselves before the more difficult psychological work can begin. This may involve advocacy tasks or proving oneself able to cope with the sorts of material the clients know needs to be dealt with. It can, for example, be very important to respond respectfully to any little "test run" stories or tasks, thus demonstrating your availability to hear more difficult stories. Clients are often very protective of workers and reluctant to burden them with their stories of trauma. It is important to convey professional robustness as well as personal sensitivity.

Individual talking therapy is not the only, or even always the best, way of responding to people who have experienced torture and trauma. Often other interventions need to be made in conjunction with counselling or instead. Body work - massage, physical exercise and fitness; group work; community development; all are important for people to recover from trauma, reclaim their personal and cultural identity and to resettle in a new land.

Professional Self Care:

It is worth emphasizing the need for good professional self care when undertaking this sort of work. Supervision, which is always important, becomes crucial. Debriefing after a particularly difficult session might be necessary. Given the toxic nature of much of the material one is exposed to it is important to consider carefully with whom you will debrief as one wishes to avoid traumatizing others or simply feeding some people's interest in the unusual and perverse. Like our clients we may need to consider body work. Certainly we need to seek activities that contribute to balance in our life - physically and psychologically.

Consultation and Referral:

Staff at ASeTTS are available for consultation. Referral should be considered where the primary problem identified by the client and yourself is one of torture and trauma. Where this is a secondary or complicating factor, and the primary problem is one for which there is a mainstream service, we would encourage you to undertake the work with consultation and support. This can be done individually or as training with the agency as a whole. One of our primary goals is to help support mainstream services develop an appreciation and competency in responding to the needs of survivors of torture and trauma.

If you would like further information please contact ASeTTS

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