Intercultural psychology essay

Parts of the World, Australia

Post-Traumatic Stress Disorder

Common Risk Factors

A common risk factor associated with PTSD is gender. Females are more likely to suffer PTSD. According to Bhattacharya, Cross and Bhugra (2010), the rates of PTSD in women are twice that of men. Further, girls are more vulnerable to post-trauma reactions (Koltveit, Lange-Nielsen, Thabet, Dyregrov, Pallesen Johnsen, and Laberg, 2012). Stressor of the trauma also is a common risk factor. The exposure and magnitude of the stressor is likely to influence the occurrence of PTSD. Additionally, stressors may trigger PTSD in cases where there are multiple life losses, criminal violence, sexual assault, and graphic scenes of bodies being mutilated.

According to Koltveit, Lange-Nielsen, Thabet, Dyregrov, Pallesen Johnsen, and Laberg (2012), exposure to war stressors is strongly linked to PTSD. Further, the experience one goes through during the trauma is also a significant risk factor. In this case, PTSD is likely to occur if the person constantly perceives their life to be in danger, intense fear and helplessness, has witnessed scenarios such as murder or torture and images of remains of human body parts. Moreover, certain characteristics of the individual may also be considered as risk factors. For instance, PTSD is likely to occur if the individual has a history of psychiatric illness, has experienced a trauma incident before, or the coping style used in a previous trauma experience was not effective and is in denial of trauma. Additionally, the lack of social support may trigger PTSD. Other risk factors include low education, low socioeconomic status, and low intelligence (Frueh, Grubaugh, Elhai, and Ford, 2012).

Common symptoms of PTSD

The DSM-IV provides some of the common symptoms of PTSD. One of these symptoms is survivor guilt. This occurs when the individual feels guilty for having survived a traumatic experience where many others died. Secondly, aggression and poor impulse control indicate presence of PTSD. Further, individuals experiencing PTSD tend to show signs of depression, may experience anxiety disorders and substance abuse. Additionally, the individual may display suicidal tendencies.

Common Treatment of PTSD

One of the common treatments for PTSD as outlined in the DSM-IV involves the use of antidepressants such as amitriptyline and imipramine inhibitors. These antidepressants may be effective in situations where the individual experiences intrusive thoughts. Additionally, an SSRI (Selective serotonin reuptake inhibitor) such as sertraline is also an effective treatment for PTSD. In cases where the individual does not respond to antidepressants, lithium, buspirone, and anticonvulsants can be used. Therapy in the form of psychotherapy, support groups, behavioral therapy, and family therapy help to support the effectiveness of the drug treatments.

Risk Factors, Symptoms, and Treatment of PTSD among Australian Refugees

One of the most common risk factors for refugees in Australia depends on the perception of the society towards the refugees. According to Murray, Davidson, and Schweitzer (2008), the use of terminology such as illegal immigrants and boat people by the media in Australia tends to have significant impact on the refuges. Further, refugees who come from non-

English speaking countries find it difficult to adapt to Australia. Their mental illness is likely to deteriorate because of the stressful process of trying to embrace and adapt to the culture of Australia. The lack of social support is highly likely to be a significant risk factor. Some of the refugees in Australia have a cultural background of having social groups. Thus, in case of being in a new country, the social groups may be disintegrated causing PTSD to develop easily because of the lack of social support (Schweitzer, Melville, Steel, and Lacherez, 2006). According to Murray, Davidson, and Schweitzer (2008), studies indicate Australians having a negative attitude towards the refugees. The issue of temporary and permanent visas may also be a risk factor for PTSD. According to Bhugra, Craig and Bhui (2010), a study on the mental health of Australian refugees indicated that refugees who were holders of temporary visas showed high scores for PTSD symptoms than the holders of permanent visas. Having temporary visas helps to maintain the refugees in a state of helplessness and hopelessness (Bhugra, Craig and Bhui 2010).

PTSD is common in children refugees. According to Thomas and Lau (2002), some of the symptoms these children exhibit include disordered memory, confusion about events and imitation of violent behavior. In school setting, the children may show social withdrawal. Additionally, possible symptoms in refugees may include flashbacks, poor concentration, aggressive behavior, nightmares, and guilt of one’s survival (Thomas and Lau, 2002). The refugees also tend to have sleep disturbances.

One of the most appropriate methods of treating PTSD among Australian refugees is using therapy. Since most of the trauma may be caused by lack

of social support, family therapy and support groups can be effectively used to aid drug treatment that is used. Considering culture of the refugees is important to ensure that the treatment is effective. Testimonial psychotherapy is a common approach that has been proposed when dealing with refugees with PTSD (Murray, Davidson, and Schweitzer, 2008). This method has proved to reduce rates of PTSD significantly. Another treatment that can be effective is the Narrative Exposure Therapy (NET). According to Robjant and Fazel (2010), this treatment, which involves an individual recapping the details of accounts of traumatic experiences, targets the emotional response to trauma using exposure to be able to come up with a coherent sequential account. This method has deemed to be effective causing a reduction in PTSD rates to 29% in adults compared to supportive counseling where rates of PTSD remained at 79% (Murray, Davidson, and Schweitzer, 2008).

Importance of Understanding Cultural Competency

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