

Acceptance and Mindfulness Techniques as Applied to Refugee and Ethnic Minority Populations With PTSD: Examples From "Culturally Adapted CBT"

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In this article we illustrate how we utilize acceptance and mindfulness techniques in our treatment (Culturally Adapted CBT, or CA-CBT) for traumatized refugees and ethnic minority populations. We present a Nodal Network Model (NNM) of Affect to explain the treatment's emphasis on body-centered mindfulness techniques and its focus on psychological flexibility. We explain the definition of mindfulness that guides our treatment, and we outline a typology of mindfulness states and show how many of the techniques in our treatment can be analyzed by these categories. We argue that acceptance and mindfulness are therapeutic for refugees and minority populations for several reasons. These include their increasing psychological flexibility, decreasing somatic distress, decreasing rumination, serving as emotion regulation techniques, decreasing the attentional bias to threat, and forming part of a new adaptive processing mode (which in CA-CBT centers on psychological flexibility). We describe the specific ways we teach acceptance and mindfulness with Latino and Southeast Asian refugee populations and present case examples of the treatment of a traumatized Latino and Cambodian patient.

WE refer to our manualized 14-session treatment for traumatized refugees and ethnic minority populations as culturally adapted CBT, or CA-CBT (which might also be called culturally adapted flexibility-focused therapy, or CA-FT, for reasons that will be clear below). The treatment emphasizes emotion regulation techniques such as acceptance and mindfulness techniques. In CA-CBT, acceptance and mindfulness techniques are important parts of the anxiety, trauma, and anger protocols, with these protocols being practiced at the beginning of almost all sessions (see [Table 1](#) for an overview of the treatment); and a mindfulness technique is taught at the end of every session that is further practiced on the way home (often this is multisensorial mindfulness, i.e., attending to one or more channels of sensorial experiencing: auditory, such as ambient sounds, and visual, such as certain visual images like the movements of leaves in the wind). Our treatment has been shown to be effective for traumatized ethnic minority (Latino) and refugee (Cambodian and Vietnamese) groups as compared to a waitlist condition

(Hinton et al., 2004, 2005) and applied muscle relaxation (Hinton, Hofmann, Rivera, Otto, & Pollack, 2011).

Below we first discuss CA-CBT's treatment targets based on our "Nodal Network Model of Affective State" and describe the typology of mindfulness that guides our treatment, a treatment that aims to create a certain enduring mode of processing that is organized around the idea of psychological flexibility. We then adduce further reasons why we think acceptance and mindfulness techniques are effective treatment techniques among traumatized refugees and ethnic minority groups and provide examples from our treatment. We then describe in more detail the particular acceptance and mindfulness techniques we utilize and how we culturally adapt them, followed by two case examples.

Treatment Targets

There are several treatments available for PTSD, but they focus on repeated exposure to the trauma memory in order to attain extinction. The applicability of such an approach to educated native English speakers is being questioned because of high rates of dropout and concerns about worsening. There is evidence that minority populations tolerate such techniques even less well (for a review, see [Hinton et al., in press](#)). Moreover, these treatments do not target certain key aspects of trauma-related disorder that are important to address in

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Table 1
Sessions in CA-CBT: Structure and Some Key Elements

Session number and name	Beginning section: exposure and practicing emotion regulation protocols	Main section	Stretching paired with self-statements of flexibility	Meditation practiced while returning home
Session 1: Education about Trauma-Related Disorder	None	Education about PTSD. Mood labeling and emotion distancing (cloud analogy). Multisensorial living-in-the-now as an emotion regulation strategy.	Shoulder, neck, and arm	Leaf movement awareness
Session 2: Muscle Relaxation and Stretching with Visualization	None	Toe-to-head muscle relaxation and stretching with visualization. Applied muscle relaxation and stretching. Candle imagery as flexibility primer.	Shoulder, neck, and arm	Leaf and cloud awareness (shape, color, movement)
Session 3: Applied Muscle Stretching with Visualization and Anxiety Protocol (AP)	Elicit anxiety episode and practice AP	Toe-to-head muscle relaxation and stretching with visualization. Applied stretching. Teach the AP (which includes applied muscle stretching with a visualization encoding flexibility).	Shoulder, neck, and arm	Loving-kindness
Session 4: Trauma Recall Protocol (TRP)	Elicit anxiety episode and practice AP. Elicit trauma recall and practice TRP.	Trauma Recall Protocol (which contains several protocols: multisensorial living-in-the-now; acceptance; loving-kindness; emotion shift; visualization with applied muscle relaxation).	Shoulder, neck, arm, wrist, and fingers	Loving-kindness
Session 5: Education about Trauma-Related Disorder and Modifying Catastrophic Cognitions	Elicit anxiety episode and practice AP. Elicit trauma recall and practice TRP.	Education about trauma recall and anxiety symptoms. Modify catastrophic cognitions about PTSD symptoms. Practice in emotion labeling and distancing. Smiling mindfulness.	Shoulder, neck, arms, and legs (standing)	Clouds and leaves. Smiling awareness.
Session 6: Interoceptive Exposure I: Head Rotation	Elicit anxiety episode and practice AP. Elicit trauma recall and practice TRP.	Interoceptive exposure: head rotation. Address catastrophic cognitions about head spinning and address trauma associations to and catastrophic cognitions about associated sensations such as dizziness. Create positive associations to sensations (some involving self-metaphors of flexibility). Practice emotion shifting by shifting through the <i>brahmavihara</i> (four positive emotions), one of which is emotion distancing.	Shoulder, neck, arms, and legs (standing)	Leaf and branch movement paired to a metaphor ("May I flexibly adjust as the leaf does to each breeze")
Session 7: Interoceptive Exposure II: Hyperventilation	Elicit anxiety episode and practice AP. Elicit trauma recall and practice TRP.	Interoceptive exposure: hyperventilation. Educate about breathing such as induced	Shoulder, neck, arms, and legs (standing)	Leaf and branch movement paired with a flexibility metaphor

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