

Adapting CBT for traumatized refugees and ethnic minority patients...

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Full title: Adapting CBT for traumatized refugees and ethnic minority patients: examples from culturally adapted CBT (CA-CBT).

In this article, we illustrate how cognitive behavioral therapy (CBT) can be adapted for the treatment of PTSD among traumatized refugees and ethnic minority populations, providing examples from our treatment, culturally adapted CBT, or CA-CBT. CA-CBT has a unique approach to exposure (typical exposure is poorly tolerated in these groups), emphasizes the treatment of somatic sensations (a particularly salient part of the presentation of PTSD in these groups), and addresses comorbid anxiety disorders and anger. To accomplish these treatment goals, CA-CBT emphasizes emotion exposure and emotion regulation techniques such as meditation and aims to promote emotional and psychological flexibility. We describe 12 key aspects of adapting CA-CBT that make it a culturally sensitive treatment of traumatized refugee and ethnic minority populations. We discuss three models that guide our treatment and that can be used to design culturally sensitive treatments: (a) the panic attack-PTSD model to illustrate the many processes that generate PTSD in these populations, highlighting the role of arousal and somatic symptoms; (b) the arousal triad to demonstrate how somatic symptoms are produced and the importance of targeting comorbid anxiety conditions and psychopathological processes; and (c) the multisystem network (MSN) model of emotional state to reveal how some of our therapeutic techniques (e.g., body-focused techniques: bodily stretching paired with self-statements) bring about psychological flexibility and improvement.

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