

## Extended Abstract

Culturally oriented approach of in  
a treatment of traumatized  
refugees

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Treatment is not simple to put the diagnostics and treatment into the right context, diagnostically there seems to be more frequent over- or under-reporting of complaints culturally oriented psycho education over PTSD and in the context of traumatization is very important in order to be more receptive to the treatment and to be able to rational relationships and look contacts with others, in conjunction with the influence of the traumatization. Trauma focus therapy using culturally oriented approach, drawing and letter writing and patient support has helped to discuss grief, anger and subsequent incorporation. The 3 most important things are, the way to approach the people, orientation and generate their full motivation. If they don't understand what they can get then they are not motivated, they will avoid contact, they are not going to make contact. This is understandable.

When we look at confidence, the clients need to really accept what you tell them to understand about their feelings. If they believe you care and listen to them they will better understand you and be more motivated to be treated. That is why we focus on the education of these patients regarding psychological aspects with colleagues from centrum 45 and CoTeam has developed a new method for simple screening and diagnoses and instructions to start with treatment, called Intervention toolbox for PTSD. Psychoeducation first, if they understand, believe and trust you, then they become more motivated to be treated. Refugees have often experienced traumatic events. Some of them might develop a PTSD and will need specialized mental health care. As loss of former status, their family, friends as well as feelings of disappointment and rejection, might lead to a low self-esteem and faith in the future.

In the treatment is not simple to put the diagnostics and treatment into the right context, diagnostically there seems to be more frequent over- or under-reporting of complaints. Culturally oriented psycho education over PTSD and in the Context of traumatization is very important in order to be more receptive to the treatment and to be able to rational relationships and look contacts with others, in conjunction with the influence of the traumatization. Trauma focus therapy using culturally oriented approach, drawing and letter writing, and patient support has helped to discuss grief and anger and subsequent incorporation. The 3 most important things are: The way to approach the people, orientation and generate their full motivation if they don't understand what they can get then they are not motivated, they will avoid contact, they are not

Going to make contact. This is understandable. When we look at confidence, the clients need to really accept what you tell them to understand about their feelings. If they believe you care and listen to them they will better understand you and be more motivated to be treated. That is why we focus on the education of these patients regarding psychological aspects With colleagues from centrum 45 and CoTeam I developed a new method for simple screening and diagnoses and instructions to start with treatment, called: 'Intervention toolbox for PTSD'. Conclusion Psych education first, if they understand, believe and trust you then they become more motivated to be treated. Refugees have often experienced traumatic events. Some of them might develop a PTSD and will be in need of specialized mental health care. As loss of former status, their family, friends as well as feelings of disappointment and rejection, might lead to a low self-esteem and faith in the future.

This research was conducted as a two-phase qualitative study. First, key informant interviews with Somali mental health stakeholders generated a list of 7 common Somali CIDs: buufis, buqsanaan, welwel, murug, qaracan, jinn, and waali. Typologies of each CID were further explored through four focus group interviews with Somali community members. The findings from a template analysis revealed Somali lay beliefs on how trauma and daily stressors are experienced and discussed in the form of CIDs and how each term is utilized and understood in attributing symptoms to associated causes. This study highlights the need to incorporate colloquial terms in mental health assessment and to adopt a culturally relevant framework to encourage wider utilization of services and religious/spiritual support systems.