

Forensic and Clinical Psychological Research in Uganda: Challenges for Trauma on Top of Trauma Service Delivery

Culturally-responsive Approaches for Addressing the Perceptions and Acceptability of Trauma Interventions in Uganda, **ERIC JACOBS***, **ELIZABETH GRACE***, **MAGGIE WILHELM***, **CINDY KIM***, **ADRIANA DEL VECCHIO***, and **KATHLEEN THOMAS*** (University of San Diego, 5998 Alcalá Park, San Diego, CA 92110; Ronjohncts@gmail.com, Ejacobs@sandiego.edu, and Grace@sandiego.edu).

Exposure to trauma is a problem that is encountered worldwide, with Uganda being no exception. However, in Uganda perceptions of trauma and appropriate interventions are not consistent with what is experienced in Western countries. Extant communication and understanding regarding mental health between the United States and East Africa is quite limited. Yet, the need for trauma interventions and research in this region is significant. For example, war-related trauma for adults and child-soldiers alike are everyday realities for the vast majority of individuals in Uganda. Approximately 30% of individuals exposed to life threatening events can develop symptoms of Post-Traumatic Stress Disorder (PTSD). An increase in services to this geographic area requires an examination of current cultural views on mental health issues and assistance approaches, which often prevents individuals from seeking help due to fear of ridicule by others. Current cultural beliefs are also heavily influenced by the religious views of the area, and result in the perception that the mentally ill individual may be evil, bewitched, or deserving of the illness for a wrongdoing. The clinical goal is to explore culturally responsive ways in which these views on mental health and help seeking behavior can be altered. This paper examines current Ugandan views of the culture that contribute to an outlook that is counterproductive from a mental health perspective. The paper also explores strategies for providing culturally appropriate psychoeducational and other evidence-based therapeutic-based interventions.

Group Counseling Training and Supervision for Trauma Issues Faced in Uganda: Why a Counseling Theory is Important, **DERRICK YOUNG***, **MAGGIE WILHELM***, **MONIQUE LITTLE***, and **KATHLEEN THOMAS*** (University of San Diego, 5998 Alcalá Park, San Diego, CA 92110; Ronjohncts@gmail.com, Ejacobs@sandiego.edu and Grace@sandiego.edu).

In Uganda, many citizens face significant trauma from political uprisings and oppression stemming from conflicts between and within communities and villages. The implementation of evidence-based therapeutic-based interventions can be used to address the symptoms exhibited by individuals exposed to traumatic events. This approach stresses a need for developing a culturally congruent sense of wellness to aid in the restructuring for optimal living. For example, mental health professionals may use various mental health treatment theories and the DSM-5/ICD-10 that are used to diagnose PTSD and other psychological issues. There is serious concern that significant proportions of Ugandans have experienced trauma from the past that flow seamlessly into current functioning. For example, young males have been forced and trained to fight and kill for different militant organizations against their own will. At the same time, women and young girls have been subjected to acts of sexual misconduct and rape, which leads to a lack of psychological control regarding their thoughts

and behaviors. Culturally-responsive mental health theories can guide competent clinical mental health professionals in assessing what treatment appropriately applies to a patient's unique clinical situation. Group psychotherapy training and supervision for trauma issues faced in Uganda are also areas that can be addressed by mental health professionals.

Culturally-Responsive Approaches for Addressing Severe Mental Health Issues Associated with HIV and AIDS, **KATHLEEN THOMAS***, **MELISSA KOENIGSBERG***, **CHRISTINE COLLINS***, and **MONICA GAMBILADO*** (University of San Diego, 5998 Alcalá Park, San Diego, CA 92110; Ronjohncts@gmail.com, Ejacobs@sandiego.edu, and Grace@sandiego.edu).

This research addresses the necessity of using culturally responsive approaches for individuals with severe mental health issues associated with HIV and AIDS in Uganda. A significant increased rate of deliberate self-harm is associated with HIV/AIDS phobia and the diagnosis of HIV/AIDS within this population. The pervasiveness of this problem is sufficient to demonstrate a need for increased mental health services that are culturally appropriate, and accounts for acute psychological trauma. Other relevant traumatic events include rape, recurring psychological trauma due to war, unemployment, and domestic problems that stem from byproducts of an unstable political environment. This intervention approach also requires an examination of cultural differences in gender roles. Practitioners must examine the role that societal gender norms assume with regards to individual experiences related to accessing health care and mental health services. Examinations of cultural motivations for actions such as attempted suicide must also occur. Research has demonstrated that Ugandan patients are generally more motivated by anger, which may be fueled by their current environment compared to their Western counterparts. Ugandan patients identify shame as a motivating emotion behind suicidal ideation and action, which is commonly present post-HIV/AIDS diagnosis. Shame from medical illness, coupled with community isolation, can lead to the severe mental health issues in question. Though studies show that, while the majority of Ugandans believe that mental health conditions like depression should be treated, their opinions on where treatment should be sought vary greatly. In this paper, an understanding how mental illness is conceptualized within this culture can assist qualified practitioners create culturally competent and ethically-appropriate treatment plans.

An overview of East African Research and Trauma Hope (EARTH), **ELIZABETH GRACE***, **MAGGIE WILHELM***, **MONICA GAMBILADO*** and **NICK BOYD*** (University of San Diego, 5998 Alcalá Park, San Diego, CA 92110; Ronjohncts@gmail.com, Ejacobs@sandiego.edu, and Grace@sandiego.edu).

East African Research and Trauma Hope (EARTH) is an organization designed to facilitate the study, development, and implementation of mental health services across diverse Eastern African populations. This is completed with an emphasis in war history, violence, and trauma. EARTH looks to provide a compassionate, evidenced-based approach to address biological, psychological, and social influences. This is achieved by providing assessment, counseling, and education to resolve personal and interpersonal issues through culturally sensitive interventions and specialty services. EARTH promotes quality of care and best practices, locally and abroad, through consultation, research, education, and

training. EARTH's first aim is to provide greater access to counseling through innovative and modern technologies to communities in the United States as well as Eastern Africa. Second, there is an emphasis on education regarding the effects of trauma, social and interpersonal skills, human rights, assimilation, and culturally responsive techniques. Lastly, specialized trauma counseling is implemented to train paraprofessionals and clients with the goal of spreading awareness regarding the effects of trauma. This is done in conjunction with the use of skilled trauma techniques in the emotional healing process. EARTH holds the perspective that the healing of negative and traumatic life experiences can be obtained through evidence-based, culturally sensitive trauma work.

Organization and Delivery of Clinical Mental Health Services in Uganda, **ELIZABETH GRACE***, **CINDY KIM***, **YASMIN SAADATZADEH***, **MONIQUE LITTLE***, and **MELISSA KOENIGSBERG*** (University of San Diego, 5998 Alcala Park, San Diego, CA 92110; Ronjohncts@gmail.com, Ejacobs@sandiego.edu, and Grace@sandiego.edu).

There is insufficient knowledge and understanding between Eastern Africa and North America, and clinical mental health is no exception. Consideration of several important factors (e.g., local beliefs, religions, political philosophy, historical influences, and economic structures) is imperative to determine appropriate program structures and services in those regions of the world. Child soldiers are some of the most complex traumatized populations of children and adolescents. With the history of violence, and an estimated 1:1.3 million psychiatrist to population ratio, there is significant need for clinical mental health services in Uganda. Taking into account the complexity of such a unique culture, conscientious and effective services need to incorporate the appropriate evidence-based research as well as address biological, psychological, and social influences regarding various forms of physical, emotion, and psychological trauma. This can be achieved through assessment, clinical mental health counseling, and psychoeducation to resolve personal and intrapersonal issues through culturally sensitive interventions and specialty services. Greater access to counseling through innovative yet culturally sensitive modern technologies also needs to be developed specifically for affected communities in Eastern Africa. In addition, education regarding the effects of trauma and interpersonal skills, human rights, assimilation and acculturation (i.e. stateside) needs to be addressed. Furthermore, the facilitation of specialized counseling in trauma is necessary to train paraprofessionals and clients regarding trauma, and to encourage the use of skilled techniques for trauma in the emotional healing process.