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Effective Interventions When Working With Cambodian Refugees: A Systematic Literature Review

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Running head: EFFECTIVE INTERVENTIONS WHEN WORKING WITH
CAMBODIAN REFUGEES

Effective Interventions When Working With Cambodian Refugees:

A Systematic Literature Review

By

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MSW Clinical Research Paper

Presented to the Faculty of the

School of Social Work

St. Catherine University and the University of St Thomas

St. Paul, Minnesota

In Partial fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

Abstract

In this systematic review, an investigation of research on effective interventions when working with Cambodian refugees was conducted. Through a comprehensive literature search, 5 articles met the set inclusion criteria. Peer-reviewed journal articles on quantitative or qualitative research studies on Cambodian refugees as the data resource. The review found four categories and strategies of interventions: traditional healers, pharmacotherapy treatment, implication of treatment, and assessment issues, family intervention, and use of interpreters. The results of the review demonstrated an overall improvement of traumatized Cambodian refugees. The majority of the interventions demonstrated pharmacotherapy for symptomology of diagnosis. Furthermore, this project indicates the ongoing need for cultural sensitivity, curiosity, and responsiveness as means for effective cross-cultural interventions

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

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EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

Table of Contents

Abstract	2
Acknowledgement	3
Introduction	6
History of Cambodian Refugees	7
Mental Health in Cambodian Refugees	8
Relevance of Social Work.....	10
Literature Review	11
Refugees Experience.....	12
Pre-flight.....	14
Flight	14
Post-flight.....	15
Issues in Cambodian Refugees.....	16
Interventions.....	17
Trauma-focused treatment.....	18
Narrative exposure treatment	18
Barriers and Service Gaps	19
Methods	21
Search strategy	21
Table 1: List of Articles	22
Findings	26
Traditional Healers	27
Western Interventions	29
Discussion	36
Implications of length treatment	37
Implications for further social work	38
References	41

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

A refugee is a person who has been forced from his or her home and has crossed an international border for safety (George, 2012). The U.S. Refugee Act of 1980 defines a refugee in words that closely follow the United Nations Convention Relating to the Status of Refugees. This status defines a refugee as a person who, although displaced, has not crossed an international border due to persecution. Large number of refugees from Southeast Asia was first admitted to the United States in 1975 (Muecke, 1983). Muecke et al. (1983) article defines the first group of refugees referred to “the first wave” of refugees, which alone brought up to some 130,000 refugees, was mostly Vietnamese. This group is predominately professionals, governmental officials and military personnel who have some close affiliation with the United States. They are well-educated, young urban dwellers of Catholic background, and are in good health. The first wave of refugees has studied English until they find sponsors to assist in their resettlement, which they are better condition than the second wave of refugees (Muecke, 1983). The next burst of refugees from Southeast Asia began arriving in the United States in 1979. It reflected the Vietnamese invasion of Cambodia in January 1979. This group referred to the “second wave” of refugees and they are different from the first group. The second wave group are

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

generally less educated, less literate, less familiar with Western thought and situations, less facile in English and less healthy than those in the first wave (Muecke, 1983).

Posttraumatic stress disorder (PTSD) and major depression are growing mental health concerns among Cambodian refugees. The effects of war and torture inflict long term physical and psychological scars in Cambodian refugees that are difficult to heal. Cambodian refugees experience many problems related to the traumatic events and to the challenges of adapting in the new culture of their host country, a review of current literature reveals (George, 2012). To explain Cambodian refugees' sustained mental health issues, many have targeted low rates of mental health services used in the Asian American community Wong et al., (2015). Survivors of traumatic events are still experiencing terrors. Cambodian refugees have emotional problems that tend to present themselves for care with physical problems and to avoid referrals to mental health clinics, which is one of the many why refugees fail to access mental health services (Muecke, 1983). Regardless of research that has been documented, Asian Americans are less likely than non-Asian to seek help for mental health problems (Wong et al., 2015). The best available evidence shows lack of utilization, in itself, is unlikely to explain the tenacious mental health problems experienced by Cambodian refugees (Wong et al., 2015).

Beginning in 1970s, a massive number of Southeast Asian refugees entered the United States from a war torn country. For example, between 1979 and 1983, there were 455,255 refugees from Southeast Asia resettled in the United States, constituting 72 percent of the total of 631,554 who had arrived since 1975 (Muecke, 1983). Cambodians are one of the largest refugee groups that were admitted to the United States in the 1980s. Although Cambodians leave their countries to seek political asylum and a better life in

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

the United States, the results are usually poor physical and mental health. Blair's article (2001) indicated the traumas experienced by this population make them vulnerable to post-traumatic disorder (PTSD) and other mental health disorders. PTSD is the given names to the common symptoms appear to be anxiety, depression, sleep disturbance, nightmares of the trauma, guilt and problems controlling anger (Blair, 2001). These refugees were subjected to one of the most brutal and traumatic events of the past century.

History of Cambodian Refugees

After a coup in 1975, Khmer Rouge seized Phnom Penh and took over the country and the city forcing Cambodians to leave the capital and head out to rural areas (Carlson & Rosser-Hogam, 1993). The Khmer Rouge mission was to return Cambodia to an agrarian society, emptying the cities, and forcing their countrymen into agricultural labor. Under Pol Pot's regime, nearly a quarter of Cambodia's population was killed by execution, disease, starvation, and overwork, an estimation one to three of a population of seven million Cambodians (Carlson & Rosser-Hogan, 1993). In 1978, Vietnam invaded Cambodia and occupied Phnom Penh. The Vietnamese overthrew Pol Pot and drove the leader to the Thai border where he continued to head the Khmer Rouge in the jungles. As the civil war continued, many Cambodians fled to the south as the fighting increased. Hundreds of thousands of Cambodians fled the horrors of the Khmer Rouge and their war-torn country into refugee camps along the Thai-Cambodian borders. Those who tried to leave the country during this time traveled on foot and experienced extreme hunger, fear, and the death of loved ones (Carlson & Rosser-Hogan, 1993). Most Cambodians remained in the refugee camps for many years before migration to a new

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

country and those who came to the United States experienced severe trauma including deaths of loved ones, witnessing and experiencing torture, forced migration, and the loss of all personal possessions (Lee & Lu, 1989).

The purpose of this paper is to systematically review the literature to explore which mental health interventions are most effective when working with Cambodian refugees.

Mental Health in Cambodian Refugees

The effects of torture and the trauma of resettling can be enduring. One study with Cambodians found that, 20 years after resettlement, the reported rates of PTSD (62%) and depression (51%) were associated with pre-migration trauma. Approximately 125,000 Cambodian refugees who reside in the United States emigrated nearly three decades ago after being subjected to one of the most traumatic events of the past century. In addition, Cambodian refugees are beset by high levels of current poverty, substantial exposure to pre- and post-migration trauma, and high rates of psychopathology (Wong, et al., 2015). A study by Robert Blair (2001) , interviewed 124 Cambodian refugees and found 51% of the respondents have met the Diagnostic and Statistical Manual of Mental Disorders III- Revised (DSM-III-R) for a diagnosis of posttraumatic stress disorder (PTSD).

Depression and anxiety are the most common diagnoses among Cambodian refugees and it appears to be increasing because this population avoided any events that reminded them of their live in Cambodia or any movies of violence and natural disasters' (Blair, 2001). The prevalence of depression can be expected to continue. The actual

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

occurrence of depression is probably increased due to the latency effect of posttraumatic stress disorder among refugees (Muecke, 1983). Blair (2001) indicated there are previous studies on Cambodian refugees and despite high rates of psychopathology, this population underutilizes health and mental health services.

According to The Center for Victims of Torture (CVT) (2001), Cambodian refugees are exposed to a range of stressors across all stages of their migration experiences, which increases their likelihood of mental illness. The CVT uses the Triple Trauma Paradigm to explain each stage of the migration experience and the associated stressor (The Center for Victims of Torture, 2001). These stressors include cultural and religious loss, loss of social support, and cultural adjustment. These types of vulnerabilities increase mental illness in Cambodian refugees because of complex trauma. According to Lee and Lu (1989), Asian refugees from Cambodia and Vietnam are the third area of traumatic events that may predispose people to PTSD for traumatic involuntary migrations of refugees (Lee & Lu, 1989). Culture loss refers to the objective multiple losses, including loss of familiarity with physical, social and cultural environments as well as loss of language, belief system, and socio-economic status (Berger & Weiss, 2002). Lee and Lu (1989) indicate stressors may relate to destruction of communities and families, displaced-persons in camps, loss of socioeconomic status, acculturation stressors of new languages and customs, and lack of supportive environments (Lu & Lee, 1989). Research conducted by Marshall et al., indicated Cambodian refugees reported high rates of exposure to trauma and violence before their arrival to the United States. This research shows various pre-migration trauma experiences including 99 percent of individuals reported near death due to starvation, 96

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

percent reported forced labor, 90 percent reported having a family and friends murdered, and 54 percent reported having been tortured. Yet, Wong et al. (2015), shows only 52 percent of Cambodian refugees who met the diagnostic criteria of PTSD or depression in mental health problems to obtained mental health services.

The failure to access services does not fully explain the mental health problems, but it increases the levels of PTSD and major depression in Cambodian refugees because of the multiple traumas affects by their past history. According to Blair (2001), this population is mostly likely to suppress their feelings and avoid any behaviors that stimulate any flashback of war trauma.

Relevance to Social Work

In order to be proficient mental health professionals, social workers need to be culturally aware and understand the elements of resettlement directly and indirectly that are related to psychological distress in refugee populations. Social workers need to be perceptive to the cultural and social stresses in refugees in order to understand and address their needs. Through understanding the stages of trauma, the Triple Trauma Paradigm provide a better understanding when working with Cambodian refugees. Mental health professionals can acknowledge and recognize the obstacles of refugees' experiences and obtain knowledge and skills in this area of practice. Through this comprehension, social workers are more competent in their work with Cambodian refugees by selecting their practice and theories appropriately.

In order to be culturally competent and to provide the proper mental health treatments, social workers need to understand refugees' experiences and transitions to

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

protect them from psychological distress Knowledge of the protective factors that can contribute to or alleviate psychopathology within refugee populations is valuable information for social workers. Cambodian refugees cope differently and experience different issues based on their traumatic events and culture. Knowledge of defining differences in refugee experiences will allow social workers to better assist them.

This study will contribute to the field of social work by completing a systematic review of the literature to identify the relationship between the trauma experienced by Cambodian refugees and their mental health and the relevant interventions. Social workers need to understand and acknowledge mental illness and recognize the impact of traumatic events differently to better assist refugees. Having this knowledge will allow social workers to have a better understanding of selecting the right treatment for their refugee clients.

Literature Review

Refugees

There are many immigrant people throughout the world; therefore, it is beneficial to understand the different characteristics of a refugee, as opposed to economic migrants and immigrants. Lee and Lu (1989) indicated the Asian-American population will grow dramatically. As of September 30, 1985, the population has increased to 5.11 million, 50% greater than the 3.5 million counted in the 1980 census and the Asian-American population is increasing faster than any other minority groups. According to Blair's (2000) article, since 1980, nearly 150,000 Cambodians have been resettled in the United States. The Center for Victims of Torture (CVT) defined refugees as a person who

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

left his or her country and is unable or unwilling to return to that country because of a well-founded fear of persecution on the basis of race, religion, nationality, political opinion, or membership in a particular social group (The Center for Victims of Torture, 2001). There is a slight difference between refugee and asylee; asylum-seekers and asylees fall under the general category of “refugees.” Asylum seekers are processed in the country where they desire legal status. Proving an asylum claim in the United States is a complex legal process that is extremely challenging and stressful for Cambodian refugees.

Refugee Experience

War Disturbance

Although life can be safeguarded for Cambodian refugees when reaching upon their host country but psychological threats can still involve such as coping with the loss of family member or friend during their journey or dealing the aftermath of harassment or sexual assault in refugee camps (Gong-Guy, Cravens, & Patterson, 1991). Cambodian refugees often experienced trauma because they come from war-torn countries. Anything can be a reminder of the past trauma and pain to a survivor. War trauma results as an experience of an event that involves actual or threatened death or serious injury or threat to the integrity of the individual (Hanscom, 2001). There is tremendous variance in the effects of war and torture trauma, ranging from a few short-lived difficulties to multiple disabling conditions that interfere with function, such as major depression and posttraumatic stress disorder (PTSD). Refugees fleeing oppression, atrocities, discrimination, torture, and/or genocide experience numerous adversities before leaving

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

their own countries. Refugees, while in transit to other countries, and upon arrival and resettlement in the host country, are facing past as well as ongoing intergroup and interpersonal traumas, along with societal oppression (Kira & Tummala-Narra, 2015).

The journey from danger to resettlement in a safe country is perilous and stressful, but is best understood when considered in different stages. The CVT has developed a model titled the Triple Trauma Paradigm that divides the refugee experience into three distinct phases. The experience of traumatic events leads to a variety of responses, including disturbances of conscious sensations that range from intrusive thoughts and images to emotional numbing (Horowitz, 2014). The effects of refugees' traumatic experiences are immeasurable, long lasting, and shattering to both their inner and outer selves (George, 2012). The needs of Cambodian refugees resettled in a new country may change over time. The Triple Trauma Paradigm identifies the pre-flight period as a time of physical trauma for refugees- the time in their journey between home countries often spent in a refugee camp (CVT, 2001). During this time, refugees may experience trauma in refugee camps. Flight is the process of refugees relocating to a host country, where they could potentially seek asylum. Post-flight is the final stage of trauma, in which refugees are acculturating to a new country. During this stage, the refugee feels mixed emotions of hope and high expectations. They may feel disoriented and confused when resettled in a new country.

Pre-Flight. Pre-flight is the stage of first trauma when Cambodian refugees are in their home and are forced to leave to escape danger with no destination (CVT, 2001; (George, 2012). During pre-flight, causes of distress in Cambodian refugees are often physical and psychological trauma which includes torture, death of a loved one,

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

separation, threats, harassment, intimidations, fear of unexpected arrest, living and hiding, malnutrition, imprisonment, and witnessing violence (CVT, 2001). The first stage of trauma is a significant factor associated with mental health outcomes seen in Cambodian refugees. Separation from homeland and relocation from one culture to another have been termed traumatic experiences by professionals who work with immigrants (Berger & Weiss, 2002).

Flight. Flight is the middle stage of trauma, and is an experience that represents the physical transition and journey of a Cambodian refugee leaving home country to refugee camps. By this time, refugees are typically separated from their families and friends, creating anxiety and depression as they realize all they have is lost (George, 2012). While refugee camps are often viewed as initial checkpoints, within-camp violence and illness are ever-present fears and risks. Although refugee camps are seen as a safe escape, these camps are often dangerous and may also have a higher mortality rate than countries of origin due to robbery, exploitation, sexual violence and abuse, physical assault, malnutrition, crowding, and long waits. Refugees who are caught within war-torn countries and flee to substandard conditions of asylum in refugee camps often experienced prolonged periods of danger, multiple levels of suffering, various kinds of tortures, violent encounters, and severe trauma, all resulting in the loss of physical and psychological health. These traumatic losses are exacerbated when refugees witness the deaths of family and friends through targeted executions, random violence, starvation, overwork, and medical neglect (McLellan, 2013). Through the flight stage, the Cambodian refugee experiences a unique threat because protection for refugees is often only temporary. This main source of distress is instability and fear for the future for

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

Cambodian refugees. They feel unsafe, fear they will be sent back to their home country, or fear they will be threatened and killed during their travels (CVT, 2001, p.20).

Refugees' lives remain in limbo until their legal challenges are sorted out. By this time, refugees must confront the losses of their life, as well as develop a new sense of hope for the future (George, 2012).

Post-Flight. The third and final stage of post-flight is when the refugees are living in a developed host country where they are applying for asylum or have entered as refugees. In post-flight, refugees are forced to learn their host country's societal and cultural frameworks and are absorbed within the current context of the new country they live in (CVT, 2010). The primary causes of post-flight distress includes: low social and economic status, lack of legal status, language barriers, social and cultural isolation, identity confusion, unemployment or underemployment, unmet expectations, and racial or ethnic discrimination (CVT, 2001). In addition to the journey refugees have undergone to arrive at a host country, there are many factors that impact refugees' ability to have a fluid adjustment. During post-flight stage of trauma, Cambodian refugees are experiencing culture shock, bereavement, assimilation, acculturation, and enculturation that are salient issues (Berger & Weiss, 2002). Culture shock refers to the internal reaction to the stressor event of relocation. It also means lack of knowledge of cultural clues, acceptable patterns, and context of meaning, which limits one's ability to adequately perceive reality (Berger & Weiss, 2002). Bereavement is a major life event that has been associated with a range of negative health outcomes (Cohen, Granger, and Fuller-Thomson, 2013). Social and cultural isolation, language barriers, employment difficulties, and acculturation are factors that are associated with increased rates of

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

depression and PTSD (CVT, 2001). Adding to the stress associated with this post-flight stage is the challenge of accessing supportive services. When refugees learn the difficult realities about settlement services, their anxiety and feelings of exclusion from their host country greatly increase (George, 2012). Marshall et al. (2005), research indicates Cambodian refugees reported violence in the United States, with a mean 1.7 of 11 types of post-migration trauma exposure. This research shows 34 percent of individuals reported seeing a dead body in their neighborhood, 28 percent reported having been robbed, and 17 percent reported having been threatened by a weapon and believing that they might be seriously hurt or killed.

Mental Health Issues in Cambodian Refugees

Across the board, mental health problems affect Cambodian refugees and impact their ability to transition and develop during transition. A study by Schweitzer et al., (2006), indicates not all refugees meet diagnostic criteria for certain mental illnesses but many are significantly distressed by their experiences. This research indicates that trauma and the stressors of living in exile change the way refugees think about not only the past but also about the present and future. Cambodian refugees who survived the Khmer Rouge era (1979-1983) experienced a wide range of psychopathology ranging from depression and anxiety to posttraumatic stress disorder and somatization (Fazel, Wheeler, & Fanesh, 2005). PTSD is a reaction to trauma and is better understood through the lens of trauma theory. For an individual who is recovering from PTSD or is experiencing war trauma events and activities resembling the traumatic event or triggering memories of the traumatic event can lead to psychological distress (DSM-IV). Torture survivors also may have witnessed more than one million Cambodians die of disease, starvation, or

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

execution, creating massive psychological traumas. There are high rates of mental illness during the initial stage of trauma including the loss of their loved one, family separation, or random violence. In the article from Nickerson et.al (2010), research indicates that safety of the family members left in dangerous settings represents a powerful influence in generating ongoing mental health dysfunction in refugees, despite their secure resettlement. Marshall et al.'s (2005) research shows 62 percent of Cambodian refugees met DSM-IV diagnostic criteria for PTSD in the past and 51 percent met diagnostic criteria for major depression in the past.

Interventions

Although life may be safeguarded for refugees upon reaching the host country, psychological threats may continue. This may involve coping with the loss of a family member or friend, dealing with the aftermath of sexual assault, primitive living conditions in an unsecured camp, and restricted movement. Being a refugee clearly means being at risk for physical and psychological distress because surrounded within this state is often unspeakable violence (George, 2012). Although, some symptoms are most common in older adults because they are more traditional. Cambodians' way of coping with PTSD and major depression is to suppress feelings, avoid behavior that stimulates the recall of past memories, and deny current stress (Blair, 2001).

To improve the mental health of refugees, mental health professionals should understand the context of socioeconomic and cultural factors. These factors can evolve and may directly, or indirectly, relate to psychopathology seen in refugee populations. The needs of a few refugees may be overwhelming and not adequately met but untreated

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

mental illness may occur over time if treatments are not given. Cambodian refugees suffer elevated rates of posttraumatic stress disorder (PTSD) and major depression than any other refugees because of endured four of multiple distress (Wong et al., 2015). Blair (2000) indicates the high rates of PTSD manifest among the Cambodian population that were higher than any other refugee group, and the only group to even approach their rates are Second World War prisoners of war (Blair, 2000). However, relatively few studies examined the effectiveness of psychological treatments in Cambodian refugees. To address the mental health needs of Cambodian refugees, specific treatment and approaches may be required. The field of refugee mental health intervention is dominated by two contrasting approaches, namely trauma-focused treatment and narrative exposure treatment.

Trauma-focused Treatment

The trauma-focused therapy approach is treating posttraumatic stress in refugees, which is grounded in contemporary cognitive behavioral frameworks (Nickerson et al., 2010). Trauma-focused therapy is conceptualized as a form of extinction learning in which the survivor gradually learns that cues initially conditioned with trauma are no longer a signal of threat, thereby resulting in reduction of anxiety (Nickerson et al., 2010). Trauma-focused treatment involves the disturbances in memory, processing, and cognitive appraisal that accompany intrusive thoughts or images, and lead to avoidance of feared stimuli (Foa & Kozak, 1986). For example, if neurotics are avoiders who fail to recognize and/or retrieve discomfort-evoking information about themselves or their environment, psychotherapy might be construed as providing a setting in confrontation with information that has been avoided (Foa & Kozak, 1986). This focus of treatment is

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

altering maladaptive cognitions that are held by the trauma survivors to aid reduction of psychological distress and to improve functioning. Kruse et al.'s (2009), research uses narrative exposure therapy and testimony psychotherapy, aiming to help refugees confront their traumatic experiences in a very short span of time. The empirical results of these methods exhibit diverse effects in refugees (Kruse et al., 2009). This research described positive effects for mental health intervention when working with Cambodian refugees.

Narrative Exposure Treatment (NET)

The narrative exposure treatment is a standardized technique that is designed as a short-term approach (Wong et al., 2015). The existing psychological theories address the needs of traumatized survivors of organized violence. Emotional processing is defined as the modification of memory that underlie emotions (Foa & Kozak, 1986). The cognitive processing model shows how PTSD symptoms are maintained through distortion of explicit autobiographic memory about traumatic events; the detachment from the context of implicit memory generally fragments the narratives of traumatic events (Nickerson et al., 2010). This treatment procedure allows traumatic memories to be included in the biography in a narrative form that leads to reorganizing autobiographic memory and acceptance of the trauma as being in the past. Bischescu et al. (2006), indicates NET has a particular strong impact on symptoms of avoidance and arousal. This research suggests that habituation and reintegration of autobiographical memory were underlying mechanisms in the reduction of post-traumatic symptoms. This study concludes that NET is effective in treatment of long-term psychological consequences of violence in victims in their old age (Bischescu et al., 2006). Wong et al., (2015) indicates that NET is

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

designed to be administered by trained refugees in regions affected by war and disaster where mental health professionals may be scarce. Its effectiveness is substantially greater when delivered by refugee lay counselors compared with health care professionals because it allows more linguistically and culturally appropriate care when working with refugees. Wong et al.'s research suggests that trained lay providers may be able to provide high quality psychotherapy for Cambodian refugees.

Barriers and Service Gaps

If the treatment fails, traumatized refugees will never recover. Blair (2001) indicated Cambodians' associated with mental health treatment only with severe pathology requiring permanent institutionalization. Cambodians is likely to result of cultural taboos against mental illness and frequently somatize their psychiatric problems, then assume they are suffering from physical disorders. According to one study on refugee mental health, none of the Cambodian patients attending clinic had ever told his or her story before to anyone, Cambodian or American (Blair, 2001). Clearly, even ten years after they had left their homes in Cambodia, these refugees are still suffering considerable mental distress, yet have not sought mental health treatment (Carlson & Rosser-Hogan, 1993). Previous studies on Cambodian refugees also suggest that despite high rates of psychopathology, this population under-utilizes health and mental health services (Blair, 2001). It is possible that level of education is can act as a barrier to connecting Cambodian refugees with mental health services.

Education

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

Cambodian refugees with an extended formal education were more likely to be murdered during the Khmer Rouge regime, those surviving most often have only a minimal formal education (Blair, 2001). With minimal formal education, Cambodians do not understand paperwork, which causes barriers to obtaining services. In addition, paperwork that is not completed may result in the denial of services. According to Blair's article in 2001, 32 percent of Cambodians reported they did not understand the official paperwork to be completed in order to obtain services, and 32 percent have never spoken English, which made them nervous using the phone to obtain a medical appointment. The problems come from a shortage of mental health professionals who are sufficiently familiar with the language and culture of the Cambodian refugees who need treatment. These types of obstacles are formidable, but are not insurmountable. Blair (2001) indicated Cambodians with an extended formal education were more likely to be murdered during the Khmer Rouge regime, those surviving most often have only minimal education (Blair, 2001)

Language and Communication

Language and communication has been a major barrier in Cambodian refugees. Those who entered the United States have no marketable skills and have significant mental health problems, with difficulties to access mental health service. The majority of them speaks little to no English and have an income level below poverty, which causes them to rely on public assistance (Carlson & Rosser-Hogan, 1993). These factors impact refugees' ability, anxiety, and feelings of exclusion of adjustment that causes them to learn the difficult realities about settlement. Cambodian refugees According to Hsu, Davies, and Hansen (2004), public assistance is typically needed for newly migrated

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

refugees, which allow them to adjust culturally and emotionally to the new environment. In the article of Lee et al., (2010), research indicates that if people cannot recognize mental disorders and cannot understand psychiatric terms, then they cannot correctly understand, express, or seek help for their mental illness. Cambodian refugees were often associated with lacking English-speaking proficiency, having higher rates of unemployment, having fewer years of pre-immigration education, or of being disabled (Marshall et al., 2005).

Cultural Beliefs

Many cultures have a holistic view of health and well-being and believe in spiritual causes such as shaman as a remedy for illness. Wong et al., (2006) indicated cultural barriers included stigma, family reluctance to seek outside help, and belief that alternative Asian treatment is better than Western treatment. This study reported 6% of Cambodian refugees concern about stigma, greater confidence in indigenous treatments, lack of confidence in Western health care, and discouragement from family (Wong et al., 2006).

In Cambodia, talking about one's family troubles with outsiders is discouraged in Cambodian culture (Nicholson, 1999). Cambodians are taught to endure pain and suffering with dignity and to rely on their own resources to overcome any psychological difficulties encountered. Cambodians attempt to maintain and control their feelings and behaviors and believe that willpower will help them recover (Nicholson, 1999). Mental health services for Cambodians should be delivered in a way that is keeping with the values and customs.

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

Methods

A systematic literature review was utilized in order to aggregate the large collection of research conducted by a variety of people within a variety of settings. This type of review is employed to answer questions about what was working within the field and what was not (Petticrew & Roberts, 2005). This systematic review like all others consisted of specific inclusion criteria, an all-inclusive and distinct search strategy, and objective criteria for synthesizing and reporting the findings (Petticrew & Roberts, 2005). This systematic review will ultimately determine the effectiveness of interventions when working with Cambodian refugees.

In this study, I will conduct a systematic review through which I identify and evaluate which interventions are most effective when working with Cambodian refugees.

Research Design

A systematic review was conducted to identify and determine the effectiveness of the interventions when working with Cambodian refugees. The review aims to systematically evaluate the effectiveness of this particular treatment when working with Cambodian refugees who have experienced complex trauma. This review will rely on a specific set of scientific methods in order to limit systematic errors such as bias, by way of identifying, appraising and synthesizing all relevant studies to address the indicated question (Petticrew & Roberts, 2005).

Search strategy: A comprehensive article search of databases was completed to compile articles that address the use of mental health services when working with Cambodian refugees. Articles were drawn from databases including the following:

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

PsycINFO (PsyNET), Social Work Abstracts, SocINDEX with Full Text, Pilots

(Published International Literature on Traumatic Stress), Dissertations and Theses,

PubMed, Jstor, Refwork, and Ebsco Host.

Table 1: List of Articles

Author/Title	Research Question/Method	Sample	Intervention	Findings
Nickerson, A & Hinton, D. (2011). Anger Regulation in Traumatized Cambodian Refugees: The Perspective of Buddhist Monks	The importance of traditional methods of healing in relation to the treatment of psychological distress in non-Western populations.	Preliminary investigation of Buddhist's monks strategies for alleviating anger among Cambodian refugees -Six monks were interviewed at four major temples in Massachusetts.	Buddhist-based anger management strategies identified as useful by monks included education about Buddhist doctrines, mindfulness meditation practices, and thus use of herbal medication and holy water.	-Buddhist monks play an important role in assisting members of the highly traumatized Cambodian community in Massachusetts to understand and regulate posttraumatic anger responses. -Traditional and cultural healing methods are an important resource for the treatment of psychological distress in non-Western settings and countries of

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

				resettlement.
Hinton, et al., (2011) Treatment change of somatic symptoms and cultural syndromes among Cambodian refugees with PTSD	Examine in culturally sensitive way to improvement of traumatized Cambodian refugees who present for pharmacotherapy of PTSD at a psychiatric clinic and who have never received psychopharmacological treatment.	Fifty-six Cambodian refugees with PTSD and no previous psychiatric treatment were assessed at baseline and then at 3 and 6 months after initiating pharmacotherapy.	Pharmacotherapy treatment of PTSD	Patient's first presenting treatment to have a severe PTSD with multiple somatic symptoms and syndrome concerns as assessed by Cambodian SSI. PTSD Checklist (PCL) score greatly improved across treatment as did the SSI.
Boehnlein, et al., (2004) A ten-year treatment outcome study of traumatized Cambodian refugees	Assess outcome parameters in 23 severely traumatized patients who had been in treatment to years or more.	All patients were interviewed using standard assessment tools by a research psychiatrist not connected with treatment, and charts were reviewed for past and current traumas and for treatment history.	Provide further information about long-term treatment outcome for highly traumatized refugees.	-Thirteen patients were judged to have good outcomes and 10 had relatively poor outcomes. -Sixty percent of patients greatly improved.
Kinzie, J.D.	Describe in this	Psychiatric	Improve clinical	The

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

<p>(1988) The psychiatric effects of massive trauma on Cambodian refugees</p>	<p>victimized population: the clinical syndromes, the symptoms patterns clarifying the diagnostic implications of these symptoms in relation to post-traumatic stress disorder (PTSD), the natural history of the scouse of PTSD among Cambodians, and the treatment implications of these findings.</p>	<p>evaluations, supportive ongoing psychotherapy, appropriate psychotropic medicine, and regular counseling with mental health counselors who represent each ethnic group. 85 Cambodians have been evaluated.</p>	<p>treatment of these victims who now make their homes in many American communities</p>	<p>symptoms did not develop during or immediately after the trauma but only when patients were safe in a refugee camp or in the United States. The symptoms of nightmares and intrusive thoughts occurred at that time and despite attempts at avoidance behavior.</p>
<p>Boehnlein et al., (1985) One-Year Follow Up Study of Posttraumatic Stress Disorder Among Survivors of Cambodian Concentration Camps</p>	<p>Goal is to characterize the individual symptoms over year.</p>	<p>-15% of Cambodians have been seen over the last 6 years. The 12 Cambodian subjects discussed in the report were among the first 13 patients diagnosed as having posttraumatic stress disorder and this provided the longest time for</p>	<p>- Use of tricyclic antidepressant medication and a consistent, supportive long-term psychotherapeutic commitment to treating this severely traumatized group. Interview Schedule (DIS) (17).</p>	<p>The intrusive symptoms of nightmares, sleep disorders, and startle reactions showed the most consistent improvement. Avoidance behavior, shame, and caring for others improved</p>

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

		<p>follow-up</p> <p>- The interviews were conducted by two psychiatrists and a Cambodian mental health worker with 4 years of mental health care experience and university training.</p> <p>-Symptoms of PTSD were systematically reviewed using the PTSD section of the Diagnostic</p>		<p>the last.</p>
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Data Collection

Inclusion and Exclusion Criteria. In order to determine which articles would be accepted for use in this systematic review, articles that were written between 1970 to 2015, both of qualitative and quantitative research, were included as long as specific interventions and clinical service were involved to address the specified refugee traumas component. Due to these factors and a desire to examine multiple studies and outcomes from a variety of results, this study also utilized a systematic review of case studies,

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

dissertations, and refugee children and adolescents in order to evaluate the effectiveness of treatments. Policy interventions were excluded from this study due to lack of empirical evidence. The articles about economic migrants and college students were also excluded. However, mental health services and assistance programs were included. Only articles in English were included.

Data Analysis

After articles met the inclusion criteria, the articles were assessed for issues related to intervention by comparing the topic of the articles to the Cambodian refugees. Studies that include multiple trauma components were included in both depression and PTSD. Literature review papers were then categorized by stages of trauma to address the severity of mental health illness such as depression and PTSD. Interventions, methodologies, setting, and research designs for each article were coded and included in the findings.

Due to lack of research specifically identifying complex trauma variations, additional research was accepted into this systematic review. For example, a sample that needed to denote the type of traumatic event along with the exposure was included in this study. More examples of research that denote more than fifty percent of the samples identified individuals that were being affected by war trauma. The previous study included comparison groups that were either randomized or non-randomized controlled clinical trials; no other method was accepted. The study also needed to assess PTSD and depression with a verified research tool assessed by a clinician or trained professional. In

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

order to determine the effectiveness of interventions when working with Cambodian refugees, each study evaluated PTSD or depression by utilizing a pre-test and a post-test research assessment tool.

Findings

The purpose of this paper is to systematically review the literature to explore which mental health interventions are most effective when working with Cambodian refugees.

The abstracts of 976 articles were briefly reviewed to determine whether the abstract warranted more thorough appraisal. The abstracts yielded 313 results for further assessment to see if the articles met the inclusion criteria. Some articles were duplicated, and thus only one was reviewed. The 20 articles that appear to match were further read to determine whether they meet the inclusion criteria fully. Out of the 20 articles, five studies met the inclusion criteria for this study and are cited in Table 1. This search revealed the following interventions were used most commonly with Cambodian refugees: traditional healers and western interventions. Each intervention was defined broadly followed by a brief description of the study and its findings. One study presented multiple strategies, while others presented only type of strategy or intervention.

Traditional healers. The traditional healers are one important method when working with Cambodian refugees. Traumatized Cambodian refugees seek help from Buddhist monks for variety of reasons. For example, refugees with suicidal behaviors may seek help from Buddhist monks' specificity in questions regarding to thoughts of

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

wanting to die, suicidal ideation, presence of a plan or suicide attempts, and non-suicidal physical self-damaging behavior (Nickerson and Hinton, 2011).

One study within the systematic review examined the use of traditional healers when working with distressed Cambodian refugees. Nickerson and Hinton (2011) examined the traditional methods of healing in relation to treatment of psychological distress among Cambodian refugees. Six monks were interviewed at four major temples in Massachusetts. The intervention strategies they used in their work with Cambodian refugees who were having difficulty managing their anger were beneficial. Three of the monks had been trained in meditation in Cambodia whereas the others learned in the United States. The findings identified four strategies commonly used to help their clients manage their anger: education about Buddhist doctrines, mindfulness meditation practices, and the use of herbal medication and holy water are useful strategies.

Buddhist Practices. Buddhist teaching is a practice in accepting, understanding, and distinguishing the emotions. It promotes acceptance in individuals to no longer change or fight in reality (Nickerson and Hinton, 2011). Nickerson's and Hinton's (2011) findings indicate that Buddhist teaching emphasizes the importance of considering the potentially harmful consequences of one's actions. For example, Buddhist tradition believes in Karma. Karma occurs when one performs a bad deed, they receive a negative consequences. Buddhist teaching focuses on reducing anger and increasing the ability to retain control when provoked. It emphasizes the importance of understanding the negative interpersonal consequences and promoting empathy, which is a key strategy when working with traumatized populations such as Cambodians.

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

Mindfulness and Meditation. The study also found that mindfulness and meditation techniques focused on multisensorial awareness which creates an awareness of breath. Based on Buddhist tradition, mindfulness is an awareness that emerges through paying attention to purpose in the present moment. Mindfulness similarly occurs in a non-judgmental unfolding of experience moment by moment (Nickerson and Hinton, 2011). This practice was used by the monks in the study to promote internal management of feelings without expressing them behaviorally. These findings indicated that the mechanisms of mindfulness and meditation included a focus on the present moment and enhancement of one's ability to control his or her emotions.

Herbal Medicine. Another strategy defined by Nickerson and Hinton (2011) is herbal medication. There was some disagreement among the monks about the use of herbal medicine to treat anger. One monk explained using herbal medicine to treat an illness described by Cambodians as "hot inside" is considered a causal factor in the experience of anger and panic attacks. The purpose of the herbal medication is to alleviate the symptoms of anger by lowering the inner heat. However, the other monks who were interviewed reported not using herbal medications for this purpose, and one monk believed that herbal mediation was counterproductive to treat anger as an illness or disease (Nickerson and Hinton, 2011).

Holy Water. The last strategy of this study was holy water. Nickerson and Hinton (2011) found that according to Cambodian Buddhist beliefs, holy water was useful only in conjunction with Buddhist teaching. The study indicated that Buddhist monks used holy water in rituals to cool a person in many ways. They also believes that holy water endowed the ritual with power. This study was limited by only interviewing the monks.

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

The study was based on interviews with the monks rather than laypersons. This study did not interview the 10% of the Cambodian Christian population in comparison with the rest of traditional healers. The study needs further research integrating between traditional and modern methods in a diverse culture. However, they suggested that traditional healers provided a positive opportunity to teach people about Buddhists teachings and other methods of regulation such as mindfulness and meditation.

Western Interventions

Many of the articles used in this review discussed the use and effectiveness of medication and variety of therapies which are commonly found in western mental health interventions. Psychopharmacotherapy is the use of medications in the treatment of psychiatric disorders. These medications are frequently referred to as psychoactive or psychotropic medications. Psychotherapy is often used either alone or in the combination with medications to treat mental illnesses. Psychotherapy helps people with a mental disorder understand their behaviors, emotions, and ideas that contribute to his or her illness and learn how to modify them.

These interventions are commonly used in work with Cambodian refugees to treat symptoms that are associated with PTSD. The main focus of the studies in this review include medication and therapy that were commonly used when treating traumatized Cambodian refugees. Four studies utilized a combination of psychopharmacotherapy and different forms of psychotherapy in treating traumatized Cambodian refugees.

The first study by Hinton et al., (2011) utilized a culturally sensitive way to improve the treatment of traumatized Cambodian refugees who present for

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

psychopharmacotherapy treatment of PTSD and have never received psychopharmacological treatment before. In this study, fifty-six Cambodian refugees with PTSD who presented for psychiatric treatment were assessed at the baseline, then at 3 and 6 months after initiating pharmacotherapy treatment. Pharmacological treatment used medication for depression, obsessive-compulsive disorder and/or anxiety as the first-line therapy and medication as needed for panic attacks.

Supportive therapy. The study by Hinton et al., (2011) utilized a Cambodian social worker to provide supportive therapy with patients every two weeks. The psychiatrist met with patients for 15 minutes every two weeks for the first three months, and then depending on the degree of improvement from once to twice a month.

Assessment tools. The study utilized culturally relevant assessments beyond the PTSD checklist including the Cambodian somatic symptom and cultural syndrome inventory (SSI) which relates to any complaints and catastrophic cognitions among this population. This study aimed to track the improvement of the severity of PTSD with multiple culturally based complaints from the presentation then follow-up 3 months and 6 months after initiating psychopharmacotherapy treatment.

Results. The study indicates patients improved across the three time points on the PTSD checklist (PCL), Cambodian somatic symptom and syndrome inventory (SSI), and Short form-12 health survey (SF-12). The study found that in the first three months of treatment there as significant improvement. The study repeated the measures of the PCL across the three time points and follow-up with paired t-tests that showed significant improvement. According to this study, the use of medication and supportive therapy is an effective

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

intervention when working with traumatized Cambodian refugees in treating PTSD. The authors indicated that the pharmacological treatment combined with supportive therapy for traumatized Cambodian refugees with PTSD was effective when somatic symptoms and syndromes were considered through a cultural lens. The authors attribute the positive results as being due to their treatment approach including this specific cultural lens and the assessment including a culturally specific tool such as the SSI.

The second study by Boehnlein et al., (1985) was a one year follow up study that focused on PTSD among survivors of Cambodian concentration camps that experienced of depression, anxiety, and somatic symptoms including nightmares, startle reactions, hypervigilance, and insomnia. The authors noted that the symptoms of concentration camp syndrome were severe and persistent in this population. The concentration camp syndrome refers to survivors experiencing symptoms of depression, anxiety and somatic complaints that continue for many years after the trauma of war (Boehnlein et al., 1985). This study utilized a combination of psychiatric medication and psychotherapeutic treatment in this study of PTSD among Cambodian refugees.

The clinic gave patients four different types of psychiatric medication to treat depression, anxiety, panic disorders, and insomnia. The use of the medications varied among participants with some needed only medication while others needed a number of medications to control symptoms.

Psychotherapeutic. In addition to medication management, supportive therapy was also part of the intervention. The clinic allowed 15-30 minutes monthly for patients to discuss their current stressors and ways to deal with problems. The authors found that it was

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

more effective to support the client's avoid past trauma, and focus instead on how to successfully manage current problems. Boehnlein et al. (1985) suggests that this approach aligns with the traditional Cambodian ways of coping.

Results. The results of these interventions varied after one year. For example, nearly half of the patients "no longer met DSM-III criteria for PTSD." While others showed a reduction in some symptoms but still met PTSD criteria. Boehnlein et al. (1985) informs that the medication was helpful in treating the depression as well as PTSD symptoms but the antianxiety medications did not appear to be effective.

The study indicates the intrusive symptoms of nightmares, sleep disorder, and startle reactions showed the most consistent improvement. On the other hand, the degree of improvement in denial, social withdrawing, low interest, poor concentration, and avoidance of past memory symptoms were disappointing. PTSD has two dimensions of mental states: intrusion and denial or avoidance (Boehnlein et al., 1985). This study found that denial and avoidance are resistant to change, which seemed to related to the mental state of severe trauma itself or the culturally acceptable coping style of Cambodians. However, improvements with posttraumatic disorder symptoms can vary.

The third study examined by Boehnlein et al., (2004) assessed 23 severely traumatized Cambodian refugees with PTSD who have been in continuous treatment for 10 or more years. This study utilized the combination of medication and socialization groups to treat traumatized Cambodian refugees. Over the 10 year period, psychiatrists administered medication to help Cambodian refugees managed their symptoms with supportive psychotherapy that were assisted by a Cambodian counselor. These type of

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

treatment arranged from 10-19 years with an average of 13.5 years when treating traumatized Cambodians. All patients but two participated in at least several years of weekly socialization groups treatment that was facilitated by the Cambodian counselors. All patients received medication for depression and nightmares. Each of the group also received individual and socialization therapy.

Socialization Groups. Socialization groups refer to the lifelong process of inheriting and disseminating norms, customs, and ideologies, providing an individual with skills and habits necessary for participating within his or her own society. The authors denoted this type of therapy tended to be both educational and enjoyable to enhance self-esteem and personal value.

Assessment tools. All patients were interviewed by using the assessment tools by a research psychiatrist and charts that were reviewed for past and current traumas for treatment history. This study aimed to describe the effectiveness of medication in combination with socialization therapy.

Results. This study indicates 13 of 25 (60%) patients showed improvement. The reduction of comorbid depression are more impressive, 83 percent of these patients showed improvement. It was a remarkable reduction in symptoms when medication and therapy are combined. The authors denoted sixty percent of these patients were greatly improved, yet after a comprehensive continuous treatment of 10 years or more, patients were still impaired. Although reduction in symptoms showed the incredible and improvement, but relapses tended to happen early in the treatment. Boehnlein et al.,

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES (2004) suggests that staying in treatment is highly recommended because this population is a very vulnerable group.

The final study of this systematic literature review by J.D. Kinzie (1988) utilized psychopharmacotherapy. The goals of this study was to improve clinical treatment of Cambodians who have made their homes in America. The authors noted over 60 caseload of Cambodians in the clinic, almost all were suffer from PTSD, which was not surprising. Sadly, the amount of trauma these patients suffered was substantial. As stated by J.D. Kinzie (1988), all of these patients have had family members who were executed, had disappeared, or starved to death. All patients were forced to evacuate their homes: their families were separated, and they endured forced labor with inadequate food, shelter, or medical attention (J.D. Kinzie, 1988, p.307).” J.D. Kinzie (1988) noted that 75 percent of these patients have depressive symptoms, avoidance of memories, nightmares, and recurrent intrusive thoughts. 50 percent of these patients presented detachment from others, emotional numbing, startle response, and intensification of stress with exposure to events that symbolize trauma. The author indicates “it was clear that these patients were severely impaired, and that their symptoms were similar to severe chronic PTSD (J.D. Kinzie, 1988, p.308).

Psychotherapy. Psychotherapy consists of a series of techniques for mental health, emotional and some psychiatric disorders. Psychotherapy helps patient understand what helps them feel positive or anxious, as well as accepting their strengths and weaknesses. This study utilized Cambodian mental health worker who had worked there for over 5 years. Surprisingly, according to this study, due to a threat of a funding cut, the clinic could lost the Cambodian mental health worker who worked as an interpreter and

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

as counselor and therapist for these patients. Shockingly, 13 of the patients were evaluated after the news and 11 had a marked increase in nightmares and intrusive thoughts. Furthermore, eleven patients had an increase in depression with poor to almost absent sleep, reduced appetite, increased crying spells, and fatigue. What's appalling about this study, these patients felt as they had given up hope, lost all security, and re-experiencing the threats and suffering of Cambodia, after following the news of the Cambodian mental health worker's possible termination. Importantly, after information was given to these patients about secured funding for clinic to keep the Cambodian mental health worker, most, but not all, returned to their prior level of functioning.

Assessment tools. The study was able to follow 23 severely traumatized Cambodian refugees for at least two years, and the use of psychotropic medication and supportive psychotherapy combined. This study aimed to track the improvement of depressive symptoms, avoidance of memories, nightmares, startle reactions, and recurrent intrusive thoughts.

Results. The result of the study show 5 no longer met PTSD diagnosis, and 3 were much improved. As stated by J.D. Kinzie (1988), the nightmares were markedly reduced in almost all of the patients' intrusive thoughts were majorly reduced. Surprisingly, there was improvement in depressive symptoms such as interrupted sleep, poor appetite, and loss of interest in outside activities. This study indicates in the initiation of treatment, there was improvements in the reduction of symptoms when involving medication and support. Sadly, even though there was improvement in reduction of symptoms, but treating traumatized patients can be extremely difficult and the study indicates many of the patients relapse.

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

Strengths and limitations. Given that systematic reviews aim to identify, evaluate, and summarize the findings of all relevant scientific studies they have the ability to view a problem on a wider scale (Hemingway & Brereton, 2009). The purpose of this review was to examine the effectiveness of mental health interventions when working with Cambodian refugees. One limitation of this review was the low number of articles that were identified as meeting the inclusion criteria. Although currently, there is not enough research regarding Cambodian refugees to allow for replication in both practice and research. This research supports the need for more studies to better assess the experience and of traumatized Cambodia refugees as well as what interventions are effective.

Discussion

Previous research has noted that the traumas Cambodian refugees experienced may lead some individuals to experience lasting psychological and emotional impairments. Due to the lasting effects of trauma it is essential that these Cambodian refugees receive the most effective treatment as available. The objective of the current study was to systematically evaluate the most effective interventions when working with Cambodian refugees.

Five articles met full inclusion criteria and were analyzed in this systematic review. In order to meet full criteria, all of the articles had to evaluate the effectiveness of intervention or comparable method when working with this population.

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

The results of this systematic review strongly suggest that treatment of psychopharmacotherapy was found to be an effective treatment for reduction of symptoms. Five studies within this systematic review had utilized or implicated psychopharmacotherapy treatment in the reduction of symptomology associated with the diagnoses of depression, anxiety, and/or PTSD in this population. A different study by Boehnlien et al., (1985) showed significant improvement of 83% patients in levels of depression. The findings by Hinton et al. (2012) also showed the improvement in traumatized Cambodian refugees with PTSD.

This systematic review also incorporated articles that assessed traditional healer methods as a critical component. These components were defined by Nickerson and Hinton (2011) and denoted Buddhist doctrines, mindfulness meditation practices, and the use of herbal medication and holy water. As stated by Nickerson and Hinton (2011), Cambodian refugees are known to be the most severely traumatized groups in the twentieth century. Almost all traumatized Cambodian refugees are often seek help from religious experts who are frequently called upon to treat anger and distress in Cambodian's community. Although there is not enough evidence to proven that traditional healers are found to be effective when working with traumatized Cambodian refugees. These type of specific intervention approaches needed more replication studies to ensure similar outcome. This study supports for more investigation and more in depth of traditional healer methods for further future practice.

Implications of length treatment. Cambodian refugees experienced multiple traumas. Most Cambodian refugees are from rural areas which they have a lack of knowledge and verbal ability in terms of Western culture and the English language. This

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

population has endured 4 years of force labor or starvation, family separation, death of a family member or friend, death of children, death of parents, and/or has witnessed other murders. This review suggests a variety of clinical implications for the use of long-term treatment for Cambodian refugees. As suggested by Boehnlein et al., (2004), this population may encounter re-occurrence or relapse of trauma if new trauma occurs. At any given time, relapses may appear due to continuous psychological distress in this population. As can be seen throughout this research, Cambodian refugees experienced multiple traumas before migration begins. After migration, they experience more traumas in the host country. These traumas may include financial problems, crime victimization, and war that resurrect memories from their previous trauma. This population has suffered a painful history of traumas, which make them feel extremely helpless and hopeless.

This research also supports the need for more study outcomes to better assist this population in interventions and psychotherapy approaches. There should be more qualitative and quantitative research to explore specific interventions and psychotherapy approaches as well as a stronger development of themes used to define the refugees experience. These important studies would be able to identify what treatments are most effective, what treatments need more work, and what treatments, if any, are more problematic. The identification and exploration of specific intervention approaches should allow for much needed replication studies to ensure similar outcome in the findings.

Implications for further social work. To promote the well-being of clients, social workers can utilize various interventions when working with traumatized population. By exploring current available research on Cambodian refugees, it is clear that there are a

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

several gaps in research findings. Although there appears to be an abundance of research on Cambodian refugees, there is a lack of understanding regarding what treatments exactly work on Cambodian refugees. Research was conducted to better understand what might help this population, but due to the limited number of published studies, there may be challenges in finding out the therapeutic approaches to which work best.

Although, at the completion of this systematic literature review, it appears that Cambodian refugees may benefit more from the clear identification and formulation of their trauma in a cultural context when incorporating other therapeutic approaches. It is important to incorporate therapeutic approaches such as establishing and identifying a clear perception of individual's background and treatment. Due to population growths trends and immigration, social workers should explore and understand the cultural resilience and context, and different spiritual and religious traditions of their clients. It is important for social workers to have knowledge and skills through the cultural lens and provide the best care when working with traumatized refugees. Social workers should continue to work towards a more coherent understanding of Cambodian refugees' traumas as well as furthering research to better understand them.

Currently, there is not enough literature that details treatment of Cambodian refugees that allow for more depth in both practice and research. Through common elements between cultural resilience and context, cultural competence, and different spiritual and religious traditions social workers can enhance their knowledge and skills for further practice.

Lastly, this research also supports the need of a stronger development of the themes that define psychotherapy treatment. As can be seen throughout this research, only a few

EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

interventions have been identified; western interventions that include psychopharmacotherapy and psychotherapy and traditional therapies that include Buddhist traditions, mindfulness, meditation, and herbal medicines. However, there is still a lack of understanding of what effect they have on the psychotherapy process along with medication, and how to incorporate them when working with traumatized population.

Psychopharmacotherapy and versions of psychotherapy presents as a promising therapeutic intervention for the treatment when working with Cambodian refugees. Social workers should continue to conduct detailed research to work on a more clear identification of cultural resilience and context, cultural competence, and different spiritual and religious traditions as a way of better understanding in their cultures, values, and traditions.

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EFFECTIVE INTERVENTIONS WHEN WORKING WITH CAMBODIAN REFUGEES

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