

EDUCATING ASYLUM SEEKERS AND REFUGEES TO COPE WITH POST-TRAUMATIC STRESS: AN ETHNIC APPROACH TO PROFESSIONAL AND LAY INTERVENTIONS

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Abstract

According to the United Nations High Commissioner for Refugees (UNHCR), in January 2015 there were 622,384 asylum seekers or refugees from Syria living in Jordan. According to the same source, there are intense endeavors by private and public agencies aiming at improving their living conditions especially from an educational perspective. Focusing on this current challenge to Jordan, we present suggestions to deal with post-traumatic symptomatology in refugees in a culturally sensitive way in order to educate clients towards effective coping with their symptoms. First, we present experiences from a qualitative study on ethnic interventions at the Waiern Clinic in Austria for refugees from former Yugoslavia. Preliminary results have been highly encouraging, as participants reported to have benefitted especially from the culturally sensitive aspects of the interventions. Second, we report about a randomized, controlled study from Austria (total sample of N = 94), which examined the effects of self-help groups for asylum seekers and refugees from Chechnya. In the course of 15 sessions of guided self-help groups, we found statistically significant and large effects with respect to the reduction of clinical symptoms as compared to the Wait-List Control Group in traumatized participants. These effects remained stable over a six-month follow-up period. From the results it is concluded that ethnic interventions can be highly beneficial for asylum seekers and refugees towards educating them in dealing with post-traumatic symptomatology. The findings could instigate additional endeavors to assist Syrian refugees and might be of interest for psychiatrists, clinical psychologists, social workers, and policy makers.

Keywords: Refugees, Post-Traumatic Stress, Interventions, Lay-Help

Introduction

In the state of Jordan, according to the United Nations High Commissioner for Refugees (UNHCR), in January 2015, there were a total of 622,384 persons of concern, i.e., refugees and asylum seekers who had fled from Syria, with their numbers still increasing (UNHCR, 2015a). Details of their living conditions were already documented by Olwan & Shiyab (2012). With only six million inhabitants, since 2011, Jordan has accepted half a million of Syrian refugees. Although many refugee children do not attend school, in many classrooms they outnumber Jordanian residents. As many teachers are unable to deal with this challenge, they receive special training and support by the United Nations (UNHCR, 2015b). Further help is provided by private organizations with respect to medical facilities, nutrition, and hygiene (Save the Children, 2015).

In spite of these humanitarian endeavors, quite obviously, the present situation leaves little room to offer professional treatment of post-traumatic stress, which prevails among all refugee populations of the world. At least 50% of them must be expected to suffer from such symptoms (de Jong, 2002; Eisenbruch, de Jong & van de Put, 2004), and it must be expected that traumatized individuals will encounter more problems in the course of their acculturation as compared to non-traumatized ones (e.g., Silove, Manicavasagar, Coello and Aroche, 2005).

At the same time, typically "Western" symptomatology of post-Traumatic Stress Disorder (PTSD) as well as the respective treatment approaches only partly account for post-traumatic symptoms in refugee populations (Renner, Salem, & Ottomeyer, 2007; Stamm & Friedman, 2002).

Culturally Sensitive Interventions for Traumatized Asylum Seekers and Refugees

Apart from humanitarian and medical actions taken it seems of special importance to train traumatized asylum seekers and refugees to cope effectively with their symptomatology. Such training should be provided by compatriots who are familiar with the culturally specific way of expressing personal grief, loss, and trauma. As will be shown in the following sections, these compatriots may either be professionals, acting within the framework of a medical institution, or may be lay people, acting on a self-help basis. In both cases, asylum seekers and refugees will benefit from such psycho-education by experiencing social support as an important factor moderating their reaction to post-traumatic and acculturative stress (cf., Berry, 1997; Berry et al., 2002).

Psycho-education by social support from compatriots seems especially important, as asylum seekers and refugees in most cases had to leave back their extended families in their countries of origin. Members of

collectivist cultures who had to flee to a foreign country, thus not only had to leave back their loved ones, but part of their identity, previously defined by their family membership. Psycho-education in a group setting thus may, in part at least, act as an attempt to compensate for these emotional and interpersonal losses.

Study 1: Compatriots Providing Psycho-Education and Social Support as Professionals

The Waiern Clinic is a public hospital in Southern Austrian owned by a private charity. The so-called psychosomatic department comprises 23 beds, mostly treating patients with somatoform, anxiety, and affective disorders. Since the Yugoslavia crisis from 1991 to 1999, there have been rising numbers of traumatized refugees and their families from this area. Traditionally, they were treated by Austrian physicians and clinical psychologists with the help of interpreters and thus had little chance to receive culturally sensitive support.

In the present study, as an alternative, we formed a total of ten groups, each of them comprising up to seven inpatients from former Yugoslavia. These participants made up about one third of the total number of patients treated at the department. Each of these groups was treated for a period of four weeks. Apart from medication, these patients received daily psycho-education on a group basis provided by a native speaking psychotherapist stemming from former Yugoslavia. Each of these sessions lasted for 50 minutes and trained the patients to cope with their symptoms. In addition, they received psychotherapy on an individual basis twice a week by the same psychotherapist.

During their treatment, the patients were accompanied by two psychiatric nurses also stemming from former Yugoslavia and communicating with them in their mother tongue. In addition, patients participated in non-verbal therapeutic activities (e.g., occupational therapy, physiotherapy, therapeutic walks etc.) together with the Austrian native patients.

According to interviews conducted with the ex-Yugoslav patients, they had felt that it was far easier for them to gain trust to the ethnic therapist than it would have been the case with an Austrian one. They had felt confident to reveal to the therapist personal secrets and to speak about sensible issues. Due to her knowledge of the culture, according to the interviews, it was easy for the therapist to convey empathy and understanding to her patients. The patients were confident that they would be able to apply their knowledge acquired during their stay at the hospital in their everyday lives after discharge.

In order to facilitate this process of keeping up the improvements attained during psycho-education and therapy, we also offered ethnic aftercare group sessions on a weekly basis. These sessions were facilitated by the same ethnic psychotherapist in her mother tongue. Approximately two thirds of ex-Yugoslav patients participated in this aftercare on a regular basis. Again, they reported that they benefitted from exchanging feelings and thoughts with their compatriots.

By these measures, recidivism among ex-Yugoslav patients at the Waiern Clinic could be reduced dramatically. In addition, by ethnic networks, the possibility of culturally sensitive therapy had been communicated to other potential patients. Thus, among the ex-Yugoslav community, it has become considerably easier to accept the offer of psychiatric treatment at the Waiern Clinic in case of need.

Study 2: Compatriots Providing Psycho-Education and Social Support on a Self-Help Basis

We trained four Chechen refugees, two men and two women, all of them craftspersons without a psycho-social background, for their task as facilitators of guided self-help groups for Chechen asylum seekers and refugees in Austria. This training comprised a series of workshops provided by professionals from the fields of clinical psychology and social work and provided basic information on psychological trauma, the process of acculturation, and ways of supporting persons in need.

Simultaneously, assisted by the Provincial Government of an Austrian district, we recruited a total of $N = 94$ asylum seekers and refugees from Chechnya and randomized them to the following experimental conditions:

- (1) 15 sessions of guided self-help groups (SHG), each one lasting for 90 minutes and taking place weekly;
- (2) 15 sessions of group based Cognitive Behavior Therapy (CBT), provided by a professional therapist, assisted by an interpreter (weekly sessions of 90 minutes);
- (3) Three sessions of Eye Movement Desensitization and Reprocessing (EMDR), provided by an EMDR trainer, assisted by an interpreter;
- (4) A Wait-List (WL) Control condition, receiving no intervention over the 15-week period. This group participated in 15 weekly sessions of guided SHG after the first 15-week period had elapsed.

Both, SHG and CBT were provided separately for men and women and headed by a same-gender individual in order to conform to the Chechen participants' expectations and cultural traditions.

The interventions were evaluated by the following psychometric instruments:

- (a) The Harvard Trauma Questionnaire (HTQ) (Mollica et al., 1992), assessing post-traumatic symptoms;
- (b) Hopkins Symptom Checklist-25 (HSCL-25) (Mollica et al., 1987), assessing depression, anxiety, and somatoform symptoms, and
- (c) The Post-Traumatic Growth Inventory (PGI) (Tedeschi & Calhoun, 1996).

All the questionnaires had been translated to Russian, which the participants spoke perfectly as their second language. The HTQ and the HSCL-25 had been shown to be reliable and valid measures of post-traumatic symptomatology in Chechen refugees and asylum seekers in Austria (Renner, Salem, & Ottomeyer, 2006).

Only the traumatized sub-sample (N = 54, defined by a score on the HTQ > 1.75) yielded significant results with regard to the effectiveness of the interventions. As compared to WL, over the 15 sessions, SHG yielded highly significant reductions of post-traumatic symptoms as measured by the HTQ (mutivariate interaction $p = .000$; Cohen's $d = 0.94$) and significant reductions of anxiety, depression, and somatoform symptoms as measured by the HSCL-25 (mutivariate interaction $p = .013$; Cohen's $d = 0.62$). With respect to the scores on the HTQ and the HSCL-25, SHG and CBT were equally effective, and there was no significant effect of EMDR. None of the interventions was able to instigate significant Post-Traumatic Growth, as measured by the PGI.

When three- and six-month follow-up measurements were taken, there were no significant changes in the positive outcome of SHG and CBT. When the WL group received the self-help intervention after having completed their waiting function, effects were equally beneficial as for the original SHG with respect to symptom reduction on the HTQ and the HSCL-25.

Conclusion

Convergent results from both studies indicate that traumatized asylum seekers and refugees benefit from ethnic interventions provided either by professionals or by lay people stemming from the same culture. These findings are in accordance with previous results on the cultural specificity of clinical symptoms and effective treatment methods.

Quite clearly, interpersonal experiences and social support conveyed by persons sharing one's personal background are effective therapeutic factors. It should be especially noted that the culturally homogeneous self-help groups were equally effective as conventional, interpreter assisted psychotherapy and large effect sizes were attained especially with respect to a lasting reduction of post-traumatic symptoms.

The present results are in accordance with previous experiences with ethnic programs assisting refugees all over the world (e.g., a nine-step ethnic intervention program by Eisenbruch, de Jong and van de Put, 2004, implemented in Northern Uganda and Cambodia; a program introduced by Métraux & Fleury, 1995, for war survivors in Nicaragua, or Meier & Perren-Klingler's, 2002, approach to activating resources in Yugoslav refugees to Switzerland). One common advantage of these ethnic programs conducted either by lay-people or by (semi-) professionals is an economic one: being organized on a group basis, costs are low as compared to professional interventions on an individual basis and they can be realized in case of need without expensive infrastructure.

It may be concluded that similar programs could be beneficial in assisting Syrian asylum seekers and refugees in Jordan. Thus, the attention of medical and psychological professionals as well as politicians and policy makers should be drawn to ethnic approaches to coping with post-traumatic stress in the near future.

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