

The Effectiveness of Psychotherapy with Refugees and Asylum Seekers: Preliminary Results from an Austrian Study

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Published online: 19 October 2007
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Abstract An Austrian Non-Governmental Organization (NGO) offered psychotherapy to 37 asylum seekers and refugees (21 of them female) with a mean age of 36.1 years ($s = 7.5$), with the majority of them from Chechnya or Afghanistan. Comparative data between the start of therapy and the time of evaluation revealed a highly significant positive effect ($d = 0.77$), while most therapies were still going on. By a retrospective measure of perceived change, 85% of the participants reported significant improvements. The results show that even under difficult conditions, when working with asylum seekers and refugees, psychotherapy can be effective.

Keywords Asylum · Refugee · Psychotherapy · Evaluation

In Austria, in 2006, over 13,000 people have sought political asylum with applicants from Chechnya and Afghanistan being the most prominent groups among them [1]. Renner et al. [2, 3] have shown in accordance with previous literature [4, 5], that approximately 50% of asylum seekers show symptoms of traumatization and therefore are in need of psychotherapeutic help. An alternative approach, employed for example by the meta-

analysis of Porter and Haslam [6], emphasized that psychopathological symptoms among refugees should not only be interpreted as consequences of traumatic events encountered in the past, but also reflect difficulties of acculturation in their host countries. In their meta-analysis of 59 studies, Porter and Haslam [6] found a mean effect size of 0.41 on various measures of mental health, differentiating groups of refugees, asylum seekers and otherwise displaced persons from control groups, indicating the migrants' poorer mental health status.

ASPIS (the Turkish word for "turtle", indicating protection by its shell), a center of research and counseling for victims of violence at the University of Klagenfurt (Austria) is affiliated to the Department of Psychology. This Non-Governmental Organization (NGO) is financed by the European Refugee Fund (ERF) and, to a smaller extent, by the provincial government of Carinthia. It offers psychotherapy free of charge to asylum seekers and refugees, who are frequently suffering either from psychological trauma after encountering imprisonment, torture, mutilation, or rape in their home countries, or who seek relief from problems associated with their and their families' unsettled situation in Austria. In the light of the high number of asylum seekers and refugees in Austria, the work of ASPIS can by no means suffice to help those who are in need on a large scale, but, together with various ERF-financed institutions in other Austrian provinces, ASPIS can function as kind of a pilot project, towards an evidence based psychotherapeutic work with refugees and asylum seekers.

The present psychotherapy evaluation study intends to give a preliminary account of this work, to summarize the efforts of ASPIS, and to evaluate critically the outcome of this work. The hypothesis underlying this study is that even under precarious circumstances, and with chronically impaired clients, psychotherapy can work effectively.

Part of this article was translated from an internal annual report for 2006 on the work of ASPIS. In this report also the data published in the present article were used.

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Method

Participants

Prospective clients usually were informed about the possibility of undergoing psychotherapy at ASPIS by word of mouth, by their social workers or medical doctors. In a first meeting, an ASPIS psychotherapist assessed the clients with respect to their suitability for psychotherapy. Only clients with a history of severe traumatization and with marked post-traumatic symptoms were accepted for psychotherapy. In cases of extremely severe psychopathology, however, clients were assigned to initial psychiatric treatment before recommending psychotherapy.

As most clients belonged to Islamic culture, usually women were assigned to female therapists and men to male ones. In addition, in many cases the nature of traumatic events suggested a same-gender therapeutic relationship. With respect to therapeutic method, clients were assigned at random.

As will be explained below in more detail, comparative and retrospective data were collected. In 2006, *comparative data* were obtained from 37 clients, 16 men and 21 women with a mean age of 36.1 years ($s = 7.5$, range 22–53 years). For this purpose, data on clinical symptoms from 2006 were compared with those obtained at the start of therapy. In 13 cases the latest questionnaire stemmed from Spring, in 24 cases it stemmed from Fall 2006.

Additional *Retrospective data* were only obtained from clients who had been in psychotherapy for a minimum of 3 months. Thus, only 33 of a total of 37 clients, 15 men and 18 women with a mean age of 35.4 years ($s = 7.3$, range 22–48 years) provided such data. In 12 cases the latest questionnaire on retrospective data stemmed from Spring, and in 21 cases it stemmed from Fall 2006.

Of the total of 37 clients, 18 came from Chechnya, 7 from Afghanistan, 4 from Kosovo, 2 from Armenia, 2 from Georgia, and 1 from Bosnia, Iran, Iraq, and Poland, respectively. The mean duration of therapies was 18.0 months ($SD = 14.0$, Median = 12, Range 6–54 months).

Psychotherapeutic Methods

Twenty-seven participants underwent psychodramatic treatment (17 of them in a single and 10 in a group setting; total of three different therapists, two females and one male), six of them behavior therapy (one female and one male therapist) and four of them existential analysis (one male therapist) in a single setting. Regardless of their therapeutic schools, ASPIS therapists in the course of their interventions consistently promote clients' resources and are extremely careful to avoid re-traumatization which

might happen by confronting clients with traumatic memories too early or in inappropriate way. All therapies were conducted with the aid of interpreters. All the ASPIS therapists are highly qualified according to strict Austrian psychotherapy legislation. ASPIS therapy is offered to the clients free of charge.

Evaluation Methods

With respect to the psychometric instruments employed, Renner et al. [2] have confirmed previous findings, for example by Marsella et al. [7] that cultural issues have to be considered in order to achieve reliable and valid results. Most importantly, we corroborated results by Mezzich et al. [8] and many others implying that the DSM-IV (4th edition of the Diagnostic and Statistical Manual) Diagnostic Criteria of Post-Traumatic Stress Disorder (PTSD) are specific for Western society and should not be applied to clients from non-Western cultures. Moreover, our clinical experience has shown in accordance with results for example by Ehlers [9], that post-traumatic symptomatology is frequently accompanied by additional symptoms of anxiety and depression. In addition, Porter and Haslam's [6] above-mentioned arguments kept us from limiting the scope of this evaluation study to post-traumatic symptoms in the narrow sense of PTSD. On the contrary, it seemed advisable to address in the course of this study a wide range of clinical symptoms as well as an individual's perceived ability to function normally in his or her everyday environment.

In order to obtain *comparative data*, the clients of ASPIS were asked to fill in a symptom questionnaire, which will be described below at the very beginning of therapy and afterwards every six months, in Spring and Fall of each year. Taking into account that therapies frequently were interrupted for some period of time and were continued later, in the present study, the symptom level assessed in 2006 will be compared with the symptom level at the start of therapy, regardless of the question, whether therapy was completed in 2006 or whether it is still going on.

In addition, we obtained *retrospective data* by a questionnaire sensitive to perceived change of experience and behavior, which will also be described below.

All the clients were informed about the nature of the questionnaires submitted to them. They gave oral informed consent to complete the questionnaires for evaluation purposes.

Questionnaires

- (1) *Comparative data* were obtained by a questionnaire of clinically relevant symptoms, the German version of

the Brief Symptom Inventory (BSI, [10]). This 53 items questionnaire is the short version of the German Symptom Checklist 90 Revised (SCL-90-R, [11]). All the BSI-items have to be rated on five-point scales with respect to their intensity during the past 7 days. The BSI measures clinical symptoms on nine dimensions, namely (1) Somatization, (2) Obsessive Compulsive, (3) Interpersonal Sensitivity, (4) Depression, (5) Anxiety, (6) Hostility, (7) Phobic Anxiety, (8) Paranoid Ideation, and (9) Psychoticism. In addition, the BSI, as well as the SCL-90-R offers three global indices of symptomatology, most importantly the Global Severity Index (GSI), which is the arithmetic mean of the perceived intensity of all 53 symptoms on the five-point scale. Hüttenbrenner [12] has found that the BSI was highly reliable when used with refugees and asylum seekers with the aid of interpreters, but she could not replicate the nine clinical scales in factor analysis. Thus, for the purpose of the present study, only the global Index GSI was used.

- (2) As a *retrospective* measure of therapeutic progress, we used the German “Questionnaire of Change in Experience and Behavior” (“Veränderungsfragebogen des Erlebens und Verhaltens”, VEV, Zielke and Kopf-Mehnert [3] in its revised version VEV-2000-R, Zielke and Kopf-Mehnert [14]) which comprises 42 items referring to alterations like feeling more or less depressed, showing more or less self-assertive behavior when dealing with others, finding more or less meaning in life, etc. For each item, on a seven-point scale respondents are asked to indicate whether they feel that, as compared to the time before therapy had started, the respective change occurred only slightly, or to a moderate or marked degree. Finally, a neutral category is provided, which the client should mark if he or she could detect no change at all. Thus, from the 42 items, a maximal index of change of 294 can be obtained.

All the questionnaires were submitted during therapy sessions with the help of interpreters.

Results

Brief Symptom Inventory (BSI)

Since their therapies had started, the 37 participants achieved a reduction of their symptoms which was highly significant when the whole group was considered ($t = 4.329$, $df = 36$, $P = 0.000$). At the start of therapy, the mean GSI was 2.06 ($s = 0.68$), while at the time of evaluation in 2006, the mean GSI was 1.47 ($s = 0.85$). The corresponding effect size was $d = 0.77$ ($CL_{95\%} = 0.38\text{--}1.15$).

The amount of change achieved by the total group can be seen from the box plot in Fig. 1.

The degree of improvement reached by each individual client is shown in Fig. 2.

Questionnaire of Change in Experience and Behavior

The 33 clients who responded to the Questionnaire of Change in Experience and Behavior (“Veränderungsfragebogen des Erlebens und Verhaltens”, VEV) achieved a mean index of change of 218.3 ($s = 33.9$, range = 116–285).

From Table 1 the total number of cases can be seen which showed improvement or deterioration on the various levels of significance or remained unchanged in the course of therapy. According to this table, 28 out of 33 clients or 85% had reported a significant improvement on the VEV.

The difference between the first and the second measurement on the symptom level by BSI correlates highly significantly with the Index of Change as obtained by the VEV ($r = .476$, $p < 0.005$).

Discussion

On the basis of comparative data obtained by the BSI, for the total number of clients examined, a highly significant improvement with an effect size of $d = +0.77$ was found. According to Shalev et al. [15], behavior therapy with

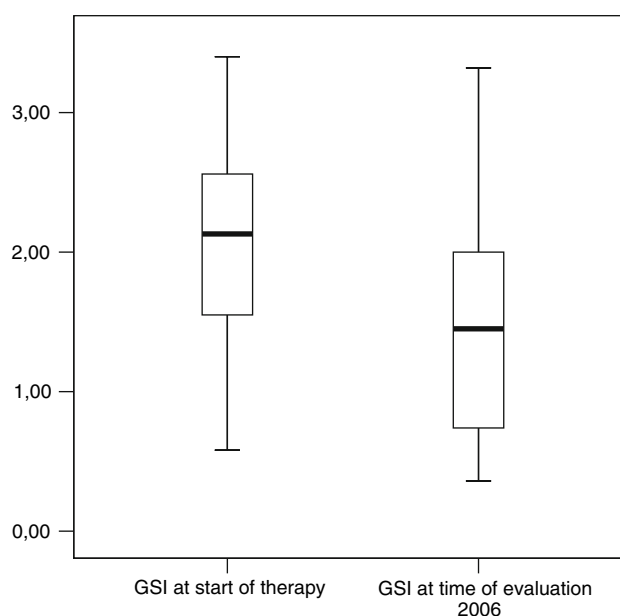


Fig. 1 Amount of symptom change achieved by 37 clients in the course of therapy: Boxplot (GSI = Global Severity Index, i.e., the arithmetic mean of all responses)

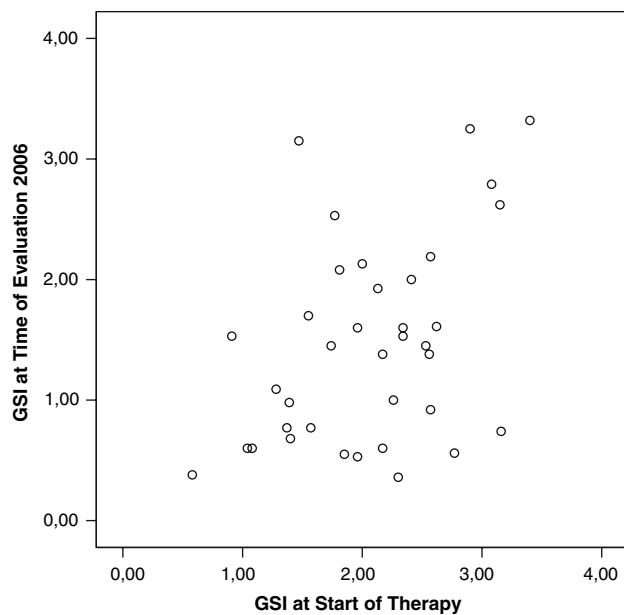


Fig. 2 Amount of symptom change achieved by 37 clients in the course of therapy: Scatterplot (GSI = Global Severity Index, i.e., the arithmetic mean of all responses)

Table 1 Number of significantly improved, unchanged and significantly deteriorated cases in VEV (Veränderungsfragebogen des Erlebens und Verhaltens—Questionnaire of change in experience and behavior)

Change	VEV Index of change	Frequency	Percent
Improvement $P \leq 0.001$	≥ 200	26	78.8
Improvement $P \leq 0.05$	≥ 187	2	6.1
No significant change	≥ 150 and ≤ 187	3	9.1
Deterioration $P \leq 0.05$	< 150	1	3.0
Deterioration $P \leq 0.001$	< 137	1	3.0
Total		33	100.0

traumatized clients usually yields effect sizes between +1.00 and +2.00, but it must be considered that, in the present case, therapies are not yet completed. In the light of this fact, the effect size found in this study clearly indicates the effectiveness of ASPIS therapies.

In accordance with the results of the BSI, the findings obtained by the VEV confirmed quite clearly that ASPIS psychotherapy is effective. Differential GSI values as found by the BSI, were correlated moderately and significantly with the VEV Index of Change, thus indicating that both methods measure different aspects of therapeutic change.

Moreover, group means yield a distorted view of reality, as with any therapeutic approach and for a variety of reasons, among the clients, responders and non-responders will be found. Thus, on the basis of larger samples in future

studies the percentage of responders and non-responders should be analyzed making use of the concepts of Reliable Change and Clinical Significance [16, 17]. In addition, larger sample sizes would allow us to examine the effectiveness of various therapeutic approaches.

There are considerable limitations that must be dealt with when evaluating psychotherapy with refugees and asylum seekers: First of all, most of the clients have underwent serious stressful events, including imprisonment, interrogations and torture, and therefore are reluctant to answer any further questions, to fill in questionnaires, and so on. Therefore, the use of psychometric instruments must be kept to a minimum, in order to reduce the danger of re-traumatization and in order to secure the participants' continued co-operation. Asylum seekers are, by their nature, an extremely unstable population. As a consequence, therapies frequently are interrupted or discontinued for reasons which can be influenced neither by the client nor by the therapist, making it impossible to achieve proper pre-, post- and follow-up measurements as they are common practice in psychotherapy evaluation. For similar reasons, control groups can hardly be established.

To complicate matters further, therapeutic work with refugees and asylum seekers must make use of interpreters. Even if they work efficiently, therapeutic relationship lacks immediateness and emotionally laden subtleties are difficult to communicate. It is also important to note that Western therapeutic techniques hardly account for culturally specific symptomatology [2, 3] and therapists frequently are unaware of culture specificities relevant to their clients.

In spite of these difficulties and limitations, the present preliminary results indicate that psychotherapy as conducted by ASPIS clearly is beneficial and helps clients to cope with severe traumatization as well as chronic strain resulting from multiple problems of acculturation in their host country.

Acknowledgment I am indebted to Karl Peltzer and Klaus Ottomeyer for valuable comments and suggestions pertaining to this research.

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