



The Effects of Trauma-Informed and Culturally Adaptive EFIT Among U.S. Cambodian Refugees

Liane Whang

ABSTRACT

The aim of this study is to evaluate the effects of culturally adaptive, trauma-informed Emotionally Focused Individual Therapy (EFIT) on Cambodian refugees with PTSD, depression, and/or somatic symptom disorder. Participants will be drawn from a geographical area with the largest concentration of Cambodian Americans in the Seattle, Washington area. Eligible participants are adults who have been diagnosed with PTSD, major depression, and/or somatoform disorders who have lived in Cambodia at some point during the Khmer Rouge regime before resettling in Seattle. Half of the participants will be offered trauma-focused EFIT while the other half will receive their usual psychiatric and general medical care. Participants will complete self-reported assessments for PTSD, major depression, and somatoform disorders prior to the study and also at a 12-month follow-up. Our hypothesis is that the use of trauma-informed psychotherapy will reduce symptoms of PTSD, major depression, and somatoform disorders among Cambodian refugees compared to the group participants who received their usual psychiatric and general medical care.

INTRODUCTION

- ❑ Roughly 125,000 Cambodian refugees live in the United States after emigrating nearly 30 years ago due to experiencing the trauma of genocide in their home country under the brutal rule of the Khmer Rouge regime (1975-1979) where between 1 to 3 million people died in a country of 7 million (Gonzalez et al, 2010).
- ❑ In a 2015 study that was done on Cambodian refugees in Long Beach, California, 97% of the research participants met the criteria for PTSD (Wong et al, 2015).
- ❑ Almost 30 years after resettlement in the U.S., Cambodian refugees continue to suffer from persistently high levels of PTSD, major depression, and somatoform disorders (van der Kolk et al, 1996).

PRIMARY AIM AND HYPOTHESES

- ❑ RQ1: Will the use of trauma-informed EFIT reduce symptoms of PTSD and major depression among Cambodian refugees?
- ❑ RQ2: Are somatoform disorders significantly correlated with PTSD and major depression?
- ❑ H1: The use of trauma-informed psychotherapy will reduce symptoms of PTSD and major depression among Cambodian refugees compared to the group participants who received their usual psychiatric and general medical care.
- ❑ H2: Somatoform disorders are significantly correlated with PTSD and major depression.

METHODS

Participants

- ❑ The target sample population are Cambodian American refugee adults residing in the Seattle, Washington area who have lived in Cambodia at some point during the Khmer Rouge regime (April 1975-January 1979) before resettling in Seattle.
- ❑ Participants are refugees who declared their ethnic identity as Cambodian in the King County Health Screening records.
- ❑ From these records, a random sample of 50 eligible participants will be drawn.

Procedures

- ❑ Face-face household interviews will be conducted in Khmer by bilingual lay interviewers, who will receive comprehensive training and supervision prior to conducting interviews.
- ❑ To assess that participants have received mental health care, respondents will be asked if they have received help for their depression, PTSD, and somatoform disorders in the past 5 years.
- ❑ Half of the participants will be offered trauma-focused EFIT while the other half will receive their usual psychiatric and general medical care over the course of 12 months.
- ❑ Participants will complete self-reported assessments for PTSD, major depression, and somatoform disorders prior to the study and also at a 12-month follow-up.

MEASURES

PTSD and Depression

- ❑ Trauma exposure prior to resettlement in the U.S. will be assessed by administering the revised Cambodian Harvard Trauma Questionnaire (HTQ-R).
- ❑ The questionnaire has 81 items to evaluate the number of trauma events and symptoms participants have experienced.

Major Depression

- ❑ Depressive symptoms will be assessed by administering a modified version of the Hopkins Symptom Checklist-25 (HSCL-25).
- ❑ The checklist has 10 items to evaluate the level of anxiety symptoms and 15 items to evaluate levels of depressive symptoms.

Somatoform Disorders

- ❑ Somatic symptoms will be assessed by administering Patient Health Questionnaire (PHQ-15).
- ❑ The questionnaire addresses 15 somatic symptoms and is used for screening somatization and monitoring the severity of symptoms.

ANTICIPATED RESULTS

- ❑ We will evaluate the results of the HTQ-R and HSCL-25 to determine if a reduction of symptoms have occurred for participants who received EFIT over the 12-month time period.
- ❑ We expect our results to show that the use of trauma-informed, culturally adaptive EFIT will be significantly correlated to a reduction of PTSD and depressive symptoms.
- ❑ We will evaluate the results of the PHQ-15 to determine if a reduction of symptoms have occurred for participants who received EFIT over the 12-month time period.
- ❑ We expect our results to show that the levels of PTSD and depressive symptoms will be significantly correlated to levels of somatic symptoms.

Discussion

Implications

- ❑ The basis for this study shows the need for more research to be conducted with marginalized communities, especially in populations where obstacles such as the lack of access to culturally-sensitive mental healthcare services, language barriers and mental health stigma persist.

Limitations

- ❑ The limitation with this study is that there is the potential for other variables to impact levels of PTSD, depression, and somatic symptoms such as the possible presence of anxiety and the impact of gender.

Future Research

- ❑ Future studies would benefit by measuring not only levels of PTSD, somatoform disorder, and depression symptoms, but also other important factors such as quality of life and current life stressors. Additionally, it would be helpful to utilize the research results to better understand the impact of intergenerational trauma among the Cambodian American population.