

Service Efficacy: An Evaluation of Counselling for Refugee Survivors of Torture and Trauma

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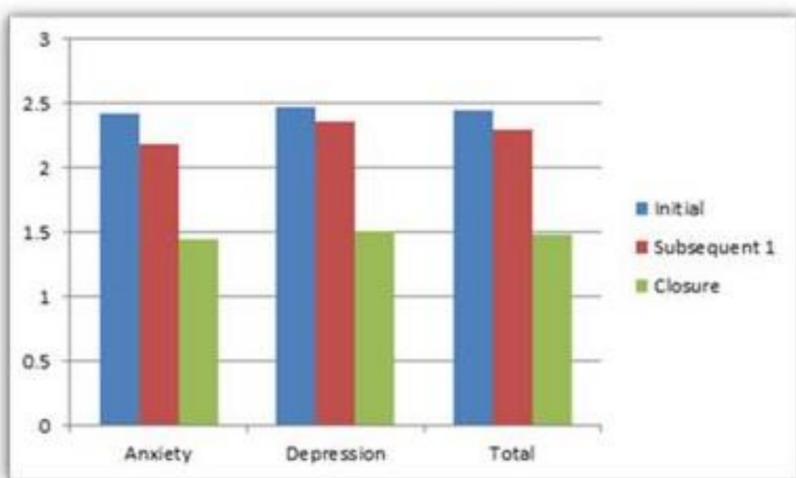
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Introduction

It is important to be able to provide culturally-appropriate and effective interventions to assist survivors of torture and trauma in their country of resettlement. Counselling is a major form of treatment provided to survivors globally.

DEMONSTRATING REDUCTION



Background

This study investigated the effectiveness of a counselling intervention for 124 clients presenting at a torture and trauma service based in Western Australia. The Association of services to Torture & Trauma Survivors (ASeTTS) has sought to systematically evaluate the effectiveness of counselling interventions with torture and trauma survivors and demonstrate positive mental health outcomes, through the embedding of evaluation and research into core centre work.

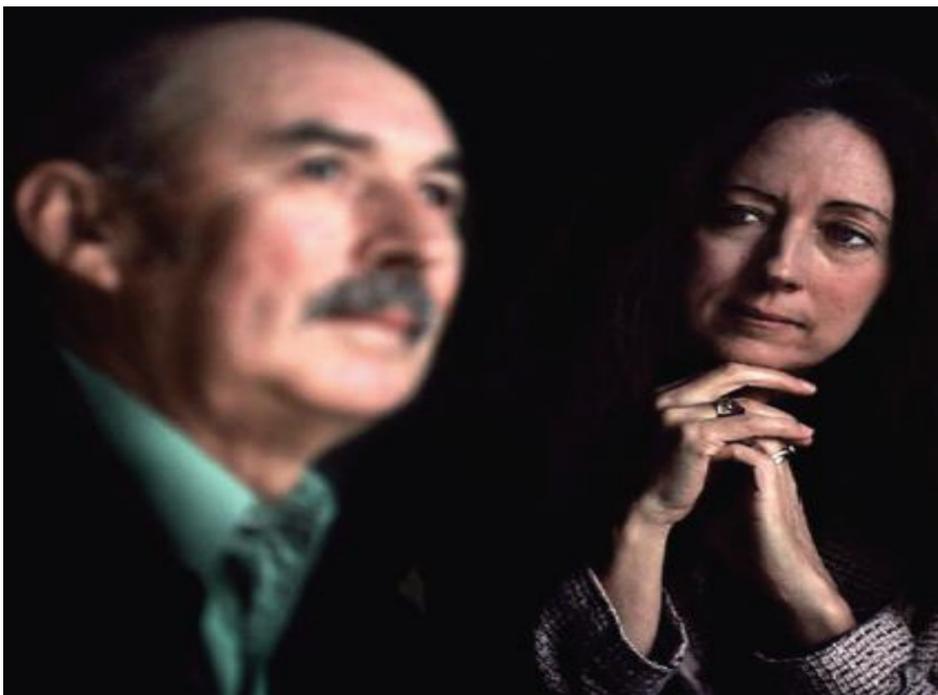


Fig. 1 Artistic depiction of counselling at ASeTTS

Methodology

In 2011 ASeTTS instigated the use of a standardised instrument, the Hopkins Symptom Checklist- 25 (HSCL-25), as part of clinical practice. This study involved the analysis of pre-existing non-identifiable data that was collected as part of routine clinical counselling assessment and intervention. A variety of standard client sociodemographic data was also collected. Clinicians administered the HSCL-25 during the client's assessment phase to identify symptom severity. The HSCL-25 was administered again after approximately six counselling sessions, every further six sessions and at the point of case closure.

Results

Results were analysed to determine if there was a change in symptom severity from the Initial Assessment to Subsequent and Closure Assessments. Correlations between symptomology demographic factors and a range of other factors were investigated. In this study a high proportion of participants were symptomatic for anxiety and depression at initial assessment. This shows the high prevalence of mental health disorders among torture and trauma survivors accessing counselling services. The data analysis indicates that counselling intervention has had a positive impact for both anxiety and depression symptoms. Results further indicate that the counselling intervention had an immediate positive impact, as demonstrated by the decline in anxiety and depression symptomology after six sessions.



Fig. 2 T&T Counselling has a holistic philosophy of practice

Conclusion

The effectiveness of counselling interventions becomes apparent at the closure assessment (6-12 sessions), where both anxiety and depression are well below symptomatic levels. This suggests that specialised counselling is an appropriate intervention for torture and trauma survivors with the aim to reduce symptoms of depression and anxiety.



References

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- DEROGATIS, L., LIPMAN, R., RICKELS, K., UHLENHUTH, E. H. & COVI, L. 1974. The Hopkins Symptom Checklist (HSCL): A self-report symptom inventory. *Behavioral Science*, 19, 1-15.