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# The Effects of Trauma-Related Occupational Deprivation on Adolescent Refugees

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## The Effects of Trauma-Related Occupational Deprivation on Adolescent Refugees

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### CLINICAL SCENARIO:

The field of occupational therapy has the potential to gain ground globally by helping those who are faced with occupational deprivation. Groups of refugees in developing countries around the world are struggling to find themselves while assimilating into a new culture yet, are attempting to retain as much of their own culture as possible. A key population of refugees are adolescents; these are individuals who were children affected by war and now young adults facing many developmental changes. It is necessary to explore this specific population thoroughly and understand the effects of war trauma on adolescents' functional ability.

### FOCUSED CLINICAL QUESTION:

**What is the effect of trauma-related occupational deprivation on adolescent refugees?**

### SUMMARY of Search, 'Best' Evidence appraised, and Key Findings:

- A total of five research articles covering trauma-related occupational deprivation and adolescent refugees were analysed by this writer.
- The cross-sectional study by Clarke, Sack, and Goff (1993) was deemed as the "best evidence" evaluated.
- The article assessed 69 Cambodian adolescent refugees in relation to three forms of stress they have experienced, which include war trauma stress, resettlement stress, and recent stressful life events. Seven outcome measures were used in an interview process to assess the relationship of various kinds of stressors with psychopathology. The study concluded specific types of stress might have a detrimental affect on an individual's mental health and provide evidence for symptoms of psychopathology.
- Although the study did not state the term occupational deprivation, it indicated that war trauma stressors directly relate to an individual's health and ability to function independently.
- Driver and Beltran (1998) and Montgomery (2010) also addressed stressors and the importance of recognizing the multiple factors involved for an adolescent refugee. Identified stressors were relocation, intrusive memories, home factors, and the cumulative effect of traumatic experiences.
- Whiteford's (2005) case study closely examined the lived experience of life in a refugee camp and the occupational deprivation that can take place.
- Mollica, Poole, Son, Murray, and Tor (1997) examined the number of adolescents found to be in a clinical range for functional health and mental health. The study demonstrated the importance for cultural understanding of psychosomatic symptoms.

**CLINICAL BOTTOM LINE:**

Results from the found research indicate that war trauma and the deprivation of meaningful occupation can lead to difficulties in functional ability. There is a limited amount of research concerning this topic and understanding of the impact of occupational deprivation. Occupational therapy certainly can facilitate the finding of meaningful occupations for the individual that can be assimilated into the new culture.

**Limitation of this CAT:** This critically appraised topic has not been peer-reviewed and the author is not an expert in this area. The search is not exhaustive and has been conducted by a 2nd year MOT student as part of a class assignment.

**SEARCH STRATEGY:****Terms used to guide Search Strategy:**

- **P**atient/Client Group: Adolescent, refugees
- **I**ntervention (or Assessment): Occupational deprivation, occupational therapy
- **C**omparison: N/A
- **O**utcome(s): Functional ability, quality of life

Source	Search Terms	Inclusion/Exclusion	Notes
CINAHL October, 2010	“occupational deprivation” and “refugees”		2 results:  Whiteford, GE (2005) Canadian Journal of Occupational Therapy  Smith, HE (2005) British Journal of Occupational Therapy
	“occupational therapy” and “refugees”	Linked full text	3 results:  Lal, S (2010) Canadian Journal of Occupational Therapy  Kwai-Sang Yau, M (1997) Occupational Therapy International  Driver & Beltran (1998) Australian Occupational Therapy Journal
	“adolescent” and “refugees”	Linked full text	17 results:  Patel & Hodes (2006) European Child & Adolescent Psychiatry

			Mohen, Parzer, Resch, & Brunner (2005) Australian & New Zealand Journal of Psychiatry
OT Search October, 2010	“deprivation” and “refugees”		Begovac, Rudan, Begovac, Vidovic, & Majic (2004) European Child & Adolescent Psychiatry  2 results:  Steindl, C. (2008) Association for the Journal of Occupational Science  Smith, HC. (2005) College of Occupational Therapists
	“adolescent refugees”		No results
PsycINFO October, 2010	“occupational deprivation” and “refugees”		2 results: (Both repeated)
	“adolescent” and “refugees”	Linked full text	25 results: No repeats. None applicable.
MEDLINE October, 2010	“occupational deprivation” and “refugees”		1 result: Repeat.

## INCLUSION and EXCLUSION CRITERIA

- Inclusion:
  - Peer reviewed articles
  - English
  - Linked full text
  - Participants who have been labeled as refugees
  - Participants who were children or adolescents at the time of war trauma
  - Occupational therapy, occupational role, functional health
- Exclusion:
  - All individuals not specified as refugees
  - Individuals labeled as adult

## RESULTS OF SEARCH

**Table 1:** Summary of Study Designs of Articles retrieved

Study Design/ Methodology of Articles Retrieved	Level	Number Located	Author (Year)
Randomized Control Trial	II	1	Mollica, R.F., Poole, C., Son, L., Murray, C.C., & Tor, S. (1997).
Cohort	III	1	Montgomery, E. (2010).

<b>Cross-Sectional</b>	III	1	Clarke, G., Sack, W. H., & Goff, B. (1993).
<b>Grounded Theory</b>	IV	2	Driver, C. & Beltran, R.O. (1998), Whiteford, G.E. (2005).

## BEST EVIDENCE

This article is identified as “best evidence” for demonstrating the effects war trauma can have on adolescent refugees’ functional mental health:

Clarke, G., Sack, W. H., & Goff, B. (1993). Three forms of stress in Cambodian adolescent refugees. *Journal of Abnormal Child Psychology*, 21(1), 65-77. Available: <http://www.springerlink.com/content/pm340mu16647v812/>

Reasons for selecting this study were:

- Cross-sectional design
- Large sample size
- Seven outcome measures were used to obtain a complete understanding of each participant.
- High inter-rater & convergent reliability
- Statistically significant evidence of war trauma increasing the likelihood of psychopathology symptoms.

## SUMMARY OF BEST EVIDENCE

**Table 2:** Description and appraisal of (A cross-sectional study of young Cambodian refugees to evaluate three forms of stress they undergo) by (Clarke, G., Sack, W.H., & Goff, B. 1993).

**Aim/Objective of the Study/Systematic Review:** The purpose of the study was to better understand the effects of prior massive trauma on Khmer children as they moved through adolescence into young adulthood. The study attempted to address three hypotheses, which consisted of 1) Khmer subjects who reported greater amounts of previous war trauma as children will demonstrate a greater rate of PTSD diagnoses and symptoms as adolescents or young adults; 2) subjects who reported PTSD symptoms will also be more vulnerable to the strains of resettlement in the United States; and 3) subjects who reported depressive symptoms will also report more recent stressful events than earlier stressors.

**Study Design:** This study was a cross-sectional design of Cambodian youth refugees who had experienced the Khmer Rouge regime in Cambodia and have since resettled in the United States. The outcomes measures were given once as part of a two to three-hour interview with each participant.

**Setting:** The interviews took place in research offices in association with Oregon Health Sciences University in Portland, Oregon.

**Participants:** A total of sixty-nine participants were interviewed; this sampling came from two different groups of Cambodian refugee youth. Thirty-one of the total participants were seen as part of a six-year follow-up study that were first interviewed in 1984. This group was

an average of 23 years old at the time of the study and an average of 15 years at time of entry into the United States. The remaining thirty-eight participants were a convenience sample of Cambodian refugee youth from the greater Portland area. This second group was an average of 18 years old and an average of 11 years old at the time of entry into the United States.

**Intervention Investigated:** No clinical intervention took place; the study assessed how war trauma could affect an individual’s stress level and therefore, this trauma could be considered the “intervention”.

**Outcome Measures:** The outcome measures were given once as part of a two to three-hour interview. The interview was conducted by Master’s-level students who were trained by the researchers. Outcome areas viewed include symptoms of depression and other psychiatric disorders, number of war trauma stressors, experience of resettlement stressors, and the experience of typically stressful events. The outcome measures are as follows:

- Children’s Schedule for Affective Disorders and Schizophrenia (K-SADS)
- Diagnostic Interview for Children and Adolescents (DICA)
- War Trauma Scale - *Researcher’s version*
- Resettlement Stressor Scale - *Researcher’s version*
- Stressful Life Events Scale
- Beck Depression Inventory (BDI)
- Impacts of Events Scale

**Main Findings:** In order to examine the relationship of the various kinds of stressors to PTSD and depressive diagnoses, the sample was divided into four groups, which were a) not mentally ill; b) PTSD only; c) depression only; and d) comorbidity of PTSD and depression. One-way analyses of variance were conducted to compare groups on each of the three stress scales. The differences between the not mentally ill group and three other groups was found to be significant ( $p < .01$ ). The greatest difference between diagnostic groups was detected for war trauma stressors ( $p < .0001$ ).

Table 1. Means & Standard Deviations (SD) for the Four Khmer Adolescent Diagnostic Groups on Measures of Resettlement Stress, Current Life Stress, & War Trauma

Diagnostic Group	n	Resettlement Stress		Current Life Stress		War Trauma	
		Mean	SD	Mean	SD	Mean	SD
Not mentally ill	39	37.49	15.7	8.05	6.1	57.56	6.0
PTSD only <sup>a</sup>	22	50.45	10.8	9.82	4.8	64.86	6.6
Depression only	3	44.33	9.7	9.00	9.5	67.33	9.1
Comorbid depression and PTSD*	5	49.40	5.6	13.20	10.6	66.80	3.7

<sup>a</sup>PTSD = *posttraumatic stress disorder*

Table adapted from: Clarke, G., Sack, W. H., & Goff, B. (1993). Three forms of stress in Cambodian adolescent refugees. *Journal of Abnormal Child Psychology*, 21(1), 65-77. (Original table © 1993, Journal of Abnormal Child Psychology)

Two regression analyses were also conducted to compare the association of the three types of stressors to major depression and PTSD symptomatology. According to this analysis, war trauma was found statistically significant to both types of symptomatology. Resettlement stressors was found not to be statistically significant to the prediction of major depression symptoms whereas current life stress was found not to be statistically significant to PTSD symptoms.

Table 2. Summary of Simultaneous Multiple Regression onto PTSD Symptomatology<sup>a</sup>

Variable	B	Standard Error	Beta	Partial $r^2$	Semi-partial $r^2$	F-to-remove
Resettlement stress	0.129	0.035	0.401	0.179	0.117	13.540 <sup>b</sup>
Current life stress	0.072	0.070	0.103	0.017	0.009	1.004
War trauma	0.278	0.066	0.450	0.223	0.154	17.822 <sup>c</sup>
<sup>a</sup> PTSD = posttraumatic stress disorder						
<sup>b</sup> $p < .001$						
<sup>c</sup> $p < .0001$						

Table adapted from: Clarke, G., Sack, W. H., & Goff, B. (1993). Three forms of stress in Cambodian adolescent refugees. *Journal of Abnormal Child Psychology*, 21(1), 65-77. (Original table © 1993, Journal of Abnormal Child Psychology)

Table 3. Summary of Simultaneous Multiple Regression onto Major Depression Symptomatology.

Variable	B	Standard Error	Beta	Partial $r^2$	Semi-partial $r^2$	F-to-remove
Resettlement stress	0.021	0.017	0.146	0.024	0.016	1.536
Current life stress	0.099	0.034	0.313	0.116	0.083	8.168 <sup>a</sup>
War trauma	0.083	0.032	0.297	0.096	0.067	6.597 <sup>a</sup>
<sup>a</sup> $p < .01$						

Table adapted from: Clarke, G., Sack, W. H., & Goff, B. (1993). Three forms of stress in Cambodian adolescent refugees. *Journal of Abnormal Child Psychology*, 21(1), 65-77. (Original table © 1993, Journal of Abnormal Child Psychology)

**Original Authors' Conclusions:** The study concluded that refugees, specifically young Cambodian refugees, suffer from a large amount of war trauma and resettlement stress. Much of the stress literature indicates that with time, the effects of this stress usually decreases. However, this study's results indicated the opposite; stressful events further removed in time were more powerful predictors of psychopathology. It is important to know and address these stressors and the specific issues that refugees are facing.

**Critical Appraisal:** The main limitation concerning the research question is that the study did not directly address the occupational deprivation of adolescent refugees; it is implied that the forms of stress studied also consist of occupational deprivation factors. Other limitations of the study include the sample was not random, new outcome measure instruments were used, and results are unable to predict future psychopathology.

**Validity:** The study found inter-rater reliability and convergent reliability to be high. Most outcome measures used are well-known and standardized. The study used their own versions of the War Trauma Scale and Resettlement Stressor Scale creating a limitation for the outcome measures. No other comments about the study's rigour were made.

**Summary/Conclusion:** In this specific article, the young Cambodian refugees reported considerable amounts of both war trauma and resettlement stress. These varying amounts and origins of stress contributed to the symptomatology of major depression and PTSD. This is a trend that is supported by the other four studies analysed, which could hold implications for health practitioners, psychologists, occupational therapists, and many other individuals working with refugees. Adolescent refugees face a unique set of barriers that have contributed to their stress levels; it is important to acknowledge these stressors and find meaningful and productive ways to manage this stress.

<b>Characteristics of Included Studies</b>				
<b>Study</b>	<b>Intervention Investigated</b>	<b>Comparison Intervention</b>	<b>Outcomes Used</b>	<b>Findings</b>
Driver, C., & Beltran, R.O. (1998).	To explore and describe the impact of extreme trauma on a child's performance in school, viewing school as an occupational role one fulfills.	Informally compared to typical school children who are successful in their educational occupational role.	Participant observation, interview with parents, interview with child, and field notes.	The study concluded that not only the experience of trauma can affect a child refugee but many sources of stress can be involved such as relocation, intrusive memories, and home factors.
Mollica, R.F., Poole, C., Son, L., Murray, C.C., & Tor, S. (1997).	To measure the effect of war trauma on the functional health and mental health status of Cambodian adolescents living in a refugee camp on the Thai-Cambodian border.	Informally compared to typically developing adolescents not living in a refugee camp.	Child Behavior Checklist, Youth Self-Report, Achenbach subscales	Parents placed more than half of the adolescent participants in the clinical range; the adolescents placed only 1/4 of themselves in the clinical range. The physical somatic complaints are largely due to culture and thought to be expressions of emotional distress.
Montgomery, E. (2010).	To assess and understand long-term psychological problems among young Middle Eastern refugees living in Denmark.	Informally compared to typically developing peers who are not refugees.	Achenbach System of Empirically Based Assessment, Child (or Young Adult) Behavior Checklist, Youth (or Young Adult) Self-Report, Schedule for Affective Disorders and Schizophrenia for School-Aged Children	The study concluded that the cumulative effect of traumatic experiences was more significant than specific experiences relating to war. A low number of chronic, stressful life events were presented as beneficial.

Whiteford, G.E. (2005).	To further understand occupational deprivation as a lived experience by Kosovar refugees living in Australia.	Informally compared to individuals who are not refugees to understand the occupational deprivation refugees face.	Semi-structured, open-ended interview with one Kosovar refugee.	The study concluded that occupational deprivation could be addressed in the refugee experience specifically to pre-events, the move from home, and life in a refugee camp.
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## IMPLICATIONS FOR PRACTICE, EDUCATION and FUTURE RESEARCH

- The research viewed has provided evidence in support of the expansion of occupational therapy services to assist refugees.
- Occupational therapy can address the occupational deprivation of refugees; this experience extends from pre-trauma events, the move from home, and life in a refugee camp.
- Occupational therapists can help clients acknowledge the stressors of war trauma, resettlement, and recent life stressors and find meaningful and productive ways to manage this stress.
- There is potential for the increase of OT services in the school system and the potential collaboration between teachers and occupational therapists.
- The found research demonstrates the importance of understanding the cultural context in interacting with refugees.
- Education of cultural diversity, the needs of refugees, the process of assimilation, and the application of occupational therapy could be benefit practitioners and students.
- A Innovative Practice Project (IPP) or student capstone project could be created with local refugee organizations.
- Further research could deeper explore the occupational deprivation of refugees and the needs of this specific population.
- More research opportunities could explore the lived experience of a refugee camp, the provision of resources that are provided for refugees in a new country, the lived experience of adolescent refugees and other topics related.

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