

Supporting Evidence for Implementation # 1:

Stress management versus cognitive restructuring in trauma-affected refugees—A pragmatic randomised study

APA Reference:

Carlsson, J., Sonne, C., Vindbjerg, E., & Mortensen, E. L. (2018). Stress management versus cognitive restructuring in trauma-affected refugees—A pragmatic randomised study. *Psychiatry Research*, 116-123.
<https://doi.org/10.1016/j.psychres.2018.05.015>

Level of Evidence:

Level I: Randomized Trial

Summary:

The refugee population is increasing faster than ever. While seeking refuge, these people bring along a wide variety of health problems and more specifically, mental health related issues such as PTSD. Because of this, the need for mental-health services for refugees affected by traumas are at an all-time high (Carlsson, Sonne, Vindbjerg, & Mortensen, 2018, p. 116). Previous studies have pointed towards services such as stress management (SM), cognitive behavior therapy (CBT), and cognitive restructuring (CR) as being successful interventions for PTSD. This evidence led the researchers to question if whether CBT with an emphasis on stress management or cognitive restructuring would be most beneficial for this population.

All participants (n=126; SM=62, CR=64) were invited to undergo a 1-2 hour pre-treatment session conducted by a psychiatrist. Past traumatic experiences, mental health history, general medical history, and sociodemographic information were all recorded during these sessions. Once participants were screened and deemed appropriate subjects for the study, they were given an informed consent to sign and were then randomly placed into one of the treatment groups. Each group's program last 6-7 months which consisted of 10 sessions spent with a medical doctor and 16 psychotherapy sessions spent with a psychologist (Carlsson, Sonne, Vindbjerg, & Mortensen, 2018, p. 117). Sessions with the medical doctor included education on subjects such as PTSD, sleep, interpersonal skills, and they also involved the management of psychopharmacological treatment. Psychotherapists held 1 hour long sessions that carried out either SM or CR methodologies.

The SM sessions were dedicated toward helping patients learn to identify and utilize various coping methods. Therapists worked toward this by using relaxation methods (breathing exercises, total body relaxation, visualization), attention diversion (avoiding focus on unwanted thoughts), and behavioral activation (visualization and activity planning) (Carlsson, Sonne, Vindbjerg, & Mortensen, 2018, p.117). The CR sessions were dedicated toward helping patients learn to reframe negative thoughts that may have been caused by their past traumatic experiences. The structure of the sessions depended on the abilities and needs of the patient that were determined through an evaluation. The evaluation revealed themes that include how to best treat the client. Themes include education, intervention ideas, and homework (Carlsson, Sonne, Vindbjerg, & Mortensen, 2018, p.117).

The primary outcome measure was identifying one's PTSD severity. This was measured by the Harvard Trauma Questionnaire (HTQ- part IV). This measure was created specifically for refugees who have experienced trauma (Carlsson, Sonne, Vindbjerg, & Mortensen, 2018, p. 118). Survey results concluded that the most statistically significant outcome was shown in the HTQ, showing a decrease in PTSD symptom severity across both groups. Researchers determined that the ultimate conclusion was that there was not a clinically significant difference between the use of stress management and cognitive restructuring; however, the SM techniques may potentially be slightly more beneficial than CR (Carlsson, Sonne, Vindbjerg, & Mortensen, 2018, p.120).

This study utilized the use of SM methods to alleviate symptoms of PTSD among refugees who have endured trauma. PTSD and symptoms related to the diagnosis are hugely relevant to our population. Women within our group also identified stress as being a prevalent reality in their lives. This determination led to the conclusion that members could hugely benefit from stress-reduction strategies. While this study did not specifically find the SM methodology superior to CR, results do suggest SM may be slightly more effective within decreasing symptoms related to PTSD.

SM techniques focused on equipping participants with coping skills such as total body relaxation and breathing exercises. Women within our group participate in meditation often, so we opted to not choose similar techniques. Instead, we chose to coordinate diaphragmatic breathing into our session. Based off the suggested techniques, we thought this breathing method closely aligned with what participants

in the study completed. Diaphragmatic breathing was also better suited for our population due to the language barrier. We concluded that these coinciding wants and techniques could potentially benefit the members of our group.