Email from the author on 30Mar06

That would be fine for you to distribute my papers to the class, and I think I would like for them to be de-identified. I hope that they're able to help your students and that they're enjoying the class as much as I did!

ANALYSIS OF THE PROBLEM:

POST-TRAUMATIC STRESS DISORDER IN REFUGEES

Introduction

A refugee can be defined as any person who has fled their country due to a fear of persecution based on race, religion, ethnicity, politics, or social ties (United Nations, 1951). Refugees have been gaining a lot of attention in recent years because of the growing number of displaced persons there are in the world. The U.S. Committee for Refugees estimates that in 2002 there were 14.9 million refugees in the world (Bolton). Since 1986, over 1 million refugees have come to the United States (U.S. Committee for Refugees, 1999) and in the year 2002 alone the United States hosted 638,000 refugees who were seeking asylum (U.S. Committee for Refugees, 2003). Refugees often experience great loss and suffering in the midst of their flight to safety. Due to the traumatic experiences they encounter, in some places it has been found that the prevalence of mental health problems and post-traumatic stress disorder (PTSD) are higher in refugees than in the rest of the population (Berthold, 2000; Blair, 2000; Porter & Haslam, 2001; Takeda 2000). Intervention is needed because studies have shown that in some cases people who encounter traumatic experiences cannot “snap back” to good mental health on their own (“High levels of depression”; Lie, 2002; Porter & Haslam, 2001). Despite this need, social service providers continue to be uneducated on the diagnosis and treatment of PTSD in refugees (Weine, Kuc, & Dzudza, 2001). Current immigration practices do not incorporate services to address this problem, so it continues to be a prevailing issue in the refugee community today.

This analysis will use systems theory to look at the issues surrounding PTSD in refugees, giving an outline of the history of the problem, the systems and stakeholders involved in the problem, and the needs and capacities of the stakeholders involved. The analysis will be conducted from a technology perspective, and therefore technology will be given priority in the discussion of needs, as well as in the solution to be presented in a following report.

Problem Definition

This section will be used to explore the problem of PTSD in refugees. First the history of PTSD and PTSD in refugees is discussed, followed by the assumptions that are being made in this analysis about the problem of PTSD in refugees.

History

Diagnosis of PTSD
The analysis of trauma and PTSD has grown in lengths and bounds over the past century. At the beginning of the 20th century war trauma interventions only focused on the evident cardiac effects. Late 20th century psychiatrists and Freudian and Behavioral psychologists expanded this study to include traumas’ impact on neurosis problems and the body as a whole. Their findings and conclusions have shaped the diagnosis of PTSD that is in the Diagnostic and Statistical Manual of the American Psychological Association (DSM) today (White, Tutt, & Mutwiri). PTSD was first recognized as a mental health issue in the 1980, in the 3rd Edition of the DSM (APA). In this publication the definition of PTSD was limited however, including only events that all people would consider traumatic and not allowing for any individual perception of an experience that could be traumatic. This definition was expanded when the DSM III was revised in 1987, and was expanded even more in the DSM IV (1994), which is the present edition of the manual (APA).

According to the DSM IV, “PTSD develops in response to events that are threatening to life or bodily integrity, witnessing threatening or deadly events, and hearing of violence to or the unexpected or violent death of close associates” (APA, 1994). Events that are considered traumatic by this definition include: combat, sexual and physical assault, being held hostage or imprisoned, terrorism, torture, natural and man made disasters, accidents, and receiving a diagnosis of a life threatening illness (Rothschild, 1998). The symptoms of PTSD include re-experiencing (e.g. nightmares, flashbacks), avoidance and numbing (e.g. avoidance of reminders), and arousal (e.g. difficulty sleeping) that persist longer than 1 month after the trauma (APA, 1980).

Diagnosis of PTSD in Refugees

In the past there have been problems with the assessment of refugees’ psychological distresses, including diagnosis of PTSD. Problems have arisen because many diagnostic tools are not sensitive to the cultural norms of all refugees and/or are not accurately translated into refugees’ native languages (Bolton). Also, the diagnosis criterion for PTSD were based on and predominately tested with an Anglo-Saxon society in mind (Friedman & Jaranson, 1994). Past studies that explored the accuracy of PTSD diagnosis have been limited in their findings due to limitations in the methodology of the studies (e.g. lack of random sampling, or study performed in single refugee camp). There is cause for concern however, because some studies of physicians, mental health workers and other service providers have shown that professionals who have not worked with refugees do not properly diagnose immigrant and refugee women with PTSD (White, Tutt, & Mutwiri).

Prevalence of PTSD in Refugees

It is estimated that the prevalence of PTSD varies widely in different areas, ranging anywhere from rates of 4% to 86%. There have not been many comprehensive studies of refugees across the country to assess the situation in its entirety (Bolton, I think the year of download needs to be added). Although it is difficult to determine the prevalence of PTSD in refugees, studies have shown that PTSD is more prevalent in displaced refugees than non-displaced refugees even when the non-displaced had experienced considerable war stress (Porter & Haslam, 2001).
Treatment of PTSD in Refugees

In Europe, some interventions have been proven to reduce the symptoms of PTSD in refugees. One of these interventions is asking refugees to give a testimony of their experiences. This testimony is audio-taped and then transcribed and given back to the refugee (ECRE). Similar to this, in studies of women who have encountered traumatic experiences, acknowledging the trauma and strengthening self-image and relationships has been proven helpful as well as empowerment methods that restore control to the victim’s life (White, Tutt, & Mutwiri). Other research data offers support for interventions that focus on refugees’ ability to become a part of their new environments, develop friendships, and feel supported by their family and friends in these efforts (Becker, Weien, Vojvoda, & McGlashan, 1999; Berthold, 2000).

Other treatment suggestions include group therapy for refugees who have experienced similar events, and targeting psychosocial risk factors (Bolton). Recently, the biggest advances in treatment of PTSD have been made in the area of chemical changes that occur as a part of PTSD and drugs that address these changes. This research challenges some of the early assumptions of PTSD that it is something in your head that is controllable with training rather than a chemical change. (White, Tutt, & Mutwiri)

Assumptions

It is relevant here to state several assumptions that are being made in starting this analysis of the problem of PTSD in refugees. The primary assumption made in this analysis is that PTSD is an undesirable condition for those that have the symptoms, and that some form of aid and treatment is desirable. The analysis also assumes that PTSD is treatable in refugees, and that environmental factors can aid in recovery. This means that drugs treating the chemical changes caused by PTSD are not viewed as the only solution to this problem. This analysis further assumes that culture impacts the way refugees exhibit the symptoms of PTSD and the types of treatment that will be effective. Therefore the solution paper to follow will seek out treatments that can be catered to the needs of different cultures. Very good assumptions

Analysis of Problem

The systems perspective has been chosen for this analysis to allow for a holistic look at the circumstances impacting the problem. Using this perspective, the environment and its subsystems surrounding the problem will be identified and described.

Environment

Two environments have been identified that affect refugees with PTSD. The first environment is the world and its current trends. Second is the environment of the United States, the specific country within which the context of interacting subsystems is applied in this analysis.

The World
As mentioned in the introduction, there are a large number of refugees in the world today. The world has taken a protective stance towards refugees since the traumatic event of the September 11th terrorist attack and the war on terrorism that has followed. Some specialists see that governments around the world have used the threat of terrorism as grounds by which to crackdown on ethnic discontent, resulting in widespread displacement (Lubber, 2003; Smith, 2003). The environment of the world indicates that there will be more displaced persons and refugees in the years to come, and that these people will possibly face persecution wherever they go. This compounding situation holds great potential that there will be more cases of refugees with PTSD in the near future.

The United States

The United States appears to follow the current trend of the world today, by taking a more stand-offish attitude toward refugees. The trend began with policy changes that occurred in the United States in 1996, which emphasized the importance of self-sufficiency and no welfare dependence of all people entering the country (Takeda, 2000; Tress, 2000). The Responsibility and Work Opportunity Reconciliation Act of 1996 is one example of this policy focus. This law blocked immigrant access to a large majority of social service benefits they had previously been receiving. While this law did not directly affect the social services refugees were receiving, its anti-immigrant sentiment caused refugees to feel unwanted and thus decreased the amount of social services refugees used (Fix & Passel, 1999; Padilla, 1997). The trend has continued since then to the point that in fiscal year 2002 the United States only re-settled 27,000 refugees in the country, which is the lowest number in the program’s history (Smith, 2003). It is important that the United States and its subsystems shift gears and take a more proactive role to aid refugees during their time of crisis.

Systems and Subsystems

The systems analysis of the problem of PTSD in refugees will now continue by examining the refugee system, along with the subsystems of the United States that impact refugees with PTSD. Each system will be analyzed by looking at the characteristics of the system, the decisions the system makes concerning the problem, the capacities the system has to solve the problem, and the needs that if met would help solve the problem. All discussion of the systems perspective is derived from Schoech, 1999.

Refugees with PTSD

Characteristics of the system. The system experiencing the problem is refugees with PTSD who are living in the United States. Refugees enter the United States drained of all resources and in need of healing because of the traumatic experiences they have encountered. Refugees receive input from their new environment in the form of food and shelter. Very little throughput and output occurs in this interaction however, because refugees are not expected to give anything in return. Also, refugees are not able to provide input back into the system because they lack knowledge of how to interact in their new environment. In this way, the refugee system functions as a closed system, with little interaction with the surrounding systems. According to the systems perspective, this causes entropy and drains the systems that provide resources to the
refugees as well as drains the refugees because then the systems previously supporting them are not able to function correctly. **Good points.**

**Decisions.** Refugees with PTSD are faced with a variety of decisions to make about their problem. Refugees decide who they are going to go to for help with the symptoms of PTSD and decide what kind of treatment they want to use. These decisions impact the refugee’s life as well as their natural support network because refugees will likely lean on this system to aid in seeking help (e.g. transportation, outside assignments given by therapists). Currently refugees can ask social service providers for referrals to help them make this decision, or they can use the phone book or internet to search for other people who can help.

**Capacities.** Refugees with PTSD hold within themselves several capacities that can be used to help their problem. One of these capacities is the tremendous amount of time refugee have, at least when they first arrive, because they do not have a job, trade, or activity that occupies their time. Refugees also have hands-on-experience of the process of going through social service agencies, and are the most capable ones to make suggestions of how services can be improved or what information is out of date. The ability of most refugees to speak another language other than English can also be seen as a capacity since they are able to communicate better with people who speak that language than other people who cannot. **I think the motivation of refugees, their capacity to risk, and the need to achieve are additional capacities, i.e., they are more resilient.**

**Needs.** In addition to these capacities, there are several needs refugees with PTSD have that if met would aid them to make decisions about their problem. Refugees need motivation to do something about their problem otherwise they will not seek treatment to diminish the symptoms of PTSD. Along with motivation, refugees need understandable resources to access solutions and options for their problem.

**Natural Support Network.**

**Characteristics of the system.** The closest system to refugees with PTSD is their natural support networks (e.g. family, friends). In a majority of cases, because of circumstances such as language barriers and living situations, the natural support networks of refugees tend to be refugees or people who are from their country of origin (Potocky-Tripodi, 2001; Tang, 2000). Because of this, the natural support networks tend to be closed systems as well, with little interaction, input, and feedback into the outside environment. So, while the interaction between the systems of refugees with PTSD and their natural support networks consists of a lot of throughput and conversation, little of this occurs with the surrounding environment, causing isolation and entropy.

**Decisions.** In relation to the problem of PTSD in refugees, the natural support networks make decisions such as how they are going to respond to their loved one who has PTSD (e.g. are they going to force them to seek intervention). In some cultures natural support networks also play a very huge role in deciding the intervention for the person with PTSD. Currently, the natural support networks have access to the same resources as refugees to make these decisions (See **Refugees with PTSD, Decisions Section** above).
Capacities. The natural support networks of refugees, similar to refugees with PTSD, also potentially have a lot of time on their hands because it is likely that they are refugees themselves. Another capacity of these networks is the intimate knowledge they have of the “normal” behaviors of the refugees with PTSD. This is a capacity because the information could be useful in assessing symptoms that some physicians may assume are normal or conversely are signs of PTSD. A final capacity of the networks is the support system they provide for one another. In the lives of refugees, this has been proven to have a positive impact on their well-being as well as proven to reduce the symptoms of post-traumatic stress disorder (Potocky-Tripodi, 2001; Tran & Wright, 1986).

Needs. To aid the natural support networks in the decisions they make about the problem, there is a need for these networks to have resources to access solutions to the problem. For the networks, this would mean resources offering input on the proper ways to react to a friend with PTSD and how to help that friend make decisions about their condition.

Neighborhoods and Agencies Serving Refugees with PTSD

Characteristics of the systems. Neighborhoods and agencies are complex systems with a wide variety of activities occurring within them. Their nature tends to be open, in constant interaction with the environment surrounding them. These systems’ interaction with the problem of PTSD in refugees tends to be different. Their functioning with this system does not function well because they continually inputing resources into the refugee system and yet are not receiving any feedback and input in return. This causes a drain on the agencies, preventing equilibrium and instead heading toward entropy.

Decisions. In relation to the problem of PTSD in refugees, the neighborhoods and agencies decide what programs and resources they will make available to refugees with PTSD, as well as how “user friendly” these resources will be (e.g. amount of available bi-lingual information). They also decide what criteria they will use to diagnose PTSD in refugees to determine if they qualify for services. So far, these agencies have the DSM manual to aid in this as well as the counsel of other professionals and the findings of previous empirical studies. Besides decisions that directly affect refugees with PTSD, other decisions are made such as whether or not the neighborhood or agency will collaborate with other agencies to help make decisions about the problem. Perhaps the most important decision these systems make is how high a priority the problem is for the system and what percent of resources they will use to help find a solution.

Capacities. Neighborhoods and agencies possess many capacities that can be beneficial in addressing the problem of PTSD in refugees. Neighborhoods and agencies have access to and knowledge about the resources that are available within their community. This knowledge is a strength because it can be used to link refugees to the resources they need. The knowledge can also be used to provide new services to address the psychosocial needs of refugees (e.g. organizing support groups) (Bolton).

Needs. As in the case of the other systems, neighborhoods and agencies have several needs that if met would better enable them to address the problem of PTSD in refugees.
Neighborhoods and agencies need motivation to do something about the problem of PTSD in refugees because without motivation no changes will occur at this system level. Neighborhoods and agencies also need resources to access the needs of refugees with PTSD and the challenges they face (e.g. what parts of their systems are not “user friendly” for refugees). This will enable them to make change in effective ways to help solve the problem. Neighborhoods and agencies also need access to resources that will enable them to know what diagnosis instruments and treatments are effective in addressing the problem of PTSD in refugees.

**National Advocacy Organizations**

*Characteristics of the system.* The national advocacy organizations that seek to aid refugees, as well as refugees with PTSD, function as relatively closed systems with the surrounding environment. The organizations provide input into the systems of the government and world, by conducting research to explore the needs of refugees and then giving this information to other systems (e.g. legislators, policy makers) to effect change. Very little input in the form of resources (they often get lots of negative input) comes from the environment to the organizations however, placing a possible drain on the services they provide. On the other hand, it appears that this is the only system where refugees currently are able to give input into another system. Refugees do this through participating in surveys and research studies that the national advocacy organizations do to gather information. This input is processed by the organizations and output in the form of reports and raising awareness to public officials of the high issues at hand. From a systems perspective it appears that this interactive relationship is balanced and maintaining an equilibrium that will keep both systems in harmony.

*Decisions.* Several critical decisions face organizations advocating for refugees with PTSD. The organizations decide what issues are a priority to advocate for in society. They also decide how they will urge decision makers, and which decision makers they will make a priority to contact. Along with the decision makers, the advocacy organizations decide the avenues through which they will alert the public to the needs of refugees with PTSD and how they will respond. Currently these organizations use previous needs assessments, statistics, and research findings to use as information to influence decision makers. Another decision made by the advocacy organizations is what research they will conduct to explore the needs of refugees with PTSD. For this decision, organizations currently use their staff that can be transported all over the world to interview refugees about their needs. Other decisions involve values, e.g., trying to provide needed services while advocating that refugees are not a drain on society.

*Capacities.* Along with the large number of decisions advocacy organizations make that impact the problem of PTSD in refugees, these organizations also possess large capacities to help make change. National advocacy organizations have vast knowledge about the situation of refugees because of the needs assessments, statistics, and research studies they conduct in refugee populations. This gives them strength to know what the true needs of the refugees are in the United States. Another capacity is the trained staff that works at these organizations and their level of expertise. National organizations also tend to possess a well-known reputation that allows their voice, and the issues facing refugees with PTSD, to be heard and recognized by top decision-making officials.
Needs. Organizations need access to resources with information on tactics and techniques that are most effective in influencing decision makers. They also need access to resources that point out the most visible avenues through which to alert the public to the needs of refugees with PTSD. A final need for advocacy organizations of refugees is the need for access to resources that have information on the findings of past research and information about what research is still needed. **Probably another need is collaboration with like organizations. However, collaboration requires compromise and this could affect their advocacy efforts, I would have included a few more, e.g., politicians and policy makers.**

Results

This section contains a summary of the needs identified by the systems above and places them in order of priority with the first being the top need, and going down from there. Following this is an analysis of the capacities mentioned for each system, and how these can be used to address the needs.

**Prioritizing Needs**

**Motivation**

Derived from the needs of each system listed above, the most important need to be addressed is refugees’, neighborhoods’, and agencies’ need for motivation to do something about the problem of PTSD in refugees. If the refugees who have PTSD do not have motivation to change their circumstances, than it will not matter what services and treatment options are provided because they will be used. Similarly, neighborhoods and agencies that do not have motivation to help refugees with PTSD will not try to utilize information and resources that are available to aid them in helping these refugees.

**Resources**

Alongside this need is the need for refugees and their natural support networks to have resources to access solutions to their problem of PTSD. This is important because refugees do not know how to access solutions to their problem since they are new to the United States and unfamiliar with the resources that are offered. The next important need is the need for neighborhoods, agencies, and national organizations to have access to resources that let them know the needs of refugees in each of their service areas. More specific to the agencies that treat refugees with PTSD, is the need for resources to access information about diagnosing and treating refugees with PTSD, to know what has and has not worked in the past.

**Capacities to Address Needs**

**Motivation**

Probably the most important capacity identified is the large amount of time that refugees with PTSD and their natural support networks have. Their resource of time can be used to address the need that refugees with PTSD, neighborhoods, and agencies have for motivation to do something about the problem. Refugees that have been treated for the symptoms of PTSD can use their time to share testimonies of what was helpful about therapy to refugees who are
skeptical. This testimony can also be shared with neighborhoods and agencies, which will place a face and real life story with the issue at hand that is in need of being addressed. Alongside this capacity comes the ability of refugees with PTSD and natural support networks to speak another language. This further enables their ability to communicate clearly with other refugees who speak their language and have PTSD to encourage them to seek help. National advocacy organizations capacity of high visibility allowing their voice to be heard can also aid in this need. The organizations can use their influence and credibility to make refugees aware of the limitations caused by PTSD to provide motivation for seeking treatment.

* A capacity and need concerns the telling of one’s story to help others. Telling of stories is therapeutic and stories are needed in education, prevention and treatment.

**Resources**

The time that refugees with PTSD and their natural support networks possess can also be used in the need to have resources to access solutions to their problem. With guidance, refugees can use their time to create and update these resources to be able to help future refugees that come looking for help with their symptoms of PTSD. Neighborhoods’ and agencies’ capacity of knowledge of the resources available in the community can also be used to meet this need, if it can be linked to the refugees who need it. Refugees with PTSD can also use their time to meet the need neighborhoods and organizations have for access to resources that let them know the needs of refugees with PTSD in their area. Refugees can use their time to create and update these resources, as well as be able to put in their direct input from their own personal experiences. Refugees’ capacity to speak another language can aid in each of these resource developments, since refugees can aid in translating resources from English into their own language.

**Conclusions**

More and more refugees are being displaced in the world due to war and natural disasters. Refugees face a variety of stressors in their country of origin, as they travel, and in the country in which they arrive. Because of this, there is a higher prevalence of PTSD in refugees than in non-refugees. PTSD is a mental health condition that does not improve over time, which makes intervention vital to aid refugees with this condition very good point that is not well understood. Is this supported by research? Refugees do not have the knowledge and access to resources to help them with this problem when they enter a new country, therefore the issue needs to be analyzed and a solution formulated. From analyzing the problem using the systems perspective, it was found that the priority needs to be addressed to solve the problem of PTSD in refugees were motivation for refugees with PTSD to seek intervention, refugees and their natural support networks to have resources to access information about solutions for PTSD, and neighborhoods and agencies to have resources to access information about the needs of refugees with PTSD in their area. The primary capacities within the systems to meet these needs are the large amount of time that refugees and their natural support networks possess, the ability of refugees to speak another language, the knowledge neighborhoods and agencies have of resources available in the area to aid refugees with PTSD, and the high visibility of national advocacy agencies.
References


Analysis of PTSD

http://www.ncptsd.org/topics/refugees.html

High levels of depression, post-traumatic stress disorder remain in Bosnian refugees.

http://www.researchmatters.harvard.edu/story.php?article_id=276


http://continuum.uta.edu:2474/issn/0894-9867/contents


Executive Summary

Introduction

Post-Traumatic Stress Disorder (PTSD) is prevalent in refugees due to the traumatic experiences refugees encounter before, during, and after their flight from danger. PTSD is a problem in refugees because it is a condition that does not improve without intervention and yet present diagnostic and treatment tools have not been developed with the refugee population in mind.

Needs and Capacities of Systems

The systems involved in the problem of PTSD in refugees are: refugees, natural support networks, neighborhoods and agencies where the refugees live, and national advocacy organizations for refugees. The two main needs of these systems to address the problem are:

1. Motivation of refugees, natural support networks, neighborhoods, and agencies to do something about the problem of PTSD in refugees.
2. Resources for refugees and their natural support networks to access solutions to the problem of PTSD in refugees.

The identified capacities of systems to meet these needs are:

1. Refugees’ capacity of time since they do not have jobs or other activities.
2. Refugees’ capacity of a desire to succeed in order to survive in their new environment.
3. Refugees’ ability to speak another language.
4. Refugees’ ability to share their stories.
5. Agencies’ knowledge of and access to resources in the community.
6. National advocacy organizations’ high visibility allowing their voice to be heard by many people.

Recommended Solution

The recommended solution which addresses the need of motivation for refugees and their natural support networks is to start refugee Meetup groups in a refugee services organization. Meetup is an internet application that organizes meetings for people with common interests that live in the same geographic region (Meetup, 2004). The purpose of the refugee Meetup groups would be for refugees to get together and share their stories and experiences with one another as well as share their knowledge of resources others are seeking. This solution is recommended based on the capacities of systems it builds upon, and research findings which show that the sharing of stories is therapeutic for refugees (ECRE, 2004; USCR, 2004; Van Dijk, Schoutron & Spinhoven, 2003).

Next Steps

The next steps to be taken to implement the Meetup group solution are:

1. Identify a willing refugee agency to host the project.
2. Form partnerships with local universities to provide computer and internet access for refugees.
3. Develop training protocol for introducing refugees to Meetup groups.
4. Develop evaluation measures to track the performance of the Meetup groups.
5. Recruit refugees to participate.
ANALYSIS AND SOLUTION OF THE PROBLEM:
POST-TRAUMATIC STRESS DISORDER IN REFUGEES

Introduction

A refugee is any person who has fled their country due to a fear of persecution based on race, religion, ethnicity, politics, or social ties (United Nations, 1951). Refugees have gained a lot of attention in recent years because of the growing number of displaced persons there are in the world. The U.S. Committee for Refugees estimates that in 2002 there were 14.9 million refugees in the world (Bolton, 2004). Refugees often experience great loss and suffering in the midst of their flight to safety. Due to the traumatic experiences they encounter, it has been found in some places that the prevalence of mental health problems and post-traumatic stress disorder (PTSD) are higher in refugees than in the rest of the population (Berthold, 2000; Blair, 2000; Porter & Haslam, 2001; Takeda, 2000). Intervention is needed because studies show that in some cases people who encounter traumatic experiences cannot “snap back” to good mental health on their own (“High levels of depression”, 2001; Lie, 2002; Porter & Haslam, 2001). Despite this need, social service providers continue to be uneducated on the diagnosis and treatment of PTSD in refugees (Weine, Kuc, & Dzudza, 2001). Current immigration practices do not incorporate services to address this problem, so it continues to be a prevailing issue in the refugee community today.

This analysis uses systems theory to look at the issues surrounding PTSD in refugees, giving an outline of the history of the problem, the systems and stakeholders involved in the problem, and the needs and capacities of the stakeholders involved. A list of solutions for the needs follows the analysis, which includes the next steps to be taken to implement the preferred solution and methods of evaluation to ensure the solution is working properly. The analysis and solution are conducted from a technology perspective, and therefore technology is given priority in the discussion of needs and solutions.

Problem Definition

This section will explore the problem of PTSD in refugees. First, the history of PTSD and PTSD in refugees is discussed, followed by the assumptions that are being made in this analysis about the problem of PTSD in refugees.

History

Diagnosis of PTSD

According to the DSM IV, “PTSD develops in response to events that are threatening to life or bodily integrity, witnessing threatening or deadly events, and hearing of violence to or it the unexpected or violent death of close associates” (APA, 1994). Events that are considered traumatic by this definition include: combat, sexual and physical assault, being held hostage or imprisoned, terrorism, torture, natural and man made disasters, accidents, and receiving a diagnosis of a life threatening illness (Rothschild, 1998). The symptoms of PTSD include re-experiencing (e.g. nightmares, flashbacks), avoidance and numbing (e.g. avoidance of reminders), and arousal (e.g. difficulty sleeping) that persist longer than 1 month after the trauma (APA, 1994).

Diagnosis of PTSD in Refugees

In the past there have been problems with the assessment of refugees’ psychological distresses, including diagnosis of PTSD. Problems have arisen because many diagnostic tools are not sensitive to the cultural norms of all refugees and/or are not accurately translated into refugees’ native languages (Bolton, 2004). Also, the diagnosis criterion outlined in the DSM IV for PTSD are predominately based and tested on the Anglo-Saxon society (Friedman & Jaranson, 1994). Past studies that explored the accuracy of PTSD diagnosis have been limited in their findings due to limitations in the methodology of the studies (e.g. lack of random sampling, or study performed in single refugee camp). There is cause for concern however, because some studies of physicians, mental health workers and other service providers have shown that professionals who have not worked with refugees do not properly diagnose immigrant and
refugee women with PTSD (White, Tutt, Rude, & Mutwiri, 2004). It is unclear what the prevalence is of PTSD among refugees because there have not been any comprehensive studies that assess the situation across different refugee populations (Bolton, 2004). Although it is difficult to determine the prevalence of PTSD in refugees studies have shown that PTSD is more prevalent in displaced refugees than non-displaced refugees, even when the non-displaced had experienced considerable war stress (Porter & Haslam, 2001).

Treatment of PTSD in Refugees

Treatments proven in Europe proven to reduce the symptoms of PTSD in refugees include interventions that ask refugees to share a testimony of their experiences. This testimony is audio-taped and then transcribed and given back to the refugee (ECRE, 2004). Similar to this, in studies of women who have encountered traumatic experiences, acknowledging the trauma and strengthening self-image and relationships has been proven helpful as well as empowerment methods that restore control to the victim’s life (White, Tutt, Rude, & Mutwiri, 2004). Other research also offers support for interventions that focus on refugees’ ability to become a part of their new environments, develop friendships, and feel supported by their family and friends in these efforts (Becker, Weien, Vojvoda, & McGlashan, 1999; Berthold, 2000).

Assumptions

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Environment

Two environments have been identified that affect refugees with PTSD. The first environment is the world and its current trends. Second is the environment of the United States, the specific country within which the context of interacting subsystems is applied in this analysis.

The World

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The United States appears to follow the current trend of the world today, by taking a more standoffish attitude toward refugees. The trend began with policy changes that occurred in the United States in 1996, which emphasized the importance of self-sufficiency and no welfare dependence of all people
entering the country (Takeda, 2000; Tress, 1998). The Responsibility and Work Opportunity Reconciliation Act of 1996 is one example of this policy focus. This law blocked immigrant access to a large majority of social service benefits they had previously been receiving. While this law did not directly affect the social services refugees were receiving, its anti-immigrant sentiment caused refugees to feel unwanted and thus decreased the amount of social services refugees used (Fix & Passel, 1999; Padilla, 1997). The trend has continued to the point that in fiscal year 2002 the United States only resettled 27,000 refugees in the country, which is the lowest number in the program’s history (Smith, 2003). It is important that the United States and its subsystems shift gears and take a more proactive role to aid refugees during their time of crisis.

Systems and Subsystems

The systems analysis of the problem of PTSD in refugees will now continue by examining the refugee system, along with the subsystems of the United States that impact refugees with PTSD. Each system will be analyzed by looking at the characteristics of the system, the decisions the system makes concerning the problem, and the needs that if met would help solve the problem. All discussion of the systems perspective is derived from Schoech, 1999.

Refugees with PTSD

Characteristics of the system. The system experiencing the problem is refugees with PTSD living in the United States. Refugees enter the United States drained of all resources and in need of healing because of the traumatic experiences they have encountered. Refugees receive input from their new environment in the form of food and shelter. Very little throughput and output occurs in this interaction however, because refugees are not expected to give anything in return. Also, refugees are not able to provide input back into the system because they lack knowledge of how to interact in their new environment. In this way, the refugee system functions as a closed system, with little interaction with the surrounding systems. According to the systems perspective, this causes entropy and drains the systems that provide resources to the refugees as well as drains the refugees because then the systems previously supporting them are not able to function correctly.

Decisions. Refugees with PTSD are faced with a variety of decisions to make about their problem. Refugees decide who they are going to go to for help with the symptoms of PTSD and decide what kind of treatment they want to use. These decisions impact the refugee’s life as well as their natural support network because refugees will likely lean on this system to aid in seeking help (e.g. transportation, outside assignments given by therapists). Currently refugees can ask social service providers for referrals to help them make this decision, or they can use the phone book or internet to search for other people who can help.

Needs. In addition to these capacities, there are several needs refugees with PTSD have that if met would aid them to make decisions about their problem. Refugees need motivation to do something about their problem otherwise they will not seek treatment to diminish the symptoms of PTSD. Along with motivation, refugees need understandable resources to access solutions and options for their problem. Also, refugees need avenues through which they can share their stories to provide education and motivation to others.

Natural Support Network.

Characteristics of the system. The closest system to refugees with PTSD is their natural support networks (e.g. family, friends). In a majority of cases, because of circumstances such as language barriers and living situations, the natural support networks of refugees tend to be refugees or people who are from their country of origin (Potocky-Tripodi, 2001; Tang, 2000). Because of this, the natural support networks tend to be closed systems as well, with little interaction, input, and feedback into the outside environment. So, while the interaction between the systems of refugees with PTSD and their natural support networks consists of a lot of throughput and conversation, little of this occurs with the surrounding environment, causing isolation and entropy.
**Decisions.** In relation to the problem of PTSD in refugees, the natural support networks make decisions such as how they are going to respond to their loved one who has PTSD (e.g. are they going to force them to seek intervention). In some cultures natural support networks also play a very huge role in deciding the intervention for the person with PTSD. Currently, the natural support networks have access to the same resources as refugees to make these decisions (see “Refugees with PTSD” section above).

**Needs.** To aid the natural support networks in the decisions they make about the problem, there is a need for these networks to have resources to access solutions to the problem. For the networks, this would mean resources offering input on the proper ways to react to a friend with PTSD and how to help that friend make decisions about their condition.

**Neighborhoods and Agencies Serving Refugees with PTSD**

**Characteristics of the systems.** Neighborhoods and agencies are complex systems with a wide variety of activities occurring within them. Their nature tends to be open, in constant interaction with the environment surrounding them. These systems’ interaction with the problem of PTSD in refugees tends to be different. Their functioning with this system does not function well because they continually inputting resources into the refugee system and yet are not receiving any feedback and input in return. This causes a drain on the agencies, preventing equilibrium and instead heading toward entropy.

**Decisions.** In relation to the problem of PTSD in refugees, the neighborhoods and agencies decide what programs and resources they will make available to refugees with PTSD, as well as how “user friendly” these resources will be (e.g. amount of available bi-lingual information). They also decide what criteria they will use to diagnose PTSD in refugees to determine if they qualify for services. So far, these agencies have the DSM manual to aid in this as well as the counsel of other professionals and the findings of previous empirical studies. Besides decisions that directly affect refugees with PTSD, other decisions are made such as whether or not the neighborhood or agency will collaborate with other agencies to help make decisions about the problem. Perhaps the most important decision these systems make is how high a priority the problem is for the system and what percent of resources they will use to help find a solution.

**Needs.** As in the case of the other systems, neighborhoods and agencies have several needs that if met would better enable them to address the problem of PTSD in refugees. Neighborhoods and agencies need motivation to do something about the problem of PTSD in refugees because without motivation no changes will occur at this system level. Neighborhoods and agencies also need resources to access the needs of refugees with PTSD and the challenges they face (e.g. what parts of their systems are not “user friendly” for refugees). This will enable them to make change in effective ways to help solve the problem. Neighborhoods and agencies also need access to resources that will enable them to know what diagnosis instruments and treatments are effective in addressing the problem of PTSD in refugees.

**National Advocacy Organizations**

**Characteristics of the system.** The national advocacy organizations that seek to aid refugees, as well as refugees with PTSD, function as relatively closed systems with the surrounding environment. The organizations provide input into the systems of the government and world, by conducting research to explore the needs of refugees and then giving this information to other systems (e.g. legislators, policy makers) to effect change. Very little positive input in the form of resources comes from the environment however, but often negative input in the form of criticism and resistance, which places a drain on their services. Refugees provide input into this system by participating in the surveys and research studies of the organizations. From a systems perspective it appears that this interactive relationship is balanced and maintaining an equilibrium that will keep both systems in harmony.

**Decisions.** Several critical decisions face organizations advocating for refugees with PTSD. The organizations decide what issues are a priority to advocate for in society. They also decide how they will urge decision makers, and which decision makers they will make a priority to contact. Along with the decision makers, the advocacy organizations decide the avenues through which they will alert the public to the needs of refugees with PTSD and how they will respond. Currently these organizations use previous needs assessments, statistics, and research findings to use as information to influence decision
Analysis of PTSD

Analysis of PTSD

makers. Another decision made by the advocacy organizations is what research they will conduct to explore the needs of refugees with PTSD. For this decision, organizations currently use their staff that can be transported all over the world to interview refugees about their needs.

Needs. Organizations need access to resources with information on tactics and techniques that are most effective in influencing decision makers. They also need access to resources that point out the most visible avenues through which to alert the public to the needs of refugees with PTSD. A final need for advocacy organizations of refugees is the need for access to resources that have information on the findings of past research and information about what research is still needed.

Results

This section contains a summary of the needs identified by the systems above and places them in order of priority with the first being the top need and moving down from there. Following this is an analysis of the capacities of each system and how these can be used to address the needs.

Prioritizing Needs

The following section lists the priority needs from the analysis. Needs were prioritized based on the number of systems that experienced the need and how closely the need was related to the client system, refugees with PTSD.

Motivation

Derived from the needs of each system listed above, the most important need to be addressed is refugees’, neighborhoods’, and agencies’ need for motivation to do something about the problem of PTSD in refugees. If the refugees who have PTSD do not have motivation to change their circumstances, than it will not matter what services and treatment options are provided because they will not be used. Similarly, neighborhoods and agencies that do not have motivation to help refugees with PTSD will not try to utilize information and resources that are available to aid them in helping these refugees. The motivation of neighborhoods and agencies is equally important though because study findings indicate that communities hosting refugees can enhance refugee well-being by taking initiative to address the psychosocial variables affecting refugees (Bolton, 2004).

Resources

Alongside this need is the need for refugees and their natural support networks to have resources to access solutions to their problems, including the symptoms of PTSD. This is important because refugees do not know how to access solutions to their problem since they are new to the United States and unfamiliar with the resources that are offered. Also, providing refugees with a resource to access their solutions would take some of the strain off of organizations that are currently being leaned upon to provide this information.

Capacities to Address Needs

Motivation

Probably the most important capacity is the large amount of time that refugees with PTSD and their natural support networks have. Their resource of time can be used to address the need that refugees with PTSD, neighborhoods, and agencies have for motivation to do something about the problem. Refugees can combine their capacity of time and capacity to share their stories with others to provide education and motivation to refugees and agencies to make change happen. Alongside this capacity comes the ability of refugees with PTSD and natural support networks to speak another language. This further enables their ability to communicate clearly with other refugees who speak their language and have PTSD to encourage them to seek help. National advocacy organizations’ capacity of high visibility allowing their voice to be heard can also aid in this need. The organizations can use their influence and credibility to make others aware of refugees’ needs and motivate other organizations to help.

Resources
Refugees’ capacity of time can also be used in the need to have resources to access solutions to their problem. With guidance, refugees can use their time to gather information, and create and update resources for refugees to use in the future. Refugees’ capacity to speak another language is also useful in this, since refugees can aid in translating the resources from English into their own language. Neighborhoods’ and agencies’ capacity of knowledge of the resources available in the community can also be used to meet this need to fill in the gaps of resources required to gather and organize useful information for refugees.

Review of Solutions

The following section is a summary of the different ways others have approached meeting the priority needs concluded from the analysis, the need for motivation and the need for resources to access solutions (see “Prioritizing Needs” section above). These summaries are not comprehensive, but serve as a way of analyzing some methods that have proven effective and ineffective in meeting the needs.

Motivation

The first method discovered that addresses the need for motivation is books written for people with PTSD, but that are not specifically geared toward refugees. These books address the issue of motivation in their contents by confronting the barriers that prevent people from seeking treatment for PTSD and dispelling these myths (PTSD Alliance, 2004). Two considerations should be made if these books were to be used in refugee populations. The first consideration is language, because the books are written in English and most refugees do not speak or read English. The second consideration is the cultural context of the books, whether or not the barriers analyzed in the books were defined across cultures or mainly apply to the culture in which the book was written.

The second method addressing motivation is a program of the Immigration and Refugee Services of America, called Refugee Voices. In this program the testimonies of refugees are voice recorded and placed on the Web site of the United States Committee for Refugees for people to hear (USCR, 2004). This program was established based on the idea that “the best advocates for refugees are refugees themselves”. This Web site comes closest to addressing the issue of motivation for agencies and neighborhoods because it is open access for anyone to hear the stories of refugees, and hearing the stories creates an emotional draw to the problems faced by refugees.

Resources

The first method found that addresses the need of refugees and their natural support networks having resources to access solutions to their problems are “bridging” institutions. These agencies were created in the Netherlands and the United Kingdom to address the problems refugees were having accessing health care services (e.g. language barriers, lack of knowledge of how the social service systems works) by acting as a link between refugees and the existing health care facilities (ECRE, 2004). It is important to note that these institutions were created for a different need (i.e. resources to link refugees to health care services) than what is being addressed in this paper (i.e. resources to access solutions to the problem of PTSD) however, the overall idea behind the needs is closely related (i.e. refugees finding solutions) and therefore is taken into consideration.

The second method for addressing refugees’ need for resources to access solutions is more basic: contacting professionals. On the Web site for the National Center for Post Traumatic Stress Disorder (NCPTSD), non-veterans are encouraged to look in the phone book in the blue government pages and look for listings under the section that relate to PTSD treatment or to look in the yellow pages under different social service professional headings (e.g. “social workers”, “psychotherapists”). If both of these options do not work, than non-veterans are advised to ask their doctor or friends to recommend a physician (NCPTSD, 2004). There are several problems with the methods listed above, in how they apply to the refugee community. To do word lookups in the phone book refugees would need to be extremely proficient in reading English. Even if the refugees were able to read English, the phone book would not
describe the type of treatment offered at the different agencies and would not really provide refugees with treatment options.

The final method in providing resources to access solutions is information found in agency Web sites. Several Web sites offer information on the treatment of PTSD and suggestions for how to locate service providers in different areas (e.g. National Institute for Mental Health, National Center for Posttraumatic Stress Disorder). Other Web sites offer the phone numbers of referral services to professionals, institutions, and other Web sites with information that offer help with anxiety disorders such as PTSD (e.g. Sidran, Facts for Health, Self-Help Group Sourcebook Online) (Facts for Health, 2004; NCPTSC, 2004; NIMH, 2004; Sidran, 2004; White & Madara, 2004). Once again, language is a major concern in this method because the Web sites are only offered in English.

Chosen Solutions

The following section describes three options for solutions to meet the needs of motivation and resources to access solutions for the problem of PTSD in refugees. The options are not intended to be separate choices, but rather steps that build upon one another (i.e. “Option 1 is the first step, followed by “Option 2” and then “Option 3”). Also, the options are preventative solutions to the problem of PTSD in refugees rather than reactive, due to the lack of certainty in diagnosing PTSD in refugees (see “Diagnosis of PTSD” section above). A description of each option will be provided, which includes the idea, people involved, explanation of the need it addresses, and the strengths of systems it builds upon. Following the description of each option is a list of the option’s advantages and disadvantages.

**Solution 1: Meetup Groups**

*Description*

Solution number 1, to address the issue of motivation for refugees and their natural support networks to do something about the problem of PTSD, is to facilitate refugee participation in Meetup groups. Meetup is an internet application that organizes meetings for people with common interests that live in the same geographic region (Meetup, 2004). The purpose of the refugee Meetup groups would be for refugees to get together and share their stories and experiences with one another as well as share their knowledge of resources others are seeking. The technology needed to implement this solution is computers and the internet.

The systems involved in making this solution happen are an agency in the community (e.g. World Relief or Red Cross), local universities, the Meetup organization, and refugees. An agency in the community is needed to introduce refugees to the idea and use of Meetup groups, as well as provide training in the use of computers and the internet. The agency’s partnership with local universities is to provide refugees with access to computers and the internet, and if programs at the university are willing, also training in the use of computers and the internet. If this option is possible, than the agency would only be responsible for introducing refugees to the Meetup groups and providing information on how to access the computers and training at the universities. The Meetup organization assumes responsibility for setting up meeting locations, emailing members about the meetings, sending reminders, and getting feedback from participants on how the Meetup could be made better (Meetup, 2004). Finally, the refugees are responsible for signing up on Meetup, responding to emails on meeting locations and whether or not they will attend, and running the actual Meetup groups.

This solution was chosen based on the work of other organizations and the capacities of the systems that are involved. The United States Committee for Refugees states on their Web site that “Allowing others to hear their (refugee) testimonies is healing and empowering for the refugees and encourages others to get involved” (USCR, 2004). Other research shows that refugees have a need to share their stories (Griffith, 2001) and that the sharing of stories provides healing to refugees with PTSD (ECRE, 2004; USCR, 2004; Van Dijk, Schoutron & Spinhoven, 2003). The solution builds on refugees’ capacity of time, since refugees will be the ones planning, running, and collecting feedback on the
Meetup groups, and agencies’ capacity of access to resources in the community, since it is their partnership with local universities that will make computer and internet access available to the refugees.

**Advantages**

The first advantage of this solution is the high motivation it provides agencies to get involved. One of the weaknesses highlighted in the agency system is that the system is continually pouring resources into the refugee system, but does not receive any input or resources in return (see “Neighborhoods and Agencies Serving Refugees with PTSD” section above). The Meetup groups allow refugees to give back to the agencies by taking on some of the work in providing services to refugees by being responsible for running and evaluating the meetings. Another advantage of this solution is that the Meetup program is a well-running application that is already in motion. Agencies do not have to worry about Web design or other advanced technology, but can focus their time on encouraging refugees to use the Meetup groups and analyzing performance measures to see what benefit the Meetup groups are providing refugees.

**Disadvantages**

The main disadvantage of this option is that Meetup is only offered in English. This does not necessarily prevent refugees who do not speak English from participating in the Meetup groups since they may still hear about the meetings by word of mouth, but it does greatly hinder the chances of these refugees signing up for the program on the internet. Another disadvantage of the solution is the unpredictability of how open refugees will be to talk to one another about their experiences. Although sharing stories is proven to be beneficial to refugees, this does not guaranty refugees will want to participate.

**Solution 2: Testimony Web Site**

**Description**

The second solution, which addresses the need of motivation of all systems to do something about the problem of PTSD, is creating a Web site where refugees can post their testimonies and find chat groups where they can talk to other refugees in different languages. The purpose of posting refugees’ testimonies on a Web site is to provide refugees with more opportunities to share their stories and to allow easy access for others to hear their stories and be motivated to help refugees. The purpose of the chat groups in different languages is to provide an avenue through which refugees who do not speak English can talk with others, and to provide refugees with a place where they can talk to other refugees about the problems they are encountering on a more consistent basis. The technology needed to implement this solution is computers, the internet, tools for Web design and tools for chat room creation. The testimony Web site is the next step after the Meetup groups because it is still focused on providing refugees with opportunities to share their stories, but requires greater technical effort than forming the Meetup groups.

The systems involved in making this solution happen are an agency in the community (e.g. World Relief or Red Cross), local universities, refugees and Meetup participants, national advocacy organizations, and agencies connected to the internet. An agency in the community that is linked to refugees would serve as a central link between the other systems involved in the solution. The agency would partner with local universities to solicit volunteers in the computer science department to create the Web site and provide computer and internet access to refugees. The agency would also provide input to the Web design volunteers about the structure and content of the Web site. Refugees, possibly from the Meetup participants, would be solicited to have initial testimonies recorded and posted on the Web site. A feedback tool on the Web site would allow a way for other refugees visiting the site to ask that their testimonies be posted as well. Refugees would also be the participants, and with training the moderators, of the chat rooms offered in different languages. Finally, national advocacy organizations would be asked to advertise the Web site on their Web sites to increase its visibility. The voice of national advocacy
organizations would also be used to solicit the help of other agencies around the world, that have the technological capability, to host chat groups in different languages.

Similar to solution 1, solution 2 was chosen based on the work of other organizations and the capacities of the systems that are involved. In the “Refugee Voices” program of the United States’ Committee for Refugees (USCR), the testimonies of refugees are voice recorded and then posted on the USCR Web site. On their Web site it says the “Refugee Voices” program was created based on the idea that “the best advocates for refugees are refugees themselves” (USCR, 2004). The reason for having another Web site where refugees can post their testimonies is to provide refugees with more opportunities to share their stories and be heard. The solution builds on refugees’ capacity of time, since refugees will be sharing their testimonies and moderating the chat groups. The solution also builds on the capacity of agencies having access to resources by linking with universities that have the capabilities needed for the Web design. Finally, the solution builds on national advocacy organizations’ ability to be heard by soliciting their help in advertising the Web site.

Advantages

A large advantage of the solution is the use of refugees as moderators of the chat rooms. Refugees’ ability to speak another language makes the solution feasible and opens the door for more refugees to be able to share their stories who could not through the Meetup groups because of the language barrier (see “Solution 1: Meetup Groups” section above). Another advantage of the solution is its preventative approach for the problem of PTSD in refugees. As mentioned before, the sharing of stories has proven to be therapeutic for refugees with PTSD. By providing an avenue through which refugees can regularly share their stories with one another and be connected, this may help to prevent prolonged cases of PTSD in refugees from occurring.

Disadvantages

Even though universities will be partnered with to gain expertise and volunteers in Web design, the development of the Web site will still prove very time consuming and possibly expensive depending on the Web design tools the agency must acquire for its volunteers. Another disadvantage is the possible language barrier between refugees and agency personnel. Refugees that want to serve as moderators in chat rooms must be able to understand some English, or the staff must understand some of the language the refugee speaks, in order to communicate the expectations of how to moderate the chat rooms.

Solution 3: Resources Web Site

Description

The third solution, which addresses the need for refugees and their natural support networks to have resources to access solutions, is to expand the Web site in solution 2 to include different pages that offer listings of resources that are available to refugees in different areas. The expansion of the Web site would not occur until two years after the original Web site was developed, to help ensure the program and Web site have had enough time to stabilize. The purpose of the added Web pages would be to provide information to refugees about resources in their area that they can read in their own language. The technology needed to implement the solutions is computers, the internet, tools in Web design, and online communication mediums with other agencies (e.g. email, chat rooms). The resource pages are the next step after the testimony Web site because it builds onto an established Web page and requires greater integration and communication filters than the testimony and chat room Web site alone.

The systems involved in solutions 3 are an agency in the community, local universities, refugees, and agencies connected through to the internet. The agency chosen to filter information for the initial Web site would also be chosen as the filter for the resource information pages. The agency would continue to partner with Web design volunteers at the local universities, and utilize their expertise to create a form that information could be typed into by visitors of the Web site and submitted to the agency. Web design volunteers would then assist in creating a natural posting mechanism through which after the information was reviewed, it could easily be posted on the Web site. Web design volunteers would next
create a searching mechanism to where people visiting the site could search the information according to three categories: language, location, and subject. Refugees would be encouraged to participate by posting helpful information on the Web pages using the form. Agencies around the world would be encouraged to participate by posting resource information and organization descriptions for refugees to view. An incentive for the agencies to participate will be promising free “popup” advertising that provides links to their organization’s Web page, or other forms of advertising depending on the degree of detail placed in the information they provide.

The third solution was chosen primarily based on the capacities of systems. The solution builds on refugees’ capacity of time by giving refugees freedom to research and post helpful information on the Web pages. The solution builds on agencies’ access to and knowledge of resources by allowing agencies to post information and partnering with volunteers at local universities who have more experience in Web design.

Advantages

One advantage of the solution is the many systems it involves in gathering resource information. Rather than placing the responsibility on one entity or agency to gather everything there is to know about the resources refugees need, the Web site will allow all systems a filter through which to post information for all to use. Another advantage is that the Web site allows refugees to post information. It is important for refugees to be able to post resource information because refugees are the experts on the services they need and they have first hand knowledge of what is and is not available in the different areas where they have searched for help.

Disadvantages

The primary disadvantage is the amount of time and effort that will be needed to get the resource Web pages up and running in a smoothly functioning manner. The degree of difficulty involved in designing the intricate system and maintaining the Web site is also a disadvantage, because it may require greater expertise than university volunteers may be able to offer.

Preferred Solution

This section provides reasons for the preferred first option to meet the need of motivation and resources to access solutions for the problem of PTSD in refugees, which is solution 1, Meetup groups (see section above). This option will be described in more detail, along with examples of how the option will work.

Justification

Solution 1 was the desired option to start with for several reasons. First, the option addresses the initial issue of refugees’ and their natural support networks’ motivation to do something about their problem. If the refugees lack motivation, than none of the future solutions would be of any value because they all depend heavily on the support and participation of refugees. Second, this solution has been proven in research to be a successful form of treatment for refugees with PTSD, allowing them to share their stories and be validated by others (ECRE, 2004; Griffiths, 2001; Van Dijk, Schoutrop, & Spinhoven, 2003). Third, the solution emphasizes the introduction of refugees to use of computers and the internet, which are needed skills for the following solutions as well. Finally, starting Meetup groups is simpler and seemingly more feasible to facilitate than the other options because Meetup is an already established organization. It is easier to use the services it already provides than to develop a new Web site that provides resources for refugees.

Further Description and Examples

The process of signing up for the Meetup groups is very easy to follow. People become a part of the Meetup groups by filling out an online form which only requires a user name, password, and email address (see next page for example of Meetup sign-up form). The user name and password guard the users’ information, and the email address allows Meetup to send the user email updates about when and
where the next Meetup is happening. Three weeks before the next scheduled Meetup an email is sent to the group members asking them to vote on a location for the next meeting. After the meeting location has been decided, a finalized notification is sent to all the group members, informing them of the meeting location and time and asking them to RSVP on whether or not they will attend. At the Meetup there is a designated volunteer group member who is in charge of getting to the meeting location early and greeting people as they arrive. After the Meetup an email is sent to all the participants to gather feedback on their experience and how they thought the Meetup could be improved (Meetup, 2004).

Evaluation Methods

This section describes three different evaluation procedures for the refugee Meetup group solution, which includes a post-implementation audit, monthly performance monitoring, and satisfaction surveys. The descriptions include the “who”, “what”, “when”, “where” and “how” of each evaluation method and justification for using the method.

Post-Implementation Audit

The agency in the community that decides to implement the Meetup groups will be responsible for performing a post-implementation audit six months after the Meetup groups are started. The purpose of the audit is to determine whether the program was complete within the budget and time limits the agency set aside for it, whether the Meetup application is performing satisfactorily, and if the Meetup groups are being used by refugees as expected (i.e. to talk about their stories and experiences with one
another). An example of a post-implementation audit is found in Schoech (1999) on pages 343 and 344, which can be used and adapted to the needs of the agency performing the audit.

Monthly Performance Monitoring

Monthly performance monitoring will also be performed by the agency implementing the Meetup group solution to determine how efficiently and effectively the Meetup training for refugees is being implemented. Efficiency will be determined by the number of people who attend the Meetup groups each month. This information can be recorded by the refugee facilitators of these meetings and reported to the hosting agency to be tracked over time. Effectiveness will be determined by reviewing the content that is discussed at the Meetup meetings. This information also can be recorded and reported by the refugee facilitators after each Meetup group.

Satisfaction Surveys

Satisfaction surveys will be routinely gathered from refugees to determine whether or not they are satisfied with the Meetup groups and determine if they are beneficial to the refugees. This information is very important for the agency to gather this determines refugees’ willingness to participate in the Meetup groups as well as whether or not the groups are causing any positive changes in the refugees’ lives. Satisfaction with the Meetup groups will be gathered using an anonymous form refugees can fill out after each Meetup session, and which will be gathered after the Meetup by the facilitator for that group and given to the agency. Another form of satisfaction that needs to be recorded is refugees’ satisfaction with the training sessions on using the Meetup application. This information can also be gathered using a form that refugees fill out at the completion of each session.

The Next Steps

This section provides an outline of the next steps to be taken to move forward with the preferred refugee Meetup group solution. The next steps will define the systems responsible for taking these steps as well as issues to consider when carrying out these steps.

Description of Steps

The first step to getting the Meetup groups started is to identify an agency willing to provide support for encouraging refugees to start Meetup groups in their community. It is desirable that the solicited agency is one who already closely interacts with refugees so that a rapport and trust already exist between the two systems. Once an agency has been solicited for participation, the next step for the agency is to contact the local universities and form agreements or an exchange of resources where refugees would be allowed to use the computers and internet access on their campuses. If possible, this would also be the stage where the agency would see if the university has computer and internet training classes to assist the refugees. Next, agency staff responsible for follow-up and tracking of the Meetup groups will familiarize themselves with the Meetup process and develop a protocol, utilizing the feedback of refugees, on how to introduce refugees to the Meetup groups and encourage their participation. In this stage is also where the staff will focus on developing the evaluation measures to track the progress of the Meetup groups. Finally, the agency will start recruiting refugees and begin monitoring the progress of the Meetup groups.

Issues for Consideration

There are several issues to consider when implementing the first steps of the Meetup group solution. One issue to consider is the cultures of refugees participating in the Meetup groups. Culture should be taken into consideration in planning and implementing the Meetup group training programs, in case certain methods of teaching are more effective in one culture than another. Information on how the training sessions can be made more culturally sensitive can be gathered as part of the feedback form refugees fill out at the end of each class. Another issue to consider in forming the Meetup groups is the present proficiency of refugees with computer and internet use. Some refugees may be more fluent in using the computer and internet than others, in which case there may be need for beginners and more
advanced Meetup group training course. Information on refugees proficiency with computer use can be
gathered when refugees are solicited to participate in the Meetup groups, or as part of the feedback sheet
filled out after each training session.

Conclusion

More and more refugees are being displaced in the world due to war and natural disasters. Refugees face a variety of stressors in their country of origin, as they travel, and in the country in which
they arrive. Because of this, there is a higher prevalence of PTSD in refugees than in non-refugees
(Berthold, 2000; Blair, 2000; Porter & Haslam, 2001; Takeda 2000). PTSD does not improve over time,
which makes intervention vital to aid refugees with this condition (“High levels of depression”, 2001; Lie,
2002; Porter & Haslam, 2001). From analyzing the problem using the systems perspective, it was found
that the priority needs to be addressed are motivation of refugees, their natural support networks, agencies
and neighborhoods to do something about the problem of PTSD in refugees and resources for refugees
and their natural support networks to access solutions. The primary solution to address these needs is the
formation of Meetup groups in refugee communities to provide a place where refugees can share their
stories. This solution was chosen based on refugees’ capacity of time and ability to speak another
language, agencies’ capacity of knowledge and access to resources in the community, and research
showing that the sharing of stories provides healing for refugees with PTSD (ECRE, 2004; USCR, 2004;
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### Summary of Solutions

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<tr>
<th>Questions</th>
<th>Solution #1 &quot;Meetup&quot; Groups</th>
<th>Solution #2 Web site (stories &amp; chat)</th>
<th>Solution #3 Web site (resource pages)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need Addressed</td>
<td>Motivation of refugees and natural support networks to do something about the problem of PTSD in refugees</td>
<td>Motivation of refugees, natural support networks, neighborhoods, and agencies to do something about the problem of PTSD in refugees</td>
<td>Resources for refugees and natural support networks to have access to solutions for PTSD</td>
</tr>
<tr>
<td>Who</td>
<td>(1) Agency - Training (2) Refugees - Run Meetings (3) Meetup - Provides format</td>
<td>(1) New program - set up Web site, filter testimonies and translated Web pages, provide training for refugees (2) Refugees - run chat groups, translate Web pages, do advertising (3) National advocacy org. - spread word to refugees about program</td>
<td>(1) Program - Training in Web design; filter for submitted Web pages (2) Refugees - Gather information; Create information resource (including information on PTSD) (3) Local agencies - Also can post resource information</td>
</tr>
<tr>
<td>What</td>
<td>Share testimonies with other refugees</td>
<td>Web site to post refugee testimonies and host refugee chat groups in different languages (One year after Meetup groups have been up and going)</td>
<td>Web site now also has Web pages with information on resources in local areas</td>
</tr>
<tr>
<td>When</td>
<td>Monthly</td>
<td>(1) Program site (2) Online communication</td>
<td>Two years after Web site is up and running</td>
</tr>
<tr>
<td>Where</td>
<td>(1) Refugees choose location (2) Online communication (1) Builds on refugees' capacity of time (2) Refugees have a need to share their stories (Griffith, 2001) (3) Therapeutic (ECRE, 2004; USCR, 2004; Griffiths, 2001; Van Dijk, Schoutrop &amp; Spinhoven, 2003) (4) Builds on national advocacy organizations' capacity to be heard (5) Initial energy spent in training, not technical support</td>
<td>(1) Builds on refugees' capacity of time and ability to speak another language (2) Builds on national advocacy organizations' capacity to be heard (3) Testimonies of refugees are therapeutic and necessary for education, prevention, and treatment (4) Chat allows refugees' voices to be heard on a more consistent basis than posted testimonies</td>
<td>Program site; Online communication</td>
</tr>
<tr>
<td>Why</td>
<td>(1) Requires refugees to have computer and internet access (2) Meetup is only offered in English</td>
<td>(1) Requires refugees to have computer and internet access (2) Possible language barriers between trainers and refugees</td>
<td>(1) Requires refugees to have computer and internet access (2) Possible language barriers between trainers and refugees (3) Little incentive for agencies to participate in</td>
</tr>
<tr>
<td>Why Not</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Analysis of PTSD**

Appendix B

Presentation Handout
posting resource
information