Evaluation of a group counselling for traumatised women in Albania

Verfasserin: Gesa Plester

medica mondiale

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Abstract

In this report, the results of the evaluation of group counselling for traumatised women offered by Medica Tirana, a partner organisation of medica mondiale in Albania, are presented. The group counselling combines different therapy methods, such as cognitive behavioral therapy and psychodrama. Three different target groups are addressed, those being former politically persecuted women, women living in slum areas outside of Tirana and single women. Most of the women suffer from gender-specific violence such as domestic violence or sexualised violence during detention. The counselling groups that were examined ran for nine sessions over three months. For the survey, 39 clients filled out self-rating questionnaires at the beginning and end of the counselling. It was predicted that as a result of the counselling the level of posttraumatic stress and general mental distress would be reduced while the level of empowerment would be improved. A negative relation between empowerment and the level of mental distress was expected.

As a result, the expected effects in all three domains were shown. However, the effects differed between the groups. The expected relation between empowerment and mental distress was not found to be consistent. Possible explanations and implications of the results are discussed and suggestions for further research are made.

1. Introduction

Medica Tirana was founded in 1999. The organisation offers different types of support for women suffering from trauma or hard living conditions. Our work involves gynaecological treatment, vocational training, educational groups, social activities, individual counselling and group psychosocial counselling. The targets of this report are the counselling groups for traumatised women.[1]

Group counselling is provided for three different target groups (Fezer, 2006). One target group consists of ex-persecuted women who themselves or whose families have been politically persecuted during the communist regime. Often they spent many (up to 40) years in prison or in internal exile. Many of them have suffered from traumatic experiences such as torture or sexualised violence, which they endured during that period. A second target group consists of women living in two suburban slum areas of Tirana named Kinostudio and Bathore. The people living in these areas usually emigrated from the North of Albania. The traditional social codex, called Kanun, is still in use, which includes such rules as blood revenge and discrimination against women. Unemployment and domestic violence are widespread problems (Fezer, 2006). The third target group consists of women living in female-headed households. Single women face special difficulties in Albanian society. Not to live with a husband is still stigmatizing and usually goes along with financial problems (International Helsinki Federation for Human Rights, 2000).

The women participating in the group counselling usually react positively. Research was conducted in order to explore scientifically which effects this counselling has on the women. The goal of the survey was to examine the impact of the counselling over three different domains. First of all, symptoms of posttraumatic stress disorder (PTSD) should be detected. It was supposed that the intensity of PTSD symptoms among the women is clinically relevant prior to the group counselling (hypothesis 1). Further, it was assumed that the PTSD symptoms would be significantly[2] reduced after participation in the counselling groups (hypothesis 2).

According to Allen, Coyne and Huntoon (1998), traumatic experiences also have an impact on the general mental well-being of an individual. Therefore, it was supposed that the women should have experienced general mental distress prior to

[1] For further information about Medica Tirana and medica mondiale e.V., see www.medicamondiale.org

[2] "Significance" means that the probability, that the reduction occurred per chance, is not higher than 5%.

the group counselling (hypothesis 3). Accordingly, the general mental well-being should be significantly improved after the group counselling (hypothesis 4).

The third subject of interest was how the group counselling affected the level of empowerment among the clients. A major goal of Medica Tirana is to lobby for women´s rights in Albanian society. On a client level, women shall gain more control over their lives, become more self-aware and be sensitized to human rights violations. The strengthening of empowerment can be seen as a main factor in overcoming traumatic experiences (Griese, Spindeler, Fezer & Çalişkan, 2006). It was assumed that the level of empowerment among the women would be significantly higher following the group counselling as compared to the baseline level (hypothesis 5). Additionally, it was expected that a high level of empowerment goes hand in hand with a low level of general mental distress (hypothesis 6).

2. Method

At the beginning and end of the group counselling the clients filled out self-rating questionnaires (pre-post-design). The results of the two measurements were compared using statistical analysis. All questionnaires were translated into Albanian and implemented by the group leaders during the regular sessions. In order not to expose the clients to too much stress, the questionnaires were divided up over several sessions at both times of measurement.

2.1. Measurements

2.1.1. SPTSS

The SPTSS (Screen for Posttraumatic Stress Symptoms; Carlson, 2001) was used to assess the level of posttraumatic stress symptoms among the women. The questionnaire includes 17 items based on the PTSD diagnosis as outlined in the DSM-IV (American Psychiatric Association, 1994). The instruction is: “Put a number to tell how much that thing has happened to you in the past two weeks.” Anwers can be given on a five-point rating scale, ranging from 0 (not at all) to 4 (more than once every day).

2.1.2. BSI

The BSI (Brief Symptom Inventory; German version by G. H. Franke, 2000, shortform of SCL-90-R) is a commonly used instrument in clinical research. The 53 questions cover various areas of relevance, such as depression, anxiety or somatic symptoms. The client is asked to disclose how often a certain symptom occurred during the last week (0 = 'not at all' to 4 = 'very strongly'). A mean score can be calculated to specify the extent of the general mental distress a client experiences.

2.1.3. Empowerment

In order to estimate the empowerment level a new questionnaire was designed. The first part of the questionnaire includes questions concerning the ability of a woman to express her needs and to help herself, as well as her self-image and her expectations towards the future. A score for *empowerment* was calculated, where high numbers equal a high level of empowerment. The second part of the questionnaire deals with the attitude of a woman regarding what she defines as violence. Statements such as "violence is when a woman gets beaten" are listed, and the clients can express their opinions by answering 'yes', 'it depends' or 'no'. The *frequency of 'yes' answers* and the *frequency of 'no' answers* were calculated. A high frequency of 'yes' answers and a low frequency of 'no' answers were considered as symbolizing a high level of empowerment.

2.2. Content of the counselling groups

Counselling sessions take place once a week for the different target groups and last around one and a half hours. A psychiatrist and a social worker from *Medica Tirana* usually facilitate the sessions. In exceptional cases, groups are facilitated by one person. Between eight and a maximum of 11 women can take part. Participation is consistent for 10-12 weeks and is homogenous with regards to the target group.

The group facilitators are trained in trauma theory and in psychodrama methods and have several years of experience. In the group sessions, different therapy techniques are combined (psychodrama, cognitive behavioural therapy, imagination exercises and relaxation techniques).

General guides for the work are the phases of trauma recovery as described by Judith Herman (2006): creating safety; remembering and mourning; and reconnecting to normal life. It depends on the participants as to which phase is focussed on. Initially, priority is given to creating safety and trust within the group. The women are educated about trauma and post-traumatic stress syndromes, and also about the general effects of stress and pressure. Within the safe space of the group it is hoped that the women learn to identify their own feelings and locate and express their own needs. By meeting women in similar situations to their own, their symptoms can be normalised and more easily accepted. In exchanges with other women they experience acknowledgement and respect. After the group sessions have finished, social networks can develop that further support the women.

Transitioning to the next phase, which would include talking about traumatic experiences, depends on the feelings of the participating women. In some cases, the external living conditions of the women are so precarious and unstable that there is no basis for the therapy against traumatisation. In such cases, the group counselling focuses on the current difficulties faced by the women. For example, imagination exercises are practised in order to help the women learn how to deal with strong feelings. Psychodrama exercises can help test alternative behaviour for specific situations. Exercises and games can also help women develop more active and positive feelings, to stimulate their imagination and to experience themselves as active subjects. It can be an important experience for the women to see that it is possible for them to forget their troubles for a little while and to have fun.

Whenever possible, after a phase of introduction and trust-building, the group facilitators progress to overcoming the traumatic experiences. This is usually appropriate for groups of “ex-persecuted women”. To prepare, the women learn techniques with which they can control intrusive and strong feelings. They are then encouraged to talk about their experiences to the group. Imagination exercises are used to help reconstruct the traumatic events. The women are also offered individual counselling if they have difficulty opening up in the group or if they need additional space and time to talk.

In the final phase, the women are prepared for the end of their group counselling or therapy and their plans for the future are discussed. Matters concerning where and how they can receive help in the future if they need it are also discussed.[3]

2.3. Subjects

All 39 women who participated in the counselling groups beginning October 2006 took part in the survey. Two groups for ex-persecuted women and one each for women from Kinostudio, Bathore and female-headed households were offered. Participation in the research was optional. The clients were informed about the project during the first session. Because of mistakes in the codes for the second group with ex-persecuted women, this group had to be excluded from the analysis.

The clients were between 27 and 58 years old, with an average age of 43.9 years. Most of the women had visited elementary school (n = 15) or high school (n = 20). Only four of them went to university. Around two thirds of the women were married, while in the "female-headed households" group all women were either single or divorced. The women had on average three children each.

The women reported on average that they had experienced M = 3.9 (SD = 2.95) traumatic events. With a mean of M = 8.5 (SD = 2.94), the number of reported traumatic events in the "ex-persecuted women 1" group was especially high. Among the traumatic experiences reported were many that are associated with a high risk of developing PTSD (Friedmann, 2004), such as "I have been tortured" (25%) or "I was afraid of dying" (40 %).

3. Results

3.1. Posttraumatic Stress Symptoms (hypothesis 1 and 2)

A total score on the SPTSS greater than 10 indicates a relevant symptom level that requires further PTSD assessment (Carlson, 2001). Overall, about half the women exceeded the cut-off score, as did the mean averages in each group. The average score in the "ex-persecuted 1" group was especially high (M = 29.57, SD = 10.98), indicating an extreme level of posttraumatic stress symptoms.

[3] See Griese (2007) for more detailed information regarding the counselling groups.

After the group counselling, the scores on the SPTSS were significantly reduced. However, the reduction differed between the groups (compare figure 1). While the reduction was significant in the “ex-persecuted 1” and “Bathore” groups, scores stayed on about the same level in the “female-headed households” and “Kinostudio” groups.

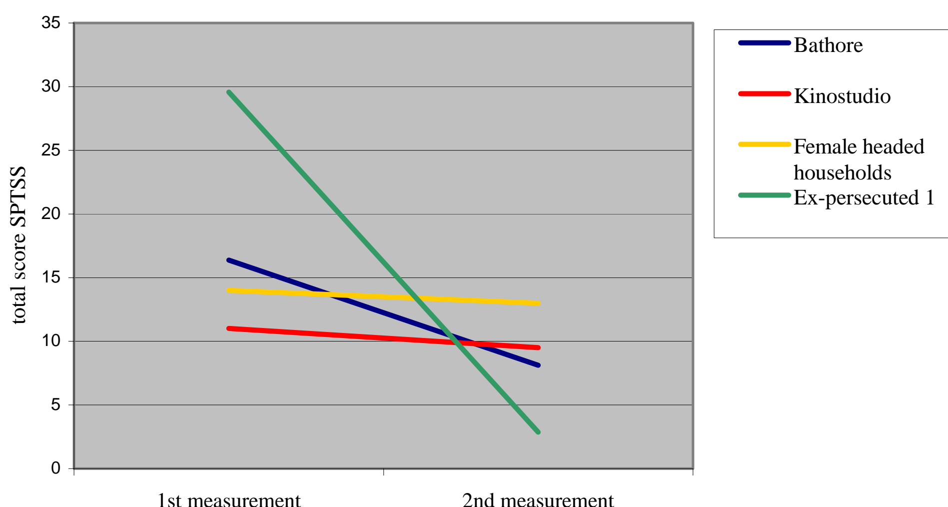

figure 1: mean scores on the SPTSS at the first and second measurement

3.2. General mental distress (hypothesis 3 and 4)

At the first measurement, the average scores in the BSI indicated a high level of distress in all groups except for the “Bathore” group, where the score was about as high as in a German control sample. After the group counselling, the overall score was significantly reduced. However, the “Bathore” and “Kinostudio” groups did not improve significantly. Figure 2 shows the BSI scores of each group at their first and second measurement. A score between t = 40 and t = 60 is regarded as normal, while a score above t = 60 indicates an unusually high level of distress.

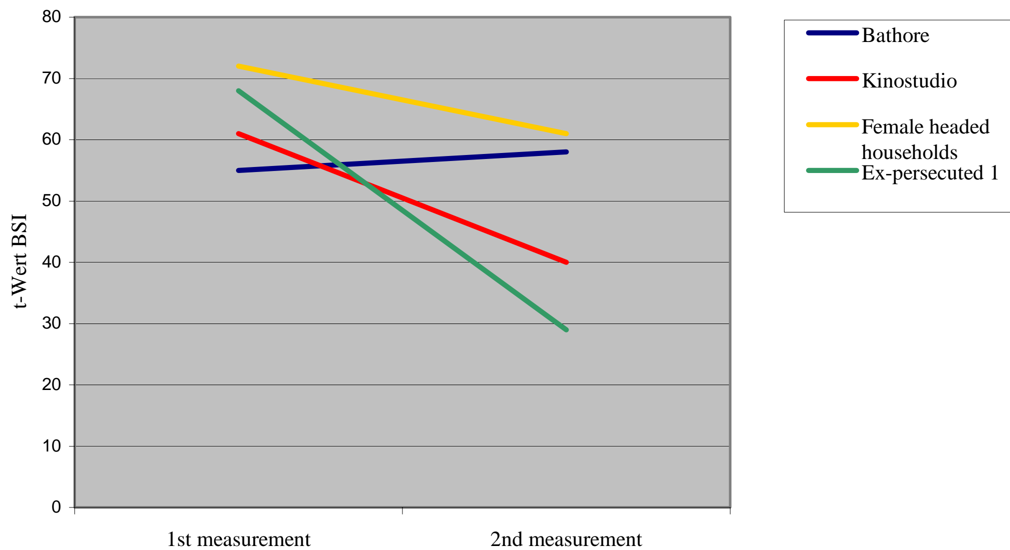

figure 2: mean scores on the BSI at the first and second measurement

3.3. Empowerment (hypothesis 5 and 6)

As shown in figure 3, the mean scores on the *empowerment scale* (first part of the empowerment questionnaire) were improved in all groups after the group counselling, indicating a higher level of empowerment afterwards.

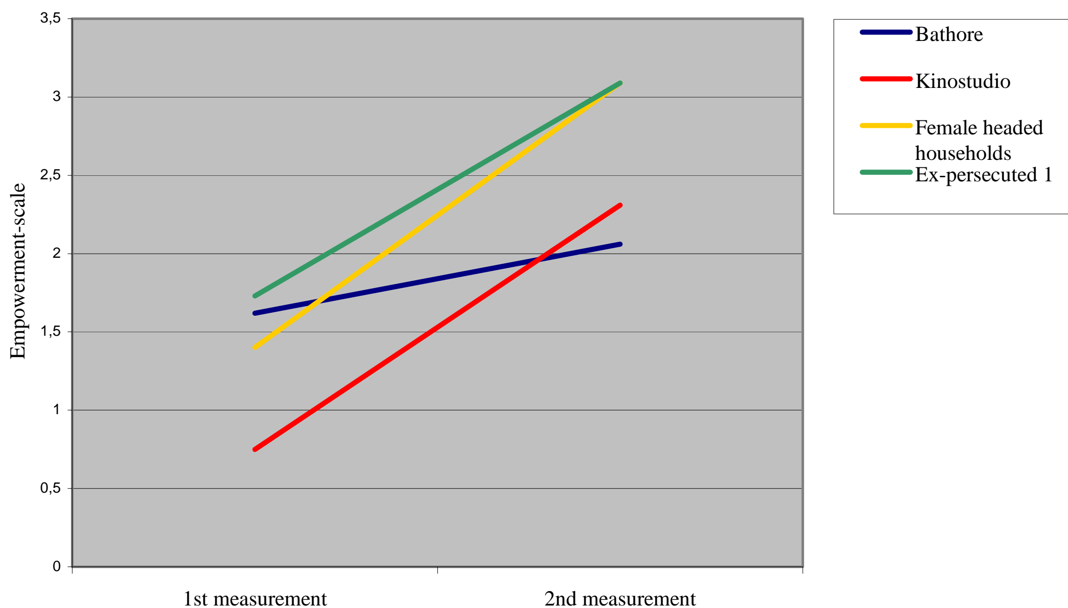

figure 3: mean scores on the empowerment-scale at the first and second measurement

Even in the second part of the empowerment questionnaire, which dealt with *violence statements*, an overall improvement of empowerment could be observed. As expected, the frequency of 'yes' answers increased, while the frequency of 'no' answers decreased. However, figure 4 shows that the improvement in 'yes' answers took place only in the "ex-persecuted 1" and "Kinostudio" groups.

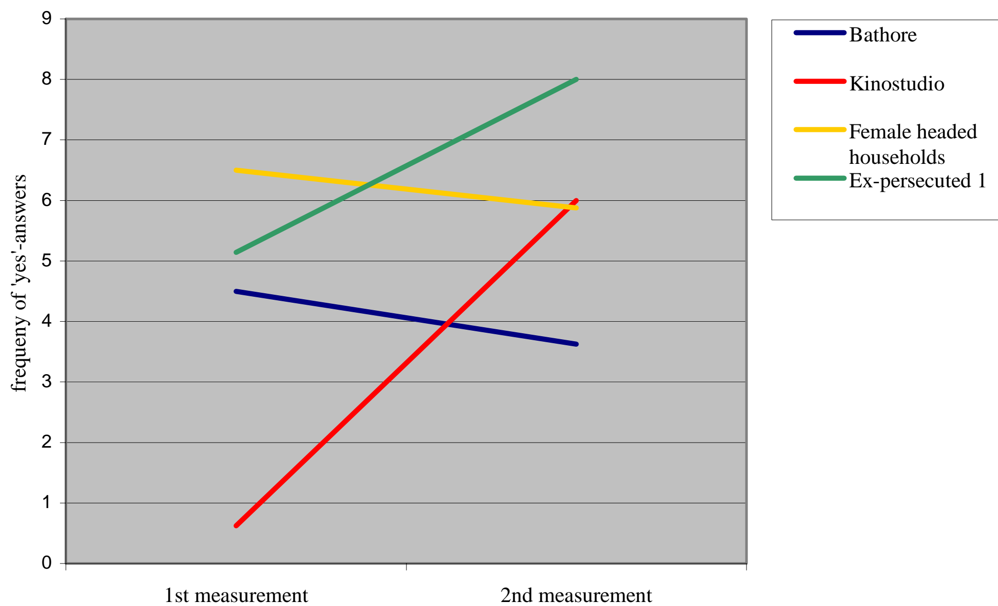

figure 4: mean frequencies of yes-answers at the first and second measurement

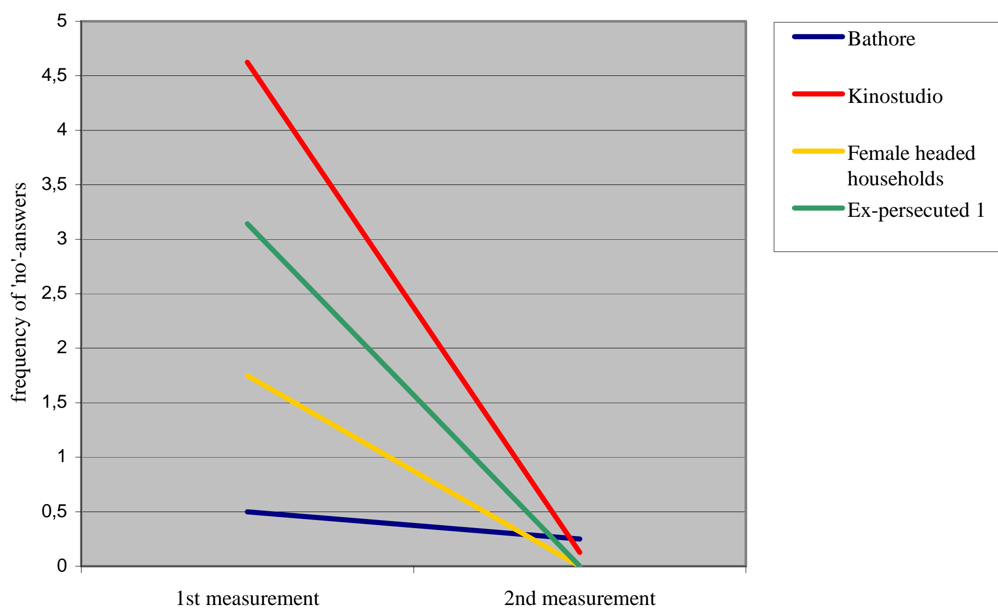

figure 5: mean frequencies of no-answers at the first and second measurement

It was expected that a high level of empowerment would go along with a low level of general mental distress. In order to verify this assumption, correlations were calculated between the BSI and the empowerment questionnaire. All in all, the hypothesis could not be proven. A small though insignificant relationship existed, however, and at the second measurement a significant negative correlation between the BSI and the frequency of 'yes' answers concerning the *violence statements* could be detected (r = -.444*), indicating that a low level of general mental distress was related to a high level of empowerment as measured by one out of three scales.

4. Discussion

4.1. Posttraumatic stress symptoms

Many of the clients suffered from a high intensity of PTSD symptoms at the first measurement. This was especially true for the women in the "ex-persecuted 1" group. At the same time, the women in that group had experienced the most traumatic events when compared to the other groups, which possibly explains their high level of posttraumatic stress. A relation between the number of traumatic experiences and the intensity of posttraumatic stress has also been found in other studies (e.g. Nemeroff, Bremner, Foa, Mayberg, North & Stein, 2006).

At the same time, the clients in the "ex-persecuted 1" group showed the greatest improvement regarding PTSD symptoms after the group counselling compared to the other groups. This result suggests that the counselling in this group might have had a strong focus on trauma, making it very effective for those women suffering from trauma symptoms.

The group counselling did not significantly influence the posttraumatic stress symptoms in the "Kinostudio" and "female-headed households" groups. However, the clients in these groups suffered less from PTSD symptoms than those in the other two groups (compare figure 1). Their mean scores scarcely exceeded the cut-off score. Group counselling in these groups might have focused on problems other than trauma, where an improvement seemed more necessary, such as the general mental distress or the empowerment.

4.2. General mental distress

Scores for mental distress were generally high at the first measurement and were significantly reduced after the group counselling. On a group level, the reduction was not significant in the “Bathore” and “Kinostudio” groups. However, from the beginning, the level of general mental distress of the women in the “Bathore” group did not exceed the normal range of distress as compared to a German control group. Women in the “Kinostudio” group showed a comparably low level of distress as well. Additionally, the data of four women in that group had to be excluded from the analysis because of too many missing values. Therefore, the results might not be representative for all women in that group.

The general well-being of the clients in the “ex-persecuted 1” group was significantly improved by the group counselling. It is possible this result mirrors the reduced posttraumatic stress in that group. The ability of the women to experience that posttraumatic stress symptoms were being reduced may in fact have had a positive influence on their general mental distress.

The women´s well-being in the “female-headed households” group was significantly improved after the group counselling. However, the mean score still exceeded the normal range of distress as compared to a German control group. An explanation for this very high level of general distress might be the difficult life situations of single women in Albania (International Helsinki Federation for Human Rights, 2000). The problems they experience in daily life could not be enhanced by the group counselling and accordingly still affect their well-being in a negative way. This result can be seen as a support for the position of medica mondiale e.V. and Medica Tirana. Their work always addresses two levels: the psychosocial improvement of individual clients on the one hand, and the improvement of human rights on a societal level on the other hand (Griese et al., 2006). Improvement will be sustainable only if change occures on both levels.

4.3. Empowerment

The overall level of empowerment was improved after the group counselling. Improvement was highest in the “Kinostudio” group. It is possible the group counselling had a stronger focus on empowerment in this group than in the other groups and thereby caused the strong effect. Another explanation may be that the

level of general mental distress was comparably low in the “Kinostudio” group. Some authors claim that a certain level of well-being is a precondition for a successful improvement of empowerment (e.g. Schei & Dahl, 1999). However, the level of empowerment in the “female-headed households” group was significantly improved, even though they remained at a comparably high level of general mental distress.

Empowerment was improved in the “ex-persecuted 1” group as well, but the improvement was not significant. A reason might be that the group counselling might have focused mainly on posttraumatic stress symptoms and general mental distress, where improvement was highly significant.

4.4. General conclusions

The survey aimed at evaluating the effects of the counselling sessions offered by Medica Tirana. It can be concluded that the sessions had the expected effects on the domains examined, those being the level of posttraumatic stress symptoms, the level of general mental distress and the level of empowerment. The expected relation between the level of general distress and the level of empowerment was not consistently shown.

However, constraints of the study must be kept in mind. The questionnaires were translated and used in Albania for the first time. Also, the empowerment questionnaire was developed for this survey and implemented without any preceding test.

The results suggest that self-rating questionnaires were an adequate means for the evaluation. But further validation would be needed to be able to give a final answer. Even though the evaluation was successful, the use of the questionnaires as a standard evaluation tool must be questioned. According to the group leaders, it took a long time for the clients to fill them out and put a lot of stress on them. Some women had difficulty in reading and writing and needed a lot of support. A standard evaluation tool needs to be less time-consuming and easier to handle for both clients and group leaders.

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