

**2006 – 2008: Culture-Sensitive Resource Oriented Peer-Groups as a Community Based Intervention for Trauma Survivors. A Randomized Controlled Study with Asylum Seekers and Refugees from Chechnya**

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In Austria, **refugees from Chechnya** belong to the most prominent ethnic groups among refugees. According to previous results, approximately 50% of them suffer from considerable symptoms of post-traumatic stress which only partly are accounted for by the Western concept of Post-Traumatic-Stress-Disorder. In the present Austrian pilot study we successfully tested the effectiveness of guided self-help groups (so-called "Culture Sensitive and Resource Oriented Peer-Groups") (CROP-Groups) as a means of coping with stress in Chechnyan asylum seekers and refugees. While members of Moslem, group-oriented cultures frequently are reluctant to use psychotherapy offered by Western professionals, we expected that they would benefit substantially from this culturally sensitive alternative.

In order to **test the effectiveness** of the CROP intervention, we randomly assigned a total of 94 adult Chechnyan refugees and asylum seekers, 44 women and 50 men, with a mean age of 34.83 years (SD = 9.78, range 16 to 54 years) years to the following conditions: (1) 15 sessions of CROP-Groups, (2) 15 group sessions of Cognitive Behavior Therapy (CBT), (3) 3 single sessions of Eye Movement Desensitization and Reprocessing (EMDR), and (4) a Wait-List Control Group which received the CROP-Group intervention at a later occasion.

The effectiveness of the various interventions, as compared to the Wait-List control condition, was assessed by **three questionnaires**, one assessing post-traumatic symptoms, one measuring anxiety and depression and one assessing positive change in the sense of "Post-Traumatic Growth". These questionnaires were administered immediately before and immediately after the interventions and at a three- and a six-months follow-up occasion.

We found that CROP-Groups as well as CBT-Groups were **highly effective in reducing post-traumatic stress as well as anxiety and depression**. Both types of interventions did not differ significantly from each other but both were significantly superior to the Wait-List and the EMDR condition. The improvements following the interventions could be maintained at the three and six-months follow-up occasions. As opposed to the positive results with respect to reducing post-traumatic stress, anxiety, and depression, none of the interventions proved to have instigated "Post-Traumatic Growth".