Narrative Exposure Therapy Intervention and Management of Avoidance of Stimuli Symptoms of Traumatic Stress among Young People in Kakuma Division, Turkana County of Kenya.

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ABSTRACT

Studies have shown that individuals who experience traumatic stress are more vulnerable to developing psychological disorders than any other population. Kakuma refugee camp currently holds a population of 196,666 people who fled from various countries due to civil war and organized violence to seek refuge in Kakuma. Young people form 20% (39,960) of this population. The purpose of the study was to assess the effectiveness of Narrative exposure therapy intervention in the management of avoidance of stimuli symptoms of traumatic stress among young people in Kakuma. The study adopted narrative exposure therapy framework and intervention for traumatic stress management. The study used quasi-experimental research design in which the researcher adopted a nonequivalent group designs. The researcher sampled 110 participants from five secondary schools within the camp. The treatment group received narrative exposure therapy intervention while the control group was taken through normal counselling intervention. Quantitative method of data analysis involving the use of t-tests was used to list out statistical significant differences between the means in the pre-test and post-test scores for the groups. Computations were conducted using statistical package for social science version 23 for windows. The researcher established that narrative exposure therapy intervention is effective in management of avoidance of stimuli symptoms of traumatic stress among young people in Kakuma division, Turkana County of Kenya.

Key Words: Narrative Exposure Therapy Intervention (NET), Kakuma Refugee Camp, Traumatic Stress, Avoidance of Stimuli Symptoms.

1. Introduction

Briere and Scott (2015) posited that the history of humankind is not limited to the stories of art, discoveries in science and culture, but it is also about interpersonal violence, oppression and a plethora of disasters. The various disasters both natural and human-made were captured in research by the World Health Organization (WHO), World Health Mental Surveys (WHMS). In a sample of 26 different countries across the world involving high, middle and low income settings, Kessler et al., (2017) examined 29 different types of traumatic events among the participants. Exposure to one or more traumatic events in a lifetime was recorded to be 70.4%. The most common trauma types were unanticipated loss of life of a loved one which recorded 31.4%. Direct exposure to death or critical injury was 23.7%. The next most common trauma types were assaults (14.5%), life-

threatening accidents involving automobile was 14.0%, and grave illnesses was 11.8%. In terms of wider classification, the most frequent traumatic events recorded were those that happened to loved ones or experienced personally (35.7%). Unexpected loss of life of loved ones recorded 31.4%, physical abuse and violence was 22.9%, intimate partner sexual assaults registered 14.0%, and war-related traumas recorded 13.1%.

An effective trauma intervention targets the domain symptom cluster that affects an individual. Narrative exposure therapy intervention target fragments of traumatic memories to aid their integration through the procedure of psycho-education and lifeline narration that leads to habituation (Schauer, Neuner & Elbert, 2011). Traumatic experience disrupts one's sense of control (Herman, 2015). Consequently, trauma survivors display different behavioural and cognitive pattern to aid their coping and survival due to the presence of fear network structure (Rauch & Foa, 2006). The fear network structure is hidden behind the symptom clusters. Therefore an effective trauma intervention takes cognizance of trauma symptoms (Foa et al., 2007). As Im, Jettner, Warsame, Isse, Khoury, et al. (2018) in their study among Somali refugee youths in urban Kenya averred, trauma-informed psycho-education intervention is an effective way of managing high mental health, emotional needs and other psychosocial needs of refugees in low resource settings.

Following post-election violence (PEV) of 2007/8 in Kenya, Musau, Munene and Khasakhala (2017) conducted a baseline researched on the types and forms of traumatic events survivors were exposed to. A sample of 139 respondents from purposive sampling revealed among others the following findings from the internally displaced persons (IDPS); 88% forcefully relocated, 67% lost properties, 4% experienced rape and sexual assault, 21.6% lost significant others, 11% witnessed rape, while 9.3% experienced traumatic grief. Based on the findings, the study concluded that trained psychological service personnel could have been provided to handle the aftermath of human conflicts appropriately enough to avert human suffering. Similarly, another study was carried out by Harder, Mutiso, Khasakhala, Buke and Ndetei (2012) on the multiple traumas, post-election violence, and post-traumatic stress among impoverished Kenyan youth in Kenya. The study sampled 552 youth from impoverished informal settlements. The result indicated that 47% of them had more than five traumatic events.

Kakuma refugee camp which currently holds a population of 196,666 people has 20% of this population as young people aged 15-24 (UNHCR, 2020). These young people have fled their own countries due to traumatic events of civil war and organized violence (Sanghi, Onder & Vemuru, 2016). Consequently, they are at risk of developing psychological disturbances (Kelley, Weathers, Mason & Pruneau, 2012). They are equally vulnerable to mental health challenges particularly post-traumatic stress disorder (PTSD) if proper trauma-based, psychological and social supports services are not made available (Spitzer, Vogel, Barnow, Freyberger & Grabe, 2007; Koenen, Stellman, Sommer & Stellman, 2008). The United Nations maintain that refugees are at increased risk of developing mental health problems due to a range of risk factors including experiences of violence and upheaval in their home and in refugees' settlements (UNHCR, 2015; Silove, Ventevogel & Rees, 2017). Against this backdrop that this study sought to examine the effectiveness of narrative exposure therapy intervention in the management of traumatic stress among young people in Kakuma division.

2. Literature Review

Avoidance symptoms are often seen as a coping mechanism whereby an individual tries to avoid distressing experiences like memories, places, people, events and things that are reminders of traumatic events (Weathers, Litz, Keane, Palmieri, Marx, & Schnurr, 2013). Avoidance keeps pains associated with trauma alive and active in the mind. The brain continuously reasons that there is an immediate threat to life (Herbst, et al., 2016). By deliberately trying to prevent emotional reminders of pass traumas, a longer term of suffering is inevitably brought about.

Psychodynamic Therapy (PDT) deals with avoidance as repression. When avoidance begins, it acts as a defense. It becomes neurotic as it gets to the way of functioning. Against this backdrop, Sigmund Freud described repression as an unintentional elimination of materials from awareness. Further, it is explained as frightening or painful cognitions and emotions that are relegated and excluded from consciousness (Corey, 2013). By attending to clients, Freud believed that memories of traumatic events were neurotic because trauma survivors did not want a reminder of the impacts of the traumatic experience. Freud described repression as the basis of neurotic disorders, adding that the painful events of life that are buried, later influence behavior in a disrupting and distressing way (Howard, 2017).

In this regard, free association has been used as one of the fundamental techniques to bring things back to awareness. This often leads to remembering past events and at times gives rise to catharsis whereby an individual is let loose of blocked emotions that affected functioning (Sharf, 2012). During this therapeutic process of free association, the therapist is tasked with the responsibility of identifying clients' feelings and emotions that have been repressed and locked in the unconscious. Overall, the procedure in psychoanalytic approach to healing avoidance symptoms is aimed at bringing traumatized persons to the level of awareness of repressed materials within their network of fear and trauma for proper functioning. (Howard, 2017).

In a review study quoted by Brom et al. (1989), there is a comparison of treatment between psychodynamic intervention and a control condition. Patients who were exposed to psychodynamic therapy treatment reported a significant decrease in PTSD symptoms compared to those subjected to a control group and a waitlist control condition. Hendin (2014) maintained that psychodynamic therapy intervention was successful in reducing traumatic stress symptoms and suicidal ideation behaviours among combat veterans using a short term 12-session treatment approach.

Few studies have emphasized the detrimental effects of trying to cope with avoidance (Paula & Bonnie, 2004). The bio-psychosocial model to trauma healing maintains that defensiveness, avoidance, and repression are typically associated with higher cortisol levels, greater cardiovascular reactivity and immune dysfunctioning (Biondi & Picardi, 1999). If trauma symptoms of avoidance are not addressed, traumatized individuals are likely to develop not only psychological disorders like depression or anxiety but also physical symptoms due to impaired immune functioning. Therefore, an approach to dealing with avoidance of trauma memory is through emotional expression and disclosure which is a form of narrative (Helgeson, & Mickelson, 2000). The researcher finds it necessary to address this particular symptom cluster. This is because a technique that works for cognitions and mood changes may not address avoidance symptoms. Avoidance which in its strict sense includes escapism, wishful thinking, and self-isolation leads to

psychological distress and mental health challenges and therefore must be treated with trauma-specific interventions.

3. Methodology

3.1 Research Design

This study used quasi-experimental design in which the researcher adopted a Non-equivalent groups design. This design involved one experimental group and one control group. The treatment group received a pre-test for traumatic stress, narrative exposure intervention and a post-test. The control group received a pre-test and post-test and a normal counselling intervention. This design is suitable for testing the effect of a single independent variable that can be used as a treatment (Leavy, 2017). Table 1 shows Nonequivalent group control group design.

Table 1:
Nonequivalent group control group design

Group	Pre-test	Treatment	Post-test
Experimental Group	N	X	O
Control Group	N		O

3.2 Population of the Study

The study used the multistage cluster and proportionate sampling techniques to determine population for the study. Five settlements in Kakuma were identified through cluster sampling. The five settlements had five Secondary Schools which form another cluster. Form three students were selected from the Five Secondary Schools to participate in the study. This forms another cluster. Participants were selected through proportionate sampling from Form three to form the sample size of the study. Form three has a population of 3,143 distributed across the five secondary schools (Windle International Kenya, School Data, 2020). A sample size of 110 respondents was obtained through proportionate sampling. According to Kathuri and Pals (1993), a minimum of 100 is recommended for a survey research.

3.3 Sampling Procedures and Sample Size

Sampling size refers to selected items from the entire group to make up a sample (Kothari, 2004). Those who met the criteria for traumatic stress were selected into the control group and experimental group. While the experimental group received treatment representing the independent variable by being subjected to narrative exposure therapy intervention, the control group was subjected to normal counselling intervention. Both the treatment and control groups underwent post-test assessment to determine statistical significant differences after the experiment. The sample size of the study is shown in Table 2.

Table 2:
Sample Size of the Study

Cluster/ Schools	Population of students in Form 3	Proportion	Sample Size
Cluster A/ Kakuma Refugees' Secondary School (KRSS)	879	0.31	31
Cluster B/ Green Light Refugee Secondary School (GLSS)	670	0.23	23
Cluster C/ Somali Bantu Secondary School (SBSS)	786	0.28	28
Cluster E/ Vision Secondary School (VSS)	713	0.25	25
Cluster E/ Morneau Shappel Secondary School (MSS)	95	0.03	3
Total	**3,143**	**1.10**	**110**

3.4 Data Analysis

Descriptive and inferential statistics were used to analyse the data with the aid of statistical programme for social sciences (SPSS) version 23. Independent sample t-test was used to list the statistical significant differences between the means in the pre-test and post-test scores for the groups.

4. Result

An assessment of the effectiveness of the narrative exposure therapy intervention in management of avoidance of stimuli symptoms was conducted with pre-test and post-test results.

4.1 Pre-test Results of Avoidance of Stimuli Symptoms

Under the pre-test, the researcher assessed whether there were differences in levels of avoidance of stimuli symptoms between young people that were exposed to the narrative exposure therapy and those exposed to normal counselling before the intervention. Table 3 reports the findings.

Table 3:
Pre-test Group Statistics of Avoidance of Stimuli Symptoms

	Control/Treatment	N	Mean	Std. Deviation	Std. Error Mean
Avoidance of Stimuli symptoms	Treatment	53	2.57	1.029	.141
	Control	51	2.31	.860	.120

From the pre-test results, the mean avoidance of stimuli symptoms among young people in the narrative exposure therapy intervention group was 2.57 with a standard deviation of 1.029, while the mean among those in the normal counselling group was 2.31 with a standard deviation of 0.860. There was a mean difference of 0.252. Table 4 presents the results on whether the reported mean difference was statistically significant.

Table 4:
Pre-test Independent Samples T-test Scores of Avoidance of Stimuli Symptoms

	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Avoidance of stimuli Symptoms	1.354	102	.179	.252	-.117	.622

The mean difference was 0.252 (95% CI = -0.117 to 0.622), t(102) = 1.35, p = .179>0.05. The independent samples t-test results therefore showed that there was no statistically significant difference in avoidance of stimuli symptoms between young people in the narrative exposure therapy intervention group and those in the normal counselling group before intervention.

4.2 Post-test Results of Voidance of Stimuli Symptoms

The researcher went further to assess if there were differences in the means of avoidance of stimuli symptoms between young people exposed to the narrative exposure therapy and those exposed to normal counselling after the intervention. The means results of the post-test are shown in Table 5

Table 5:
Post-test Group Statistics of Avoidance of Stimuli Symptoms

	Control/ Treatment	N	Mean	Std. Deviation	Std. Error Mean
Avoidance of stimuli symptoms	Treatment	53	1.64	1.111	.153
	Control	51	2.14	.849	.119

The results indicated that the mean of avoidance of stimuli symptoms among young people in the narrative exposure therapy intervention group was 1.64 with a standard deviation of 1.111, while the mean among those in the normal counselling group was 2.14 with a standard deviation of 0.849. Therefore, there was a mean difference of -0.496. Table 6 presents the results on whether the reported mean difference is statistically significant.

Table 6:
Post-test Independent Samples T-test Scores of Avoidance of Stimuli Symptoms

	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Avoidance of stimuli Symptoms	-2.550	102	.012	-.496	-.881	-.110

The independent samples t-test results from Table 6 showed that avoidance of stimuli symptoms were higher among young people that were exposed to normal counselling. The mean difference was -0.496 (95% CI = -0.881 to -0.110), t(102) = -2.550, $p = 0.12 < 0.05$. There was therefore significant evidence to reject the null hypothesis and conclude that there is statistical significant effectiveness of narrative exposure therapy intervention in management of avoidance of stimuli symptoms of traumatic stress among young people in Kakuma division.

5. Discussion

From the findings of the present study, avoidance of stimuli symptoms were higher among young people that were exposed to normal counselling as compared to those exposed to the narrative exposure therapy. The baseline mean difference of avoidance symptoms was 0.252 while the post-test mean difference was -0.496 with *p*-value of 0.012 ($p < 0.05$). The outcome of the study showed a significant reduction of avoidance of stimuli symptoms of traumatic stress indicating an effectiveness of the narrative exposure therapy intervention in management of avoidance of stimuli symptoms of traumatic stress among young people in Kakuma division.

Avoidance of stimuli symptoms of traumatic stress as expounded by APA (2013), begins after the traumatic event has occurred and is evidenced by an attempt to prevent cognitions or feeling associated with the traumatic experience. It is evidenced equally by avoidance or an effort to avoid conversations, activities, places, people, objects or situations (Weathers et al., 2013). The effort to avoid reactivation of distressing and unwanted remembrance of traumatic experience is basically due to fear of being back to the scene and feeling the pains once again. It was against this backdrop of addressing the fear structure among traumatized persons that Foa and Kozak (1986) developed a theory called fear/trauma theory. The theory is also called emotional processing theory (EPT) or information process theory (IPT). The foundation of this theory by Foa and Kozak was based on Peter Lang's (1979) bio-informational theory of fear in which fear is viewed as a cognitive structure that serves as a programme for avoiding or escaping danger or distress.

Avoidance symptom is a fear structure that associates stimulus with past experiences. For instance, a trauma survivor in war-related trauma may associate the sight or sound of a gun with past experience of trauma. This may trigger various behavioural and physiological reactions as response which may include running away or hiding. However, the associations of these different elements do not reflect the real situations but for the traumatized person, they are real. Avoidance of

stimuli symptoms of traumatic stress is addressed through behavioural or cognitive techniques (Corey, 2013).

In advancing psychological health among refugees and displaced youths, Logie et al. (2020) sampled 445 young urban refugees and displaced youths in Kampala, Uganda. Women were 333 and men 112 in number. The findings revealed high level of depression among refugee urban dwellers and displaced youths. (73.9% vs. 49.1%). The study recommended an increased social support networks with potentials for promoting mental health among urban refugees and displaced youth. Trauma survivors have difficulties with autobiographical memory, they are unable to place the fear of the events appropriately in time and space and to clearly position them in a lifetime period. This and the avoidance of activating fear/trauma structure make it difficult for trauma survivors to narrate their traumatic experience in a logical and meaning presentation (Neuner, 2012). The therapist through empathic understanding helps clients in narrative exposure to undergo the process of addressing avoidance symptoms by activating the 'hot' memories of their traumatic experience in a clinical environment to bring about healing.

6. Conclusion and Recommendation

The study findings showed that narrative exposure therapy is effective in management of avoidance of stimuli symptoms of traumatic stress through the post-test results which showed a statistical significant effectiveness of the intervention. Based on the findings and conclusion of the study, the researcher recommends that narrative exposure therapy intervention as an effective intervention in management of avoidance of stimuli symptoms of traumatic stress among young people.

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