Brief Report

Vietnamese Refugees with PTSD Symptomatology: Intervention Via a Coping Skills Model

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The current study of Vietnamese refugee students revealed that the majority had experienced multiple traumatic events and reported moderate to severe PTSD symptomatology. A stress intervention module (SIT), designed to treat rape victims, was introduced to determine its efficacy for the treatment of Vietnamese refugees with PTSD symptoms. Postintervention PTSD symptomatology was significantly reduced contrasted to virtually no change in symptomatology for the control subjects. Serious methodological concerns, e.g., selection bias, sample size, are highlighted in the paper. The current inquiry is essentially a pilot study. The paper is intended for heuristic value. Clinical literature is extant for culturally sensitive intervention approaches for this vulnerable population.

KEY WORDS: trauma; stress inoculation; coping; Vietnamese.

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INTRODUCTION

After the fall of Saigon on April 26, 1975, more than 1.5 million Indochinese refugees relocated in the United States (Goldfield, Mollica, and Pesavento, 1988). The greatest proportion were from Vietnam.

Of the estimated 2 million who fled Vietnam, more than one half million died trying to escape. Those who fled by boat were frequently victimized by Thai pirates who raped women, kidnapped young females, and forced them into prostitution. Following traumatic exposure during war, escape, re-education camps, refugee camps, and resettlement in the United States, many refugees experienced mental health problems (Flaskerud and Nguyen, 1988). In a recent epidemiological survey (Yamamoto et al., 1989) of 460 Vietnamese living in Orange County, California, 160, or 35%, showed characteristic post-traumatic symptoms ranging from mild to severe in intensity.

Western type therapeutic interventions with severely traumatized refugees have showed equivocal results (Kinzie and Fleck, 1987). A recent report by Mollica and Labelle on “Southeast Asian Refugees” (1988), suggested that traditional Western concepts of illness and diagnosis may not readily apply to the Southeast Asian refugees.

In a report on severely traumatized refugees, Kinzie and Boehnlein (1989) pointed out that many patients may get worse after the initial interview through fear that direct discussion of their experiences would overwhelm them with emotions. Since this potential loss of control is culturally frowned upon, indirect cognitive approaches to therapy have come into favor in recent treatment strategies with Cambodian refugees.

As a follow-up to the epidemiological survey of Vietnamese refugees in Orange County, California (Yamamoto et al., 1989), a psychoeducational module was devised to teach Vietnamese refugees how to cope with PTSD symptoms. This module was based on Stress Inoculation Training (SIT) procedures (Veronen and Kilpatrick, 1983) originally developed for sexual assault victims. The SIT program was modified to make it culturally sensitive. For example, explicit trauma words such as “rape” were omitted to reduce possible offensiveness. Southeast Asians in general are particularly sensitive to disclosure of sexual issues.

METHOD

Subjects

In the spring of 1990, eleven Vietnamese refugees enrolled as University of California Irvine undergraduates (mean age 19.3 years) volun-