

Psychological Assistance Tool Model for Foreign Students with PTSD

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Abstract

Abstract: The present article represents an instrumental model for providing psychological support to foreign students with posttraumatic stress disorders caused by acquired traumatic experience and a trauma of migration. It shows the review of psycho-diagnostic tools that are applied in the proposed instrumental model, describes its characteristics and explains our choice.

Keywords: psychosocial adaptation, mental health, post-traumatic stress disorder, psychological support, instrumental model.

Introduction:

Psychosocial adaptation of foreign students to new country and education system is still an open question, even been widely discussed. Many students who come to Ukrainian universities are temporary migrants from countries with economic or political problems, ethnic conflicts, high level of crime, unemployment, inflation, displays of civil disobedience, etc. Successful mastering of curriculum is largely determined by the level of students' psychosocial adaptation in education process. Here we show the importance of considering special features of psychological support provided to foreign students who have previous home traumatic experience and psychotrauma of migration.

Current research review: The present study represents structural and dynamic approach to psychosocial adaptation of temporary migrants. Structural component is determined by the complex and systematic understanding of such mental phenomenon as personal adaptive behavior (conscious or unconscious) and its analysis in the personal regulation system (B.F. Lomov, A.V. Petrovskiy, A.A. Rean et al.). Dynamic component appears due to the fact that the adaptation process has its stages and phases, dynamic characteristics (F.B. Berezin, V.I. Medvedev, A.A. Nalchadzhyan, M.V. Romm et al.).

The choice of specific psycho-diagnostic tools for our study was based on the level of psychosocial adaptation of

personality, diagnosis of posttraumatic stress disorders (PTSD) and personal psychological characteristics which are presumably related to the adaptation process. It is important to note that in the specific literature we can find subjective and objective criteria for effective adaptation. Thus, the degree of conscious or unconscious satisfaction of himself/herself and different aspect of person's life is a subjective criterion, while the performance of his/her activities (some level of effectiveness) is an objective criterion. We are also interested in the level of psychosocial adaptation of migrants in education process as well as in coping strategies used by them.

The most important criterion in our study was subjective adaptation, that's why to explore these options we selected two groups of psycho-diagnostic techniques based on self-reports of respondents. We considered mandatory tools' requirements such as: techniques should match aim and object of study; clear set of actions and its quantification; sufficient representativeness, reliability, validity and objectivity of the test; clear and unambiguous instructions to the survey.

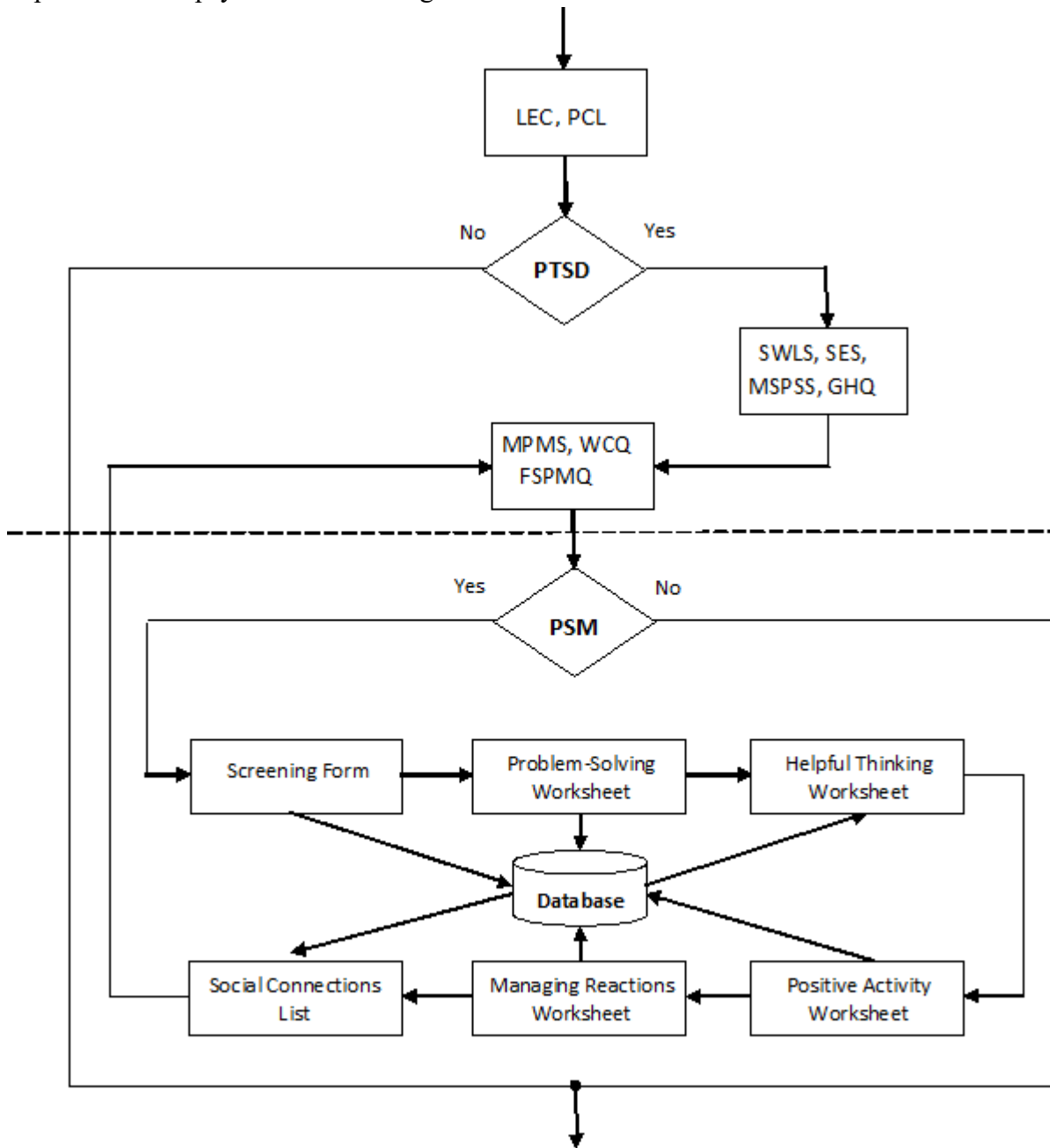
Theoretical analysis of psycho-diagnostic tools, that we can see in the references suggests existence of a small selection of valid methods used to study psychosocial adaptation of personality. That's why the purpose of the article was to develop a tool model of the psychological support to foreign student with PTSD caused by traumatic experiences and psychotrauma of migration.

Research bases: Structure of psychological assistance tool model for foreign students consists of three components: diagnosis of PTSD, diagnosis of psychosocial maladjustment (PSM) and training program for acquisition of new adaptive mechanisms in the education process (Fig. 1).

In order to identify PTSD symptoms and determine the effect of their presence/absence to psychosocial adaptation of foreign students in the process of education we used original version of the questionnaires: The PTSD Checklist (PCL), The Life Events Checklist (LEC), Satisfaction with Life Scale (SWLS), General Health Questionnaire (GHQ), Rosenberg Self-Esteem Scale (SES), Multidimensional Scale of Perceived Social Support (MSPSS).

The psychosocial maladjustment of foreigners as well as coping strategies used by them were tested by original version of the survey "Ways of Coping Questionnaire" (WCQ), the author's survey "Migrants Psychosocial Maladjustment Scale" (MPMS), and author's questionnaire "Foreign Students Psychosocial Maladjustment Questionnaire" (FSPMQ).

Fig. 1. Tool model for diagnosis and psychological assistance of people with PTSD caused by traumatic experiences and psychotrauma of migration



The training program for the development of new adaptive mechanisms in education was developed on the basis of methodological materials and scientific developments carried out under the patronage of state institutions and research institutions of the United States, The U.S. Department of Health and Human Services (HHS), Substance Abuse & Mental Health Services Administration (SAMHSA), National Center for Posttraumatic Stress Disorders (NCPTSD) and The National Child Traumatic Stress Network (NCTSN).

The research base of the study is represented by the first year foreign students of the Kharkiv National University of Radio Electronics, who came to study in Ukraine for five years (240 males, 42 females; average age $M = 20.8$; $SD = 1.83$). The study involved temporary migrants from Afghanistan – 3.6%, Egypt – 2.8%, Iraq – 19.5%, Iran –

12.1%, Cameroon – 17.0%, Libya – 5.0%, Nigeria – 28.0%, Sudan – 9.9%, Tunisia – 2.1%.

PTSD diagnosis was carried out with help of two psycho-diagnostic tools: LEC and PCL. We used the questionnaire “The Life Events Checklist for DSM-V” (LEC-5), developed with the support of the US Government Department of Veterans Affairs, to identify traumatic events that occurred in students’ life. The questionnaire provides a list of 16 items – specific traumatic events (plus one more item – “Another traumatic experience”) that can cause PTSD or distress. Traumatic events include: natural disasters, fires, traffic accidents, physical violence, illnesses or injuries, life threatening, participation in armed conflict, etc. Opposite to each item, the respondent should mark on a 6-point scale: “Happened to me”, “Witnessed it”, “Learned about it”, “Part of my job”, “Not Sure”, “Doesn’t Apply”.

The LEC-5 questionnaire includes: a standard self-report (traumatic event identification), an extended self-report (the worst event, if there are several), an interview (establishing the severity of the event). In our study, we first used the standard LEC self-report (D. Blake et al., 1995), and then LEC-5 (F. Weathers et al., 2013). The differences of the last version from the previous one are minimal: section “This is a part of my job” was added to the category of answers, and item 15 “Sudden, violent death (for example, homicide, suicide)” was changed to “Sudden accidental death”. It is believed that the psychometric characteristics of the questionnaire, given the minor adjustments made, should not differ from the original LEC version [The Life Events Checklist ..., 2013].

The PTSD Checklist for DSM-V (PCL-5) questionnaire was used to screen PTSD and assess the quantitative severity of its symptoms. It is recommended to be used together with LEC-5 and it is also developed at the National Center for PTSD (F. Weathers et al., 2013). The questionnaire consists of 20 statements that reflect mental condition of a person who has a traumatic experience. They include such points as: trauma-related obsessive anxious and undesirable feelings, actions, memories and dreams; self-accusations or accusation of others in a traumatic event or its consequences; loss of interest in familiar activities; irritability, aggressive or risky behavior; sleep troubles, etc. [The PTSD Checklist ..., 2013].

The PCL-5 questionnaire is based on the previous version of PCL for DSM-IV (F. Weathers et al., 1993), with psychometric characteristics indicating good retest reliability (correlation coefficient 0.96), internal consistency (Cronbach alpha from 0.89 to 0.92), as well as convergent and discriminant validity. In addition, confirmatory factor analysis has shown that the 6-factor model best suits the structure of PCL-5, which in turn conforms with the clustering of PTSD symptoms in DSM-V. This makes it possible to use PCL-5 for various clinical and scientific purposes, in particular for quantifying the severity of PTSD symptoms according to the new diagnostic criteria revised in DSM-V, establishing a preliminary diagnosis, and estimating the prevalence of PTSD [Diagnostic and statistical ..., 2013]. In our study, we used standard PCL questionnaire followed by PCL-5.

Measurement of life satisfaction degree on the basis of global cognitive judgments was carried out with help of the “Satisfaction with Life Scale” (SWLS, W. Pavot and E. Diener, 1993), which due to its simplicity has spread all over the world since its appearance in 1985 [Pavot, 1993]. SWLS respondents note whether they agree or disagree with each of the 5 statements of the questionnaire.

The SWLS scale is usually used as a measure of life satisfaction, which is an integral part of subjective psychological balance assessment. The results obtained with help of SWLS correlate with the indicators of mental health and allow predicting future inadequate human behavior, for example, suicide attempts. Being a valid and reliable indicator of life satisfaction, SWLS is suitable for use in a wide range of ages and under different conditions, which makes it possible to save resources and time for interviews. The scale is recommended as an addition to psychometric tests focused on the mental or emotional state, as it evaluates a person's conscious judgment about his/her life using his/her own personal criteria.

In order to assess general state of mental health of respondents, we used the “General Health Questionnaire” (GHQ, D.P. Goldberg and P. Williams, 1988) designed to quantify the risk of developing mental disorders, diagnose psychological resistance and emotional stability [Goldberg, 1988].

The questionnaire has 5 variants, which differ in volume and consist respectively of 60, 30, 28, 20 and 12 points (statements). Our study uses GHQ-12 version, which is convenient for testing and processing its results. It has comparable psychometric properties of “long” versions, although it takes very little time to conduct it.

The validity and reliability of this one-dimensional indicator of the level of psychological morbidity is confirmed by the results of numerous tests: the alpha Cronbach for GHQ-12 is noted in the range from 0.78 to 0.95. Correlation analysis of GHQ-12 with the scale of “Global Quality of Life” showed a negative correlation. This shows an inverse relationship – with an increase in the level of distress, the quality of life decreases. In the literature, there is ample evidence that GHQ-12 is an effective tool if used in general population samples (health, medicine, psychology) for the purpose of screening mental disorders.

The level of respondents' self-esteem, as a measure of positive or negative self-image, also called self-esteem or global self-esteem, was diagnosed with help of the Rosenberg Self-Esteem Scale (SES, M. Rosenberg, 1989). The sense of self-worth, which the author of this scale calls the totality of the individual's thoughts and feelings with reference to himself as an object is one of the key components of the “I” concept, along with self-efficacy and self-identity. Self-esteem affects social behavior and is closely related to anxiety and depression [Rosenberg, 1989].

The questionnaire has high reliability, internal consistency and construct validity (the retest correlation coefficient for various tests is ranged from 0.82 to 0.88, the Cronbach alpha from 0.77 to 0.88). Indicators are associated with psychosomatic symptoms, anxiety, depressed state, activity in communication, leadership, sense of interpersonal security and interpersonal relationships. For its half-century history (the presentation of the first version of SES was held in 1965), the Rosenberg scale was translated into 53 foreign languages and adapted in many countries. It is widely used for sociological, psychological and cross-cultural studies of all categories of respondents, starting from the age of 15.

In order to assess the respondents' relations with others we used the “Multidimensional Scale of Perceived Social Support” (MSPSS, G. Zimet et al., 1988) which is widely used in practice as a tool for express diagnostics of environmental coping resources. Social support serves as a buffer for psychological distress, and therefore its absence can lead, for example, to a relapse of depression, emotional stress and other adverse consequences for mental health [Zimet et al., 1988].

Since the first publication of the methodology, it has been translated into 23 foreign languages and tested on respondents of different age groups and cultural traditions. MSPSS studies confirm its good internal consistency (Cronbach alpha from 0.85 to 0.91), retest reliability (Cronbach alpha from 0.72 to 0.85), construct validity (significant correlations between subscales MSPSS and The Hopkins Symptoms Checklist), as well as a fairly stable factor structure. The original 3-factor model of MSPSS was confirmed, including a sample of inpatient adolescent with such diagnoses as behavioral disorders and maladjustment.

A differentiated assessment of foreign students' coping behavior was conducted using the well-known questionnaire “Ways of Coping Questionnaire” (WCQ, S. Folkman and R. Lazarus, 1986) [Folkman et al., 1986]. In one of the latest editions, the methodology contains 66 statements summarized in 8 sub-skills that were obtained using factor analysis. The respondent should answer how often the offered behavioral options manifest in a difficult or problematic life situation on a 4-point scale.

The WCQ method can be used to investigate the behavior of respondents in difficult situations, to identify specific ways to overcome stress or risk factors for mental maladjustment. WCQ in conjunction with other methods can be used to assess the effectiveness of psycho-corrective measures and psychotherapy.

All listed psycho-diagnostic tools are reliable, valid and relevant to the tasks of our study. But, despite their high effectiveness, these methods do not take into account the specifics of psychosocial adaptation of migrants in new conditions of life. In this regard, there was a need to develop a separate methodology to analyze problems of

psychosocial adaptation of students-visitors from distant foreign countries.

We developed the “Migrants Psychosocial Maladjustment Scale” (MPMS) to assess the degree of psychosocial adjustment disorder of foreign students and to carry out screening for maladjustment. It updates socio-biographical information of respondents, information about being on psychiatric records, presence of psychotraumatic situations, shocks, accidents and/or disasters. The MPMS is designed to work with migrants of both sexes, starting from the age of 18. It consists of 25 statements describing the state and behavior of each person in a particular situation, which he/she had to face in the country of arrival [Melnichuk, 2016].

In order to assess the adequacy of the new psycho-diagnostic tool, we investigated its psychometric characteristics. To determine the reliability of the MPMS, it was checked for its stability and internal consistency. Pearson's correlation coefficient between the first and the second tests' results was 0.87 for $p < 0.05$, and the Cronbach alpha coefficient was 0.91, which indicates high retest reliability and internal consistency of the scale. The content validity of the MPMS was ensured by achieving maximum compliance of the test material content with the modern understanding of the individual's maladjustment concept.

Simultaneously with MPMS, the author's questionnaire “Foreign Students Psychosocial Maladjustment Questionnaire” (FSPMQ) was applied to reveal the level of psychosocial maladjustment of temporary migrants as well as their attitude to reality, the degree of awareness of their semantic attitudes that mediate relationships with others in new conditions of life.

Then we introduced a training program of psychosocial adaptation to foreign students. The purpose of the training was to provide conditions and opportunities for effective psychosocial adaptation for foreign students giving them prolonged psychological and social assistance, organizing systematic psychological and corrective measures. Training, which was offered for implementation, consists of six sessions of 90 minutes each and is designed to work in group of up to 15 people. In the model for diagnosing and providing psychological assistance to foreign students with PTSD (Fig. 1), the training program shows the interaction of a Database of respondents with six work sheets (Screening Form, Problem-Solving Worksheet, Helpful Thinking Worksheet, Positive Activity Worksheet, Managing Reactions Worksheet and Social Connections List), which are consistently used in the corresponding training session.

Conclusion

In order to identify the dynamics of psychosocial adaptation, we carried out a control survey of foreign students, which comprised the experimental and control groups. The test was carried out twice: 5 weeks after the program and 3 months later. The following comparison of the data ensured the reliability of the obtained results.

Development of the model of psychological support for foreigners required analysis of actual stressful situations and appropriate coping strategies, as well as identification of adequate psychological and diagnostic tools to investigate this problem.

Analysis of consistent implementation of established empirical procedures' results provided an opportunity to determine the level of psychosocial adaptation of foreign students, taking into account the presence (absence) of PTSD symptoms. It also made possible offering an adequate psychological support system and suggesting an adaptation-oriented training program.

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