

Thought Field Therapy™ and Traumatic Stress Recovery for Refugees and Immigrants

by Robert L Bray, PhD, LCSW, CTS, TFTdx
and Crystal Folkes, MS

A pilot project in San Diego has demonstrated the effectiveness of TFT in helping immigrants and refugees to resolve post traumatic stress symptoms. The San Diego Elementary School Counseling Partnership (through a grant from the U.S. Department of Education) sponsored a traumatic stress clinic for children and families in the mid City area of San Diego for two months. Although short in duration, it proved to be of great value.

This project, serving an inner city school area provided services primarily to immigrant and refugees. Andrew Jackson Elementary School, home base for the study, serves several immigrant communities. Seventy percent of the 1,165 students at the school have limited English proficiency. Ninety seven percent of the students receive free breakfast and lunch at the school. This population was chosen for several reasons. First, there was a great need for services in general and more specifically to resolve trauma experienced in their homeland and in their transition to the U. S.. Second, because of their unfamiliarity with mainstream approaches to treatment and their distrust of "strangers" these groups were unlikely to seek traditional counseling services. Third, difficulties with the English language and access to translation, and high mobility rates among immigrants and refugees require quick treatment approaches.

Services were provided by counseling interns trained in algorithms and one diagnostic trained supervisor. The three of the counselors were multilingual multi-cultural: Ethiopian, Mexican American, and Somali. Clients were served in English, Spanish, Amharic (Ethiopia), Tigrinia (Eritrea), and Somali, French, Swahili, and Arabic.

One to three Thought Field Therapy sessions were provided free of charge to individuals and families. Services were provided at the school or at home. In most cases TFT was done in the presence of other family or community members.

Algorithms were used to treat a wide range of thought fields based in memories ranging from single incidents of psychological threats to multiple acts of the worst possible violence and torture. TFT diagnostic work was done with two individuals. Information, educational, referral, and other assistance were provided as appropriate to the families.

During the first meeting clients were asked to complete a pre test evaluating post traumatic stress symptoms. The PTSD checklist for civilians (PCL-C) and the PTSD Checklist for Children (PCL-Child) were used. The checklist consists of 17 items rated one to five as to how frequently they have experienced the symptoms within the last month. This self report survey form has a diagnostic efficiency rating of 90 percent at a cutoff of 40 points or above for predicting the presence of PTSD in several studies. The PCL-C and PCL-Child were translated in Amharic, Tigrinia, Somali, and Spanish. In some cases because of language or literacy difficulties the counselors read the forms aloud to the client without any additional explanation and clients were instructed to mark his/her response. Clients completed the same form as a post test 30 days or more after treatment.

A total of 64 individuals were served. Of the 64 served, 34 completed both a pretest ($X=51.3$, $SD=14.1$) and a post test ($X=31.23$, $SD=13.5$) evaluating post traumatic stress symptoms. There was nearly a 40% decreased frequency of symptoms reported overall. These results were constant across age, primary language, gender, ethnicity, and service provider.

The value of TFT becomes even more evident when analyzing the 29 individuals who had scores on the PCL pre test above the 40 point cutoff for a PTSD diagnosis. Eighteen of the 29 individuals (62%) had post test scores below the threshold for a PTSD diagnosis. Another five of the 11 individuals with pre test scores above the threshold reported symptoms reduced by at least 20%. In the end 79% reported significant improvements in the frequency of their traumatic stress symptoms.

Those clinicians familiar with traumatic stress in general, and with refugee populations specifically, know these results are far beyond what can be expected with traditional approaches to helping. A more complete description of the project and references are available from Robert L Bray at the Thought Field Therapy Center of San Diego: Phone 619.579.8615, or <http://www.rlbray.com>.