

Thi Thu Thuy Tran

Project title: Acupuncture as an adjunct therapy to Counselling for Refugee Survivors at NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)

Doctor of Philosophy

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Certificate of Original Authorship

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

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Signature of Student:

Production Note:

Signature removed prior to publication.

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Contents

Certificate of Original Authorship	ii
Acknowledgement.....	iii
Contents	v
List of Tables.....	x
List of Figures	xvii
Abstract	xxii
1.0 Chapter 1: Introduction	1
1.1 Global Refugees	1
1.2 Australian Refugees	2
1.3 NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) Refugees	3
1.3.1 STARTTS' Vision	4
1.3.2 STARTTS' Mission	5
1.4 Post-Traumatic Stress Disorder (PTSD)	5
1.5 Chinese Medicine (CM) at STARTTS	6
1.6 CM Channel Theory	6
1.6.1 Acupuncture Diagnosis	8
1.7 Aim	9
1.8 Hypothesis	9
1.9 Primary objectives	9
1.10 Secondary objectives	10
1.11 Benefits of this research.....	10

1.12	Summary	11
2.0	Chapter 2: Literature Review	12
2.1	Refugees and the treatment of Post Traumatic Stress Disorder	14
2.2	Acupuncture and Post Traumatic Stress Disorder.....	15
2.3	Acupuncture as an Adjunct Therapy	21
2.4	Outcome measures	24
2.4.1	Harvard Trauma Questionnaire and Hopkins Symptoms Check List 25	25
2.4.2	Credibility and Expectancy Questionnaire.....	26
2.4.3	Numeric Pain Scale	27
2.5	Pragmatic Design	29
2.6	Summary	30
3.0	Chapter 3: Method.....	32
3.1	Ethics Approval.....	32
3.2	Design.....	33
3.2.1	Inclusion Criteria.....	33
3.2.2	Exclusion Criteria.....	34
3.2.3	Sample Size and Randomisation.....	34
3.2.4	Outcome Measures.....	36
3.2.5	Harvard Trauma Questionnaire and Hopkins Symptoms Check List 25	36
3.2.6	Pain Scale	37
3.2.7	Credibility and Expectancy Questionnaire.....	37
3.3	Interventions	38
3.3.1	Cognitive Behaviour Therapy (CBT)	38
3.3.2	Acupuncture	40

3.4	Procedures	41
3.4.1	Recruitment	41
3.4.2	Assessment procedures	42
3.4.3	Treatment procedures.....	44
3.4.4	Stopping Procedures	46
3.4.5	Independent Review.....	47
3.4.6	Medical Records and Data Storage	48
3.4.7	Special Conditions	48
3.5	Statistical Analysis	50
3.6	Summary	51
4.0	Chapter 4: Results	52
4.1	Participation and Dropout Rates.....	52
4.2	Demographics.....	56
4.3	Descriptive Statistics	60
4.3.1	Credibility and Expectancy Questionnaire.....	60
4.3.2	Hopkins Symptoms Check List 25 (HSCL-25)	70
4.3.3	Harvard Trauma Questionnaire (HTQ).....	85
4.3.4	Numeric Pain Scale	91
4.4	Within Group Comparisons.....	98
4.4.1	Credibility and Expectancy Questionnaire.....	98
4.4.2	Hopkins Symptoms Check List 25 (HSCL-25)	112
4.4.3	Harvard Trauma Questionnaire (HTQ).....	139
4.4.4	Numeric Pain Scale	148
4.5	Between Groups Comparisons	157

4.5.1	Credibility and Expectancy Questionnaire.....	157
4.5.2	Hopkins Symptoms Check List 25 (HSCL-25)	185
4.5.3	Harvard Trauma Questionnaire (HTQ).....	218
4.5.4	Numeric Pain Scale	229
5.0	Chapter 5: Discussion	242
5.1	Descriptive Statistics	242
5.1.1	Credibility and Expectancy Questionnaire.....	242
5.1.2	Hopkins Symptoms Check List 25 (HSCL-25)	244
5.1.3	Harvard Trauma Questionnaire.....	249
5.1.4	Numeric Pain Score.....	251
5.2	Within Group Comparison	253
5.2.1	Credibility and Expectancy Questionnaire.....	253
5.2.2	Hopkins Symptoms Check List 25.....	258
5.2.3	Harvard Trauma Questionnaire.....	265
5.2.4	Numeric Pain Scale	270
5.3	Between Groups Comparison.....	275
5.3.1	Credibility and Expectancy Questionnaire.....	275
5.3.2	Hopkins Symptoms Check List 25.....	279
5.3.3	Harvard Trauma Questionnaire.....	284
5.3.4	Numeric Pain Scale	287
5.4	Summary	290
6.0	Chapter 6: Conclusion.....	292
6.1	Limitations.....	292
6.2	Cultural Diversity and Perception of Interventions.....	294

6.3	Conclusions	295
6.4	Recommendations for Further Studies	305
	Appendices	306
Appendix 1:	Needles and Sharp Procedure.....	306
Appendix 2:	Referral Procedure by Telephone Screening	311
Appendix 3:	Participation Information Sheet.....	313
Appendix 4:	Referral Procedure by Clinical Physiologist Intern.....	319
Appendix 5:	Acupuncture Stopping Rule	325
Appendix 6:	Consent Form	327
Appendix 7:	Research Assessment for Chronic Pain Form	329
Appendix 8:	Credibility and Expectancy Questionnaire	333
Appendix 9:	DSM-IV-TR criteria	337
Appendix 10:	Harvard Trauma Questionnaire	340
Appendix 11:	Hopkins Symptoms Check List 25	344
Appendix 12:	Acupuncture Referral Form.....	348
Appendix 13:	Discussion on the Cognitive Behavioural Therapy CBT manual	350
Appendix 14:	Cognitive Behavioural Therapy Manual	361
	Bibliography.....	449

List of Tables

Table 1: Summary of randomised trials of acupuncture for post traumatic stress disorder.	16
Table 2: Summary of the limitations of the randomised controlled trials of acupuncture for post traumatic stress disorder.	18
Table 3: Number of participants.	52
Table 4: Dropped out reasons.	53
Table 5: Age distribution.	56
Table 6: Age range.	56
Table 7: Gender distribution.	56
Table 8: Participant ethnicity.	57
Table 9: Country of birth.	57
Table 10: Religious Affiliation.	58
Table 11: Marital and Family status.	58
Table 12: Mean number of children of participants.	59
Table 13: Frequency of children of participants.	59
Table 14: Credibility and Expectancy total scores (Acupuncture group).	61
Table 15: Credibility and Expectancy total scores (CBT group).	65
Table 16: Credibility and Expectancy total scores (Acupuncture & CBT group).	68
Table 17: Hopkins anxiety, depression and total scores (Acupuncture group).	72
Table 18: Hopkins anxiety, depression and total scores (CBT group).	77
Table 19: Hopkins anxiety, depression and total scores Combined (Acupuncture & CBT) group.	82
Table 20: Harvard DSM IV scores (Acupuncture group).	86
Table 21: Harvard DSM IV scores (CBT group).	88
Table 22: Harvard DSM IV scores for Combined (Acupuncture & CBT) group.	90
Table 23: Pain scores (Acupuncture group).	92
Table 24: Pain scores (CBT group).	94
Table 25: Pain scores Combined (Acupuncture & CBT) group.	96
Table 26: Credibility score: Friedman hypothesis test summary (Acupuncture group).	99
Table 27: Credibility total score: median (Acupuncture group).	100

Table 28: Credibility total score: Friedman Hypothesis test summary (CBT group).....	102
Table 29: Credibility total score: median (CBT group).....	103
Table 30: Credibility total score: Friedman Hypothesis test summary (Combined (Acupuncture & CBT) group).....	104
Table 31: Credibility total score: median (Combined (Acupuncture & CBT) group).....	105
Table 32: Expectancy total score: Friedman Hypothesis test summary (Acupuncture group).	107
Table 33: Expectancy total score: median (Acupuncture group).....	108
Table 34: Expectancy total score: Friedman Hypothesis test summary (CBT group).....	109
Table 35: Expectancy total score: median (CBT group).....	110
Table 36: Expectancy total score: Friedman Hypothesis test summary (Combined (Acupuncture & CBT) group).....	111
Table 37: Expectancy total score: median (Combined (Acupuncture & CBT) group).....	112
Table 38: Hopkins Anxiety score: Friedman hypothesis test summary (Acupuncture group).	113
Table 39: Hopkins Anxiety score: median (Acupuncture group).	114
Table 40: Hopkins Anxiety score: Friedman Hypothesis test summary (CBT group).....	116
Table 41: Hopkins Anxiety score: median (CBT group).....	117
Table 42: Hopkins Anxiety score: Friedman hypothesis test summary (Combined (Acupuncture & CBT) group).....	118
Table 43: Hopkins Anxiety score: median (Combined (Acupuncture & CBT) group).....	119
Table 44: Hopkins Depression score: Friedman hypothesis test summary (Acupuncture group).	122
Table 45: Hopkins Depression score: median (Acupuncture group).....	123
Table 46: Hopkins Depression score: Friedman Hypothesis test summary (CBT group).	125
Table 47: Hopkins Depression score: median (CBT group).....	126
Table 48: Hopkins Depression score: Friedman hypothesis test summary (Combined (Acupuncture & CBT) group).....	128
Table 49: Hopkins Depression score: median (Combined (Acupuncture & CBT) group).....	129
Table 50: Hopkins total score: Friedman hypothesis test summary (Acupuncture group).....	131

Table 51: Hopkins total score: median (Acupuncture group).....	132
Table 52: Hopkins total score: Friedman Hypothesis test summary (CBT group).....	134
Table 53: Hopkins total score: median (CBT group).....	135
Table 54: Hopkins total score: Friedman hypothesis test summary (Combined (Acupuncture & CBT) group).....	136
Table 55: Hopkins total score: median (Combined (Acupuncture & CBT) group).....	137
Table 56: Harvard Trauma DSM IV score: Friedman hypothesis test summary (Acupuncture group).	139
Table 57: Harvard Trauma DSM IV score: median (Acupuncture group).	140
Table 58: Harvard Trauma DSM IV score: Friedman hypothesis test summary (CBT group).	142
Table 59: Harvard Trauma DSM IV score: median (CBT group).	143
Table 60: Harvard Trauma DSM IV score: Friedman hypothesis test summary (Combined (Acupuncture & CBT) group).....	145
Table 61: Harvard Trauma DSM IV score: median (Combined (Acupuncture & CBT) group).	146
Table 62: Pain score: Friedman hypothesis test summary (Acupuncture group).	149
Table 63: Pain score: median (Acupuncture group).	150
Table 64: Pain score: Friedman Hypothesis test summary (CBT group).	152
Table 65: Pain score: median (CBT group).	153
Table 66: Pain score: Friedman hypothesis test summary (Combined (Acupuncture & CBT) group).	154
Table 67: Pain score: median (Combined (Acupuncture & CBT) group).	155
Table 68: Pre-treatment Credibility total scores - group median scores.....	159
Table 69: Pre-treatment Credibility total scores - group mean rank.....	159
Table 70: Pre-treatment Credibility total score Kruskal-Wallis H Hypothesis test summary (all groups).	160
Table 71: Post-treatment credibility total scores – group median scores.	164
Table 72: Post-treatment credibility total scores – group mean rank.	164

Table 73: Post-treatment credibility total score Kruskal-Wallis H Hypothesis test summary (all groups).	165
Table 74: 2-month follow-up Credibility total scores - group median scores.	167
Table 75: 2-month follow-up Credibility total scores - group mean rank.	167
Table 76: 2-month follow-up Credibility total score Kruskal-Wallis H Hypothesis test summary (all groups).	168
Table 77: Pre-treatment Expectancy total scores - group median scores.....	172
Table 78: Pre-treatment Expectancy total scores - group mean rank.....	172
Table 79: Pre-treatment Expectancy total score Kruskal-Wallis H Hypothesis test summary (all groups).	173
Table 80: Post-treatment Expectancy total scores - group median scores.	177
Table 81: Post-treatment Expectancy total scores - group mean rank.	177
Table 82: Post-treatment Expectancy total score Kruskal-Wallis H Hypothesis test summary (all groups).	178
Table 83: 2-month follow-up Expectancy total scores - group median scores.	182
Table 84: 2-month follow-up Expectancy total scores - group mean rank.	182
Table 85: 2-month follow-up Expectancy total score Kruskal-Wallis H Hypothesis test summary (all groups).	183
Table 86: Pre-treatment Hopkins Anxiety scores - group median scores.....	187
Table 87: Pre-treatment Hopkins Anxiety scores - group mean rank.....	187
Table 88: Pre-treatment Hopkins Anxiety score Kruskal-Wallis H Hypothesis test summary (all groups).	188
Table 89: Post-treatment Hopkins Anxiety scores - group median scores.	190
Table 90: Post-treatment Hopkins Anxiety scores - group mean rank.	190
Table 91: Post-treatment Hopkins Anxiety score Kruskal-Wallis H Hypothesis test summary (all groups).	191
Table 92: 2-month follow-up Hopkins Anxiety scores - group median scores.	193
Table 93: 2-month follow-up Hopkins Anxiety scores - group mean rank.	193
Table 94: 2-month follow-up Hopkins Anxiety score Kruskal-Wallis H Hypothesis test summary (all groups).	194

Table 95: Pre-treatment Hopkins Depression scores - group median scores.....	196
Table 96: Pre-treatment Hopkins Depression scores - group mean rank.....	196
Table 97: Pre-treatment Hopkins Depression score Kruskal-Wallis H Hypothesis test summary (all groups).	197
Table 98: Post-treatment Hopkins Depression scores - group median scores.	200
Table 99: Post-treatment Hopkins Depression scores - group mean rank.	200
Table 100: Post-treatment Hopkins Depression score Kruskal-Wallis H Hypothesis test summary (all groups).	201
Table 101: 2-month follow-up Hopkins Depression scores - group median scores.	205
Table 102: 2-month follow-up Hopkins Depression scores - group mean rank.	205
Table 103: 2-month follow-up Hopkins Depression score Kruskal-Wallis H Hypothesis test summary (all groups).	206
Table 104: Pre-treatment Hopkins total scores - group median scores.....	208
Table 105: Pre-treatment Hopkins total scores - group mean rank.....	208
Table 106: Pre-treatment Hopkins total score Kruskal-Wallis H Hypothesis test summary (all groups).	209
Table 107: Post-treatment Hopkins total scores - group median scores.	211
Table 108: Post-treatment Hopkins total scores - group mean rank.	211
Table 109: Post-treatment Hopkins total score Kruskal-Wallis H Hypothesis test summary (all groups).	212
Table 110: 2-month follow-up Hopkins total scores - group median scores.	216
Table 111: 2-month follow-up Hopkins total scores - group mean rank.	216
Table 112: 2-month follow-up Hopkins total score Kruskal-Wallis H Hypothesis test summary (all groups).	217
Table 113: Pre-treatment Harvard Trauma DSM IV scores - group median scores.....	220
Table 114: Pre-treatment Harvard Trauma DSM IV scores - group mean rank.....	220
Table 115: Pre-treatment Harvard Trauma DSM IV score Kruskal-Wallis H Hypothesis test summary (all groups).	221
Table 116: Post-treatment Harvard Trauma DSM IV scores - group median scores.	223
Table 117: Post-treatment Harvard Trauma DSM IV scores - group mean rank.	223

Table 118: Post-treatment Harvard Trauma DSM IV score Kruskal-Wallis H Hypothesis test summary (all groups).	224
Table 119: 2-month follow-up Harvard Trauma DSM IV scores - group median scores.	228
Table 120: 2-month follow-up Harvard Trauma DSM IV scores - group mean rank.	228
Table 121: 2-month follow-up Harvard Trauma DSM IV score Kruskal-Wallis H Hypothesis test summary (all groups).	229
Table 122: Pre-treatment Pain scores - group median scores.	231
Table 123: Pre-treatment Pain scores - group mean rank.	231
Table 124: Pre-treatment Pain score Kruskal-Wallis H Hypothesis test summary (all groups).	232
Table 125: Post-treatment Pain scores - group median scores.....	234
Table 126: Post-treatment Pain scores - group mean rank.....	234
Table 127: Post-treatment Pain score Kruskal-Wallis H Hypothesis test summary (all groups).	235
Table 128: 2-month follow-up Pain scores - group median scores.....	239
Table 129: 2-month follow-up Pain scores - group mean rank.....	239
Table 130: 2-month follow-up Pain score Kruskal-Wallis H Hypothesis test summary (all groups).	240
Table 131: Friedman test statistics on credibility and expectancy comparing Pre vs Post, Post vs Follow-up and Pre vs Follow-up for each of the groups.	253
Table 132: Friedman test statistics on Hopkins Anxiety, Depression and Total scores comparing Pre vs Post, Post vs Follow-up and Pre vs Follow-up for each of the groups.	258
Table 133: Friedman test statistics on Harvard DSM IV comparing Pre vs Post, Post vs Follow-up and Pre vs Follow-up for each of the groups.....	265
Table 134: Friedman test statistics on pain comparing Pre vs Post, Post vs Follow-up and Pre vs Follow-up for each of the groups.	270
Table 135: Kruskal-Wallis H test statistics on credibility and expectancy comparing between groups for Pre, Post and Follow-up.	275
Table 136: Kruskal-Wallis H test statistics on Hopkins Anxiety, Depression and Total scores comparing between groups for Pre, Post and Follow-up.	279

Table 137: Kruskal-Wallis H test statistics on Harvard DSM IV comparing between groups for Pre, Post and Follow-up.	284
Table 138: Kruskal-Wallis H test statistics on pain comparing between groups for Pre, Post and Follow-up.	287
Table 139: Study outcomes in relation to the null hypothesis for within- group measures.	297
Table 140: Study outcomes in relation to the null hypothesis for between group measures.	299

List of Figures

Figure 1: Flow chart of the literature selection process.	13
Figure 2: Power analysis in determining the sample size.	35
Figure 3: Flow chart showing the study recruitment and assessment procedure.	43
Figure 4: Flow chart showing the treatment and post-treatment procedure of the study.	45
Figure 5: Process flow chart of independent review.	47
Figure 6. Participant enrolment and allocation process.	55
Figure 7: Box Plot of Credibility total score (Acupuncture group).	62
Figure 8: Box Plot of Expectancy total score (Acupuncture group).	62
Figure 9: Box Plot of Credibility total score (CBT group).	66
Figure 10 Box Plot of Expectancy total score (CBT group).	66
Figure 11: Box Plot of Credibility total score (Acupuncture & CBT group).	69
Figure 12: Box Plot of Expectancy total score (Acupuncture & CBT group).	69
Figure 13: Box Plot of Hopkins anxiety score (Acupuncture group).	73
Figure 14: Box Plot of Hopkins depression score (Acupuncture group).	73
Figure 15: Box Plot of Hopkins total score (Acupuncture group).	74
Figure 16: Box Plot of Hopkins anxiety score (CBT group).	78
Figure 17: Box Plot of Hopkins depression score (CBT group).	78
Figure 18: Box Plot of Hopkins total score (CBT group).	79
Figure 19: Box Plot of Hopkins anxiety score Combined (Acupuncture & CBT) group.	83
Figure 20: Box Plot of Hopkins depression score Combined (Acupuncture & CBT) group.	83
Figure 21: Box Plot of Hopkins total score Combined (Acupuncture & CBT) group.	84
Figure 22: Box Plot of Harvard DSM IV scores (Acupuncture group).	87
Figure 23: Box Plot of Harvard DSM IV scores (CBT group).	89
Figure 24: Box Plot of Harvard DSM IV scores for Combined (Acupuncture & CBT) group.	91
Figure 25: Box Plot of Pain scores for Acupuncture treatment group in comparison over time.	93
Figure 26: Box Plot of Pain scores (CBT group).	95

Figure 27: Box Plot of Pain scores for Combined (Acupuncture & CBT) group.....	97
Figure 28: Credibility total score: two-way ANOVA (Acupuncture group).	100
Figure 29: Credibility total score: Post Hoc pairwise comparison (Acupuncture group)..	101
Figure 30: Credibility total score: two-way ANOVA (CBT group).....	103
Figure 31: Credibility total score: two-way ANOVA (Combined (Acupuncture & CBT) group).	105
Figure 32: Expectancy total score: two-way ANOVA (Acupuncture group).....	107
Figure 33: Expectancy total score: two-way ANOVA (CBT group).....	109
Figure 34: Expectancy total score: two-way ANOVA (Combined (Acupuncture & CBT) group).	111
Figure 35: Hopkins Anxiety score: two-way ANOVA (Acupuncture group).	113
Figure 36: Hopkins Anxiety score: Post Hoc pairwise comparison (Acupuncture group).	115
Figure 37: Hopkins Anxiety score: two-way ANOVA (CBT group).....	117
Figure 38: Hopkins Anxiety score: two-way ANOVA (Combined (Acupuncture & CBT) group).	119
Figure 39: Hopkins Anxiety score: Post Hoc pairwise comparison (Combined (Acupuncture & CBT) group).....	121
Figure 40: Hopkins Depression score: two-way ANOVA (Acupuncture group).	123
Figure 41: Hopkins Depression score: Post Hoc pairwise comparison (Acupuncture group).	124
Figure 42: Hopkins Depression score: two-way ANOVA (CBT group).....	126
Figure 43: Hopkins Depression score: two-way ANOVA (Combined (Acupuncture & CBT) group).	129
Figure 44: Hopkins Depression score: Post Hoc pairwise comparison (Combined (Acupuncture & CBT) group).....	130
Figure 45: Hopkins total score: two-way ANOVA (Acupuncture group).	132
Figure 46: Hopkins total score: Post Hoc pairwise comparison (Acupuncture group).	133
Figure 47: Hopkins total score: two-way ANOVA (CBT group).....	135
Figure 48: Hopkins total score: two-way ANOVA (Combined (Acupuncture & CBT) group).	137

Figure 49: Hopkins total score: Post Hoc pairwise comparison (Combined (Acupuncture & CBT) group).....	138
Figure 50: Harvard Trauma DSM IV score: two-way ANOVA (Acupuncture group).	140
Figure 51: Harvard Trauma DSM IV score: Post Hoc pairwise comparison (Acupuncture group).....	141
Figure 52: Harvard Trauma DSM IV score: two-way ANOVA (CBT group).....	143
Figure 53: Harvard Trauma DSM IV score: Post Hoc pairwise comparison (CBT group).	144
Figure 54: Harvard Trauma DSM IV score: two-way ANOVA (Combined (Acupuncture & CBT) group).....	146
Figure 55: Harvard Trauma DSM IV score: Post Hoc pairwise comparison (Combined (Acupuncture & CBT) group).....	147
Figure 56: Pain score: two-way ANOVA (Acupuncture group).	149
Figure 57: Pain score: Post Hoc pairwise comparison (Acupuncture group).....	151
Figure 58: Pain score: two-way ANOVA (CBT group).	153
Figure 59: Pain score: two-way ANOVA (Combined (Acupuncture & CBT) group).	155
Figure 60: Pain score: Post Hoc pairwise comparison (Combined (Acupuncture & CBT) group).....	156
Figure 61: Boxplot of pre-treatment Credibility total score distribution (all groups).	158
Figure 62: Pre-treatment Credibility total score Post hoc test (all groups).....	161
Figure 63: Boxplot of post-treatment credibility total score distribution (all groups).....	163
Figure 64: Boxplot of 2-month follow-up Credibility total score distribution (all groups).	166
Figure 65: 2-month follow-up Credibility total score Post hoc test (all groups).	169
Figure 66: Boxplot of pre-treatment Expectancy total score distribution (all groups).	171
Figure 67: Pre-treatment Expectancy total score Post hoc test (all groups).	174
Figure 68: Boxplot of post-treatment Expectancy total score distribution (all groups).....	176
Figure 69: Post-treatment Expectancy total score Post hoc test (all groups).....	179
Figure 70: Boxplot of 2-month follow-up Expectancy total score distribution (all groups).	181

Figure 71: 2-month follow-up Expectancy total score Post hoc test (all groups).....	184
Figure 72: Boxplot of pre-treatment Hopkins Anxiety score distribution (all groups).	186
Figure 73: Boxplot of post-treatment Hopkins Anxiety score distribution (all groups)....	189
Figure 74: Boxplot of 2-month follow-up Hopkins Anxiety score distribution (all groups).	192
Figure 75: Boxplot of pre-treatment Hopkins Depression score distribution (all groups).	195
Figure 76: Boxplot of post-treatment Hopkins Depression score distribution (all groups).	199
Figure 77: Post-treatment Hopkins Depression score Post hoc test (all groups).....	202
Figure 78: Boxplot of 2-month follow-up Hopkins Depression score distribution (all groups).	204
Figure 79: Boxplot of pre-treatment Hopkins total score distribution (all groups).	207
Figure 80: Boxplot of post-treatment Hopkins total score distribution (all groups).....	210
Figure 81: Post-treatment Hopkins total score Post hoc test (all groups).....	213
Figure 82: Boxplot of 2-month follow-up Hopkins total score distribution (all groups). .	215
Figure 83: Boxplot of pre-treatment Harvard Trauma DSM IV score distribution (all groups).	219
Figure 84: Boxplot of post-treatment Harvard Trauma DSM IV score distribution (all groups).	222
Figure 85: Post-treatment Harvard Trauma DSM IV score Post hoc test (all groups).	225
Figure 86: Boxplot of 2-month follow-up Harvard Trauma DSM IV score distribution (all groups).	227
Figure 87: Boxplot of pre-treatment Pain score distribution (all groups).....	230
Figure 88: Boxplot of post-treatment Pain score distribution (all groups).	233
Figure 89: Post-treatment Pain score Post hoc test (all groups).....	236
Figure 90: Boxplot of 2-month follow-up Pain score distribution (all groups).	238
Figure 91: 2-month follow-up Pain score Post hoc test (all groups).	241
Figure 92: Graph of mean values of credibility and expectancy on Acupuncture group at pre, post and 2-month follow-up.	254

Figure 93: Graph of mean values of credibility and expectancy on CBT group at pre, post and 2-month follow-up.....	255
Figure 94: Graph of mean values of credibility and expectancy on Combined (Acupuncture & CBT) group at pre, post and 2-month follow-up.	256
Figure 95: Graph of mean values of Hopkins Anxiety, Depression and Total scores on Acupuncture group at pre, post and 2-month follow-up.	260
Figure 96: Graph of mean values of Hopkins Anxiety, Depression and Total scores on CBT group at pre, post and 2-month follow-up.....	261
Figure 97: Graph of mean values of Hopkins Anxiety, Depression and Total scores on Combined (Acupuncture & CBT) group at pre, post and 2-month follow-up.....	263
Figure 98: Graph of mean values of Harvard DSM IV on Acupuncture group at pre, post and 2-month follow-up.	266
Figure 99: Graph of mean values of Harvard DSM IV on CBT group at pre, post and 2-month follow-up.....	267
Figure 100: Graph of mean values of Harvard DSM IV on Combined (Acupuncture & CBT) group at pre, post and 2-month follow-up.....	268
Figure 101: Graph of mean values of pain on Acupuncture group at pre, post and 2-month follow-up.	271
Figure 102: Graph of mean values of pain on CBT group at pre, post and 2-month follow-up.	272
Figure 103: Graph of mean values of pain on Combined (Acupuncture & CBT) group at pre, post and 2-month follow-up.	273
Figure 104: Graph of mean values of credibility and expectancy on comparing between groups at pre, post and 2-month follow-up.	277
Figure 105: Graph of mean values of Hopkins Anxiety, Depression and Total scores on comparing between groups at pre, post and 2-month follow-up.....	281
Figure 106: Graph of mean values of Harvard DSM IV on comparing between groups at pre, post and 2-month follow-up.....	285
Figure 107: Graph of mean values of pain on comparing between groups at pre, post and 2-month follow-up.....	288

Abstract

Exposure to high levels of cumulative trauma such as war, torture and human rights violations places refugees at significant risk of psychological complications. In addition, subsequent refugee and resettlement experiences have a substantial impact on the physical and psychological health and wellbeing of those affected. This study used a randomised, repeated measure design in a pragmatic setting to evaluate the effectiveness of Acupuncture as an adjunct therapy to Cognitive Behavioural Therapy (CBT) for refugees attending NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS).

Participants were randomised into three treatment groups: Acupuncture, CBT, and Combined (Acupuncture and CBT). Participants received treatment in eight weekly sessions, at STARTTS, by experienced counsellors and/or an acupuncturist. Primary outcome measures from Hopkins Symptoms Check List 25 (HSCL-25), Harvard Trauma Questionnaire (HTQ), Credibility and Expectancy Questionnaire and a Numeric Pain Scale (NRS) as a secondary measure were applied at baseline pre-treatment, post-treatment assessment and a two-month follow-up.

The HSCL-25 was used for measuring anxiety and depression in refugee participants. The HTQ was used for measuring degrees of trauma in refugee participants. The Credibility and Expectancy Questionnaire was used for measuring beliefs and expectancy each refugee participant had for the treatment therapy they were receiving. As indiscriminate pain was a common presentation amongst refugees suffering with PTSD, the NRS was used to score the participants level of pain during the study.

The study found that on average there were signs of improvements in PTSD, anxiety and depression within each treatment groups – Acupuncture, CBT and Combined. CBT group showed significant improvements in PTSD. Both Acupuncture and Combined groups showed significant improvements not only in PTSD but also in anxiety, depression and pain. Psychometric measures (PTSD, anxiety and depression) improvements were significant in the Combined group occurred at 2-month follow-up. The data from this study show initial

trends that indicate acupuncture may be an effective standalone therapy or adjunct therapy to CBT, particularly in respect of the treatment of pain, retention of participants in CBT when combined with acupuncture and may be a more culturally acceptable practice for segments of the sub-population of refugee clients at STARTTS. Results indicated that a combination of modalities yielded significant results and improved treatment compliance, suggesting the value of integrating alternative and conventional treatment modalities to maximise psychological gain and pain reduction. Larger studies of refugee populations are required to determine definitive results.