The CENTER for VICTIMS of TORTURE

Evidence Briefs: Learning from Data

Improvement in Well-Being among Afghan CVT Clients in Minnesota

Program Description & Context

Following the 2021 political upheaval in Afghanistan and the resulting displacement of many families, thousands of Afghans resettled across the United States, including 88,500 Afghan Humanitarian Parolees—more than 1,300 of whom arrived in Minnesota. Many of these newcomers were in need of mental health and related services, with recent research indicating high rates of psychological distress (47%) and associated functional impairment (39%) (Kovess-Masfety et al., 2021; Alemi et al., 2023). However, limited trust in providers, mental health stigma, language difficulties, and complex healthcare systems can present barriers to accessing needed care (Nine et al., 2022; Reihani et al., 2021; Frumholtz et al., 2024).

In response, the Center for Victims of Torture (CVT) launched the Raahat Program in Minnesota in 2023 to provide trauma-informed, culturally adapted services, including individual and group psychotherapy, psychoeducation groups, and case management for Afghan newcomers. This evidence brief summarizes key outcomes based on standardized assessments and pre-post group surveys, focusing primarily on changes in clients' mental health, coping skills, and sense of community.

Evidence Collected

Standardized Measures	• For clients engaging in individual and group psychotherapy, an adapted Posttraumatic Diagnostic Scale (PDS) and adapted Hopkins Symptom Checklist (HSCL-25), along with questions about somatic symptom levels, were administered at two time points—around three months apart—between May and October 2025. • For clients participating in case management, the CVT-developed Social Circumstances and Functioning Inventory was administered at three- or six-month intervals.
Group Surveys	Participants in four psychoeducation groups and two psychotherapy groups completed pre- and post-group surveys. The surveys included a consistent set of questions assessing coping skills, sense of community, and perceived changes in mood or mental health, along with open-ended questions for qualitative feedback.

Key Findings

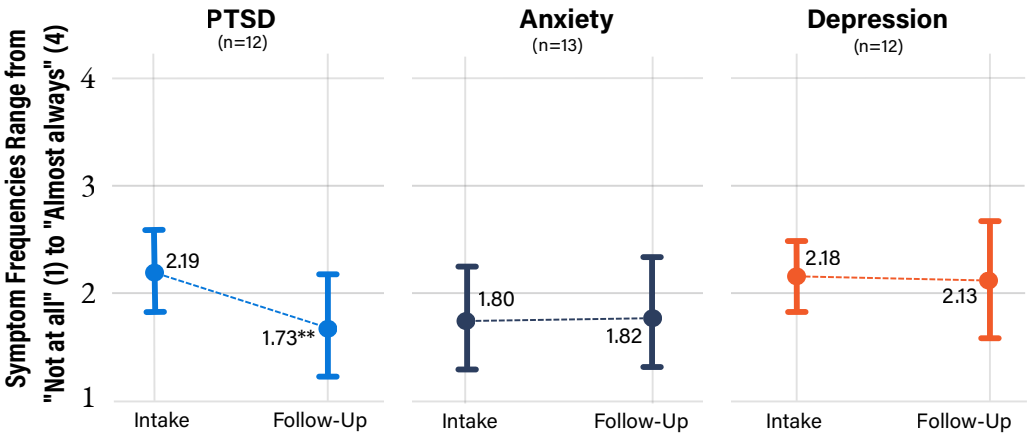
- Analysis of standardized psychological measures showed a statistically significant reduction in PTSD symptoms among clients with elevated baseline symptoms, while no statistically significant changes were observed in anxiety or depression. Additionally, no changes were observed in social functioning levels.
- Analysis of the pre-post group surveys showed statistically significant improvements in clients' coping skills following participation in psychotherapy and psychoeducation groups, as well as significant improvements in sense of community among participants in the psychotherapy groups.
- Additionally, post-group surveys showed that the vast majority of participants reported changes in their mood or mental health. Participants also provided qualitative feedback describing the specific benefits they experienced, articulated in their own words.

Psychotherapy: Evidence and Interpretation

The figure on the following page presents average levels of PTSD, anxiety, and depression symptoms at intake and follow-up. Clients were asked to rate how often they experience a list of symptoms on a four-point scale, from "not at all" to "almost always".

On the PTSD symptom scale, clients demonstrated an average decrease of 0.46 points from initial assessment to follow-up after receiving services. This change was statistically significant on a paired one-tailed t-test (p=.009).

Changes in Mental Health Symptoms Based on Standardized Assessments
Mean scores with 95% confidence intervals



Note: The sample included 18 observations; however, this analysis excluded the bottom quartile, removing 5–6 observations due to clients presenting no or very low symptoms at initial measurement. Including these observations resulted in no statistically significant findings across all three measures.

In contrast, anxiety symptoms showed no statistically significant change over time (p = .54), and similarly, depression symptoms did not significantly change between baseline and follow-up (p = .42). Additionally, analyses of somatic symptoms and social circumstances showed no statistically significant changes from initial measurement to follow-up; these results are not displayed to conserve space.

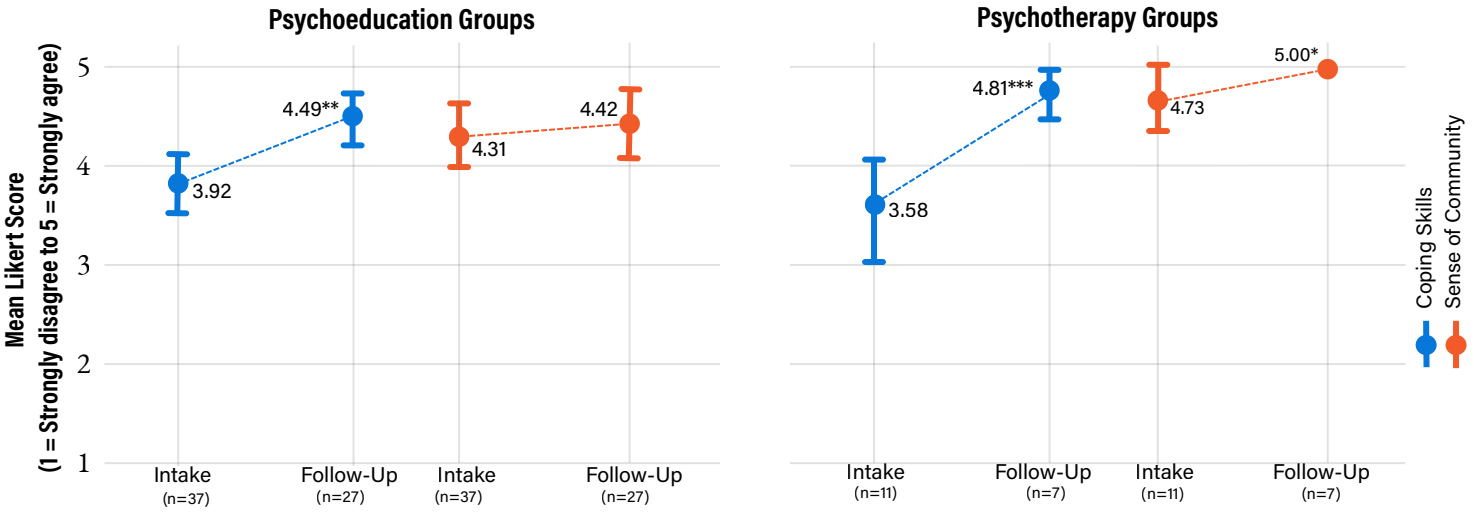
Group Services: Evidence and Interpretation

The group services included psychotherapy and psychoeducation groups:

- Psychotherapy groups focused on deeper engagement with processing distressing experiences, emotional regulation and interpersonal functioning. These groups met for 10 sessions and were implemented by a licensed therapist, working with an interpreter.
- Psychoeducation groups focused on combining awareness raising about stress, trauma, and coping with topics such as makeup instruction, basic financial literacy, or swimming. These groups were delivered over 4–8 sessions by a community educator in the preferred languages of participants.

The figure below displays changes in average levels of coping skills and sense of community among participants from before the group (pre-survey) to after (post-survey).

Changes in Coping Skills and Sense of Community Outcomes at Intake and Follow-up of Group Services
Mean Likert scores with 95% confidence intervals



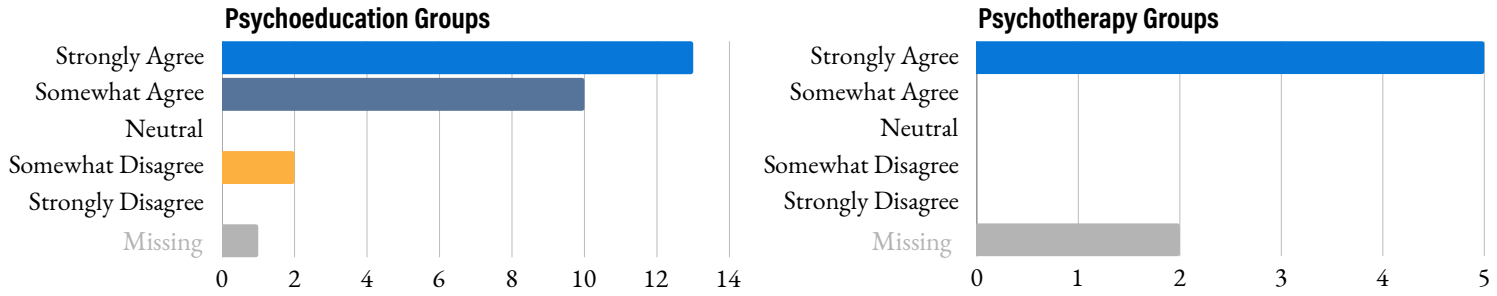
The coping skills outcome represents a composite score based on average responses across three items: "I know how to respond to stress," "I know how to manage my feelings," and "I know how to calm myself down." Sense of community is based on the item: "I feel a sense of community."

Based on Welch two-sample t-tests, participants in psychoeducation groups demonstrated a statistically significant improvement in coping skills, with a mean increase of 0.57 points (p = .002). In contrast, the increase in sense of community did not reach statistical significance (p = .314).

Among participants in psychotherapy groups, both outcomes improved at statistically significant levels. Coping skills increased substantially, with a mean change of 1.23 points ($p < .001$), while sense of community increased by 0.27 points ($p = .041$).

These findings are supplemented by the clients' perceived improvements in mood and mental health outcomes reported at the post-group survey, shown in the following figure. Most participants in both types of groups reported changed mood or mental health after the sessions. Psychoeducation participants mostly strongly or somewhat agreed with this statement, while psychotherapy participants overwhelmingly strongly agreed, indicating a particularly strong perceived benefit.

Responses to "After this group, I have noticed changes in my mood or my mental health"



Impact In Clients' Own Words: Sample Quotes

Findings about the positive impacts of group services were echoed in qualitative feedback from post-group surveys. When asked, "What valuable insights or lessons did you gain from this program? / What about this program was helpful to you?", participants reported benefits in managing emotions, feeling less alone, and gaining skills and a supportive sense of community.

> *All the topics were very useful, especially the discussion on how to control emotions.*

> *I learned how to interact with our children, that their feelings and thoughts are important, and that we should pay attention to the signs and behaviors we observe and respond to them accordingly.*

> *Controlling and managing emotions and stress, getting to know a group of friends, learning ways to overcome anxiety, challenges and difficulties, and learning about adapting to new people and a new environment.*

Conclusion

The Raahat Program's trauma-informed and culturally responsive services provided meaningful benefits to Afghan clients in Minnesota.

Standardized psychological measures showed a statistically significant reduction in PTSD symptoms among clients with elevated symptoms at initial measurement, while anxiety and depression symptoms did not demonstrate statistically significant changes over time. Pre-post data from psychoeducation and psychotherapy groups revealed improvements in clients' coping skills, sense of community, and perceived mood and mental health, with the most pronounced gains observed among participants in psychotherapy groups.

Qualitative feedback further reinforced these findings, as participants described feeling more supported and less isolated, along with increased confidence in managing stress and regulating their emotions.

These quantitative and qualitative results underscore the program's positive impact on emotional well-being and the everyday coping capacities of Afghan families receiving CVT services.

Statement about Interpreting Evidence

Several limitations should be considered when interpreting these findings. First, standardized psychological assessments were collected after many clients had already begun receiving services, creating artificial baselines that limit the ability to detect true change by comparing a point in time before the start of services. Second, the small sample size for follow-up assessments reduces statistical power and may obscure meaningful improvements. Group survey data, while valuable, rely on self-reports and may be influenced by social desirability or differing levels of comfort with written assessments. Additionally, group psychotherapy outcomes may reflect cumulative effects of Raahat services, as participants may engage in psychoeducation groups first before attending psychotherapy groups. In addition, the lack of a comparison or control group prevents attributing changes solely to program participation. Finally, variations in attendance, length of time in services, and individual circumstances may affect outcomes and are not fully captured in these analyses. Despite these limitations, the combined quantitative and qualitative data provide useful insights into clients' experiences and perceived benefits.

References

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