

Efficacy Level of Therapeutic Counselling in Dealing with Anxiety Disorder among Adult Refugees: A Case of Dadaab Refugee Camp, Garissa County, Kenya.

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Abstract: Kenya is a host to many refugees with majority located at Dadaab refugee camp which in the year 2011 was declared the largest refugee camp in the world. Most refugees in Dadaab camp are victims of disasters of political violence or war and drought especially from the war torn Somalia. The stressful experiences of the adult refugees throughout the migration period exposed them to emotional and psychological suffering that require therapeutic counselling. In Dadaab therapeutic counselling is mainly offered by five agencies. Despite the therapeutic counselling, anxiety disorder is prevalent at Dadaab refugee camp, hence the need to understand efficacy levels of therapeutic counselling. The purpose of this study was to investigate efficacy level of therapeutic counselling in dealing with anxiety disorder among adult refugees at Dadaab refugee camp. *Ex post facto* research design was adopted for the study. The target population was 164,356 adult refugees, section leaders and counsellors in charge of the counselling units. The two largest camps with an adult population of 94,619 were purposively selected. Adult refugees who had undergone therapeutic counselling were purposively selected after which simple random sampling was used to select those who took part in the study. The sample size consisted of 382 adult refugees comprising of 175 men and 207 women selected through proportionate sampling technique; 5 counsellors were purposively selected and 16 section leaders selected through simple random sampling. Data was collected using questionnaires, interviews, and Focus Group Discussions. The instruments were piloted in Dagahaley refugee camp. Questionnaires yielded a reliability coefficient of $\alpha = 0.811$ which was determined using Cronbach's coefficient alpha. Data was analyzed using descriptive and inferential statistics which included frequencies, percentages, means, and t-test. Statistical Package for Social Sciences version 20.0 facilitated analysis of data. The study established that therapeutic counselling was unsatisfactory in dealing with anxiety disorder. The findings of the study will assist the Ministry of Interior and Coordination of National Government, United Nations High Commission for Refugees, other international bodies and service providers in improving therapeutic counselling services. The researcher recommends that the counselling agencies should increase the number of counsellors and observe the 1951 convention on repatriation of refugees from Dadaab refugee camp.

Key words: Efficacy Levels, Therapeutic Counselling, Anxiety Disorder, Adult Refugees.

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I. INTRODUCTION

Kenya is a host to many refugees with majority located at Dadaab refugee camp which in the year 2011 was declared the largest refugee camp in the world with a population of 439,000 in July 2011 (UNHCR, 2011). Despite the voluntary repatriation exercise of Somali refugees which began in December 2014, by 15th April 2018 the total population of refugees at Dadaab refugee camp was still high at 225,557 (UNHCR, 2018). According to UNHCR, many refugees do not want to return to Somalia due to concerns about security. Dadaab refugee camp comprises of five refugee camps namely, Hagadera, Dagahaley, Ifo, Ifo 2 and Kambioos. Most refugees in Dadaab camp are victims of disasters of political violence or war and drought especially from the war torn Somalia. The stressful experiences of adult refugees during the pre-migration and post-migration period have exposed them to trauma leading to psychological suffering and this affects their mental health. The symptoms of trauma are wide and varied and differ in severity from person to person (William & Berry, 1991). Nyachieng'a (2012) observed that refugees in Dadaab camp have mental illness problems ranging from depression and anxiety to schizophrenia, bipolar disorder and manic depression. Anxiety is feeling of fear, unease and worry (Bhui, 2006). Experiencing occasional anxiety is a normal part of life. However, people with anxiety disorder frequently have intense, excessive and persistent worry and fear about everyday situations. According to (Bhui, 2006), anxiety disorders involve repeated episodes of sudden feelings of intense anxiety

and fear or terror that reach a peak within minutes (panic attacks). These feelings of anxiety and panic interfere with daily activities, are difficult to control, are out of proportion to the actual danger and can last a long time (Bhui, 2006).

Anxiety disorders are a category of mental disorders characterised by feelings of anxiety and fear, where anxiety is worrying about the future events and fear is a reaction to the current events (APA, 2013). According to APA (2013), there are several types of anxiety disorders including general anxiety disorder, panic disorder, social anxiety disorder, specific phobias and separation anxiety disorder. Each disorder has its own characteristics and symptoms, but all of them include symptoms of anxiety (Michael, Richard & John, 2005). Anxiety disorder occurs about twice as often in females as in males (APA, 2013).

Generalized Anxiety disorder is a common chronic disorder characterised by long lasting anxiety that is not focused on any one object or situation (Calleo & Stanley, 2008). Those suffering from generalised anxiety disorder experience non-specific persistent fear and worry and they become overly concerned with everyday matters.

According to Calleo and Stanley (2008), generalised anxiety disorder is characterised by chronic excessive worry accompanied by three or more of the following symptoms; restlessness, fatigue, concentration problems, irritability, muscle tension and sleep disturbance. Phobic disorders are the single largest category of anxiety disorders which include fear and anxiety triggered by a specific stimulus or situation (Phil, 2003). Between 5% to 12% of the population suffer from phobic disorders (Phil, 2003).

The refugees at Dadaab refugee camp have gone through a lot of uncertainties during the process of flight. The refugees are unsure of their fate and live consistently on fear and worry of the problem they experienced in their country of origin happening again. This may lead to development of anxiety disorder which manifests in panic attacks, phobias and maladaptive social behaviours. Most are unable to access the necessary help since most of the relatives will keep them in their homes since they are considered insane (RCK, 2008). Refugees in Dadaab also suffer from separation anxiety disorder and panic disorder because of their past experiences (RCK, 2008). Separation anxiety disorder is the feeling of excessive and inappropriate levels of anxiety over being separated from a person or a place. Refugees in Dadaab have been separated from their loved ones by death or relocation and this causes anxiety. According to Calleo and Stanley (2008), separation anxiety disorder affects approximately 7% of adults and 4% of children, but the childhood cases tend to be more severe. Panic disorder causes a person to have brief attacks of intense terror and apprehension often marked by trembling, shaking, confusion, dizziness, nausea, and difficulty in breathing (Phil, 2003). The panic attacks are defined by APA as fear or discomfort that abruptly arises and peaks in less than ten minutes, and can last for several hours. Attacks can be triggered by stress or fear.

Anxiety disorders often occur along with other mental disorders, in particular depression (Bhui, 2006). The treatment options available for anxiety disorders include lifestyle changes, therapy and medication, but medication is only recommended if other measures are not effective (Hofmann, Stefan & Smits, 2008).

The standard approach to treating most anxiety disorders is a combination of talk therapy, such as CBT, and antidepressant medication (Hofmann, Stefan & Smits, 2008). CBT and medication are each effective in the treatment of anxiety disorder, but many studies have shown that a combination of CBT and medication work best (Phil, 2003). The goal of cognitive behavioural therapy is to regain control of reactions to stress and stimuli, thus reducing the feeling of helplessness that often accompanies anxiety disorders. CBT works on the principle that the thoughts that produce and maintain anxiety can be recognised and altered using various techniques that change behavioural responses and eliminate anxiety reactions (Hofmann, Stefan & Smits, 2008). Both individual and group therapy work well with anxiety disorders, but people with social phobia may do better in individual sessions.

Anxiety disorders are chronic, and recurrence is common, even after a successful short-term therapy (Hofmann, Stefan & Smits, 2008). Some patients with anxiety disorder may require long-term or intensive therapy of at least a year or 50 sessions (Phil, 2003). Medications are also recommended for most patients.

Drumm, Pittman and Perry (2001) carried out a study on emotional needs of female Kosovar refugees in southern Albania. The study established that all the participants experienced trauma prior to their arrival at the camp which was mainly caused by military violence resulting in deaths of family members, friends and other fellow Kosovars. A few participants mentioned cases of women being raped. The refugees were further distressed by their forced evacuation from Kosovo. The study also revealed that the anxiety among the refugees were nearly as pervasive as trauma. The primary conditions that lead to anxiety was lack of information about the family members still in Kosovo. The participants also sighted feelings of boredom due to lack of meaningful activities in the camp. Lack of activities and ability to use their skills and talents, the refugees had more time to think about their missing family members, which in turn increased their anxiety. Need for hope about returning home was also expressed by the participants. Some were hopeful, while others had lost hope of ever going back to their country. Despite emotional needs the study established that there was no coordinated mental health

treatment initiatives under way in the camps visited. However, mental health treatment, especially therapeutic Counselling is provided at Dadaab refugee camp.

This study therefore, intends to find out the situation of Dadaab refugee camp by investigating the efficacy levels of therapeutic counselling in dealing with anxiety disorder among adult refugees.

The efficacy of therapeutic counselling in the treatment of anxiety disorder is supported by many studies. For example, Freire (2010) carried out a study in West Scotland to evaluate whether counselling was effective in treating depression and anxiety within a primary care setting. Ninety percent of those who participated in the study were experiencing clinical levels of anxiety and seventy four percent were experiencing clinical levels of depression at the initial screening. The finding of the study indicated that counselling is an effective treatment for anxiety and depression within a primary care setting, with 66% of the clients achieving a clinical recovery with an average of six sessions. Sanchez-Meca, Rosa-Alcazar, Marin-Martinez and Ciomez-Conesa (2010) conducted a meta-analysis to examine the efficacy of counselling as a psychological intervention in the treatment of panic disorder. The results confirmed the efficacy of counselling intervention in the treatment of the anxiety disorder.

Addressing issues of mental health such as anxiety disorder among adult refugees is key because if left unattended it also affects the families. Leinonen, Solantaus, and Punamaki (2002) did a study on mediators between economic hardship and parenting styles using the Conger Family Stress Model in the general population in Finland. Although the study was not focused on refugee families, the findings are still significant in understanding the effects of disorders on families. The model includes five categories: Economic hardship, Economic pressure, mental health, marital interaction and quality of parenting (Leinonen, et al., 2002). The study found that parents suffering from anxiety had poor marital interactions which created a bad relationship model for children. Mothers with anxiety also had a non-involved parenting style. This means that they are less likely to know where their children are and what they are doing. Mothers suffering from depression were less likely to possess an authoritative parenting style; authoritative parents are involved, warn and discipline their children with reason (Leinonen, et al., 2002). Fathers with anxiety had more non-involved and punitive parenting styles than fathers with no disorders. Providing treatment to parents suffering from anxiety disorder at Dadaab refugee camp is important because it helps them to take care of their children better. Thus improving the mental health of the parents also improves the future of their children. Therapeutic counselling at Dadaab refugee camp comes in handy to help adult refugees and particularly parents to deal with mental health issues and more so anxiety disorder. In view of this, the study intends to determine the efficacy level of therapeutic counselling in dealing with anxiety disorder among adult refugees at Dadaab refugee camp.

Statement of the Problem

Therapeutic counseling at Dadaab refugee camp is mainly offered by five agencies namely; Cooperative for Assistance and Relief Everywhere, Danish Refugee Council, International Rescue Committee, Center for Victims of Torture and Save Children. Therapeutic counseling has been used by the agencies to deal with refugee psychological problems. Despite the therapeutic counseling services offered by these agencies at Dadaab refugee camp, cases of unmet psychological needs which include anxiety disorder that is characterized by fear, excessive worry, nervousness, irritability and restlessness. Therefore, there is need to understand the efficacy levels of therapeutic counseling offered at Dadaab refugee camp. Based on the above premises this study sought to investigate the efficacy levels of therapeutic counseling in dealing with anxiety disorder among adult refugees at Dadaab refugee camp.

Objective of the study.

The objective of the study was to determine the efficacy level of therapeutic counseling in dealing with anxiety disorder among adult refugees at Dadaab refugee camp.

II. RESEARCH METHODOLOGY

The study adopted *Ex post facto* research design. According to Kerlinger (2000), *Ex post facto* design is a systematic enquiry in which the researcher has no ability to control the independent variables because their manifestations have already occurred or they cannot be manipulated. In this study, the design helped to determine the efficacy level of therapeutic counselling in dealing with anxiety disorder refugees at Dadaab Refugee Camp. This design was appropriate for this study since the refugees had gone through therapeutic counselling after their traumatic experiences and the researcher could not change this but only explain the state of affairs as they existed. The study was conducted in Dadaab Refugee Camp which comprises of five camps namely, Hagadera, Dagahaley, Ifo, Ifo 2 and Kambioos. The researcher identified Dadaab refugee camp as a study area because in the year 2011, it was declared the largest refugee camp in the world (UNHCR, 2013). Therefore, Dadaab refugee camp has a high number of therapeutic counseling concerns making it the most ideal for this study. The population of adult refugees at Dadaab refugee camp is presented in Table 1.

Table 1

Population of adult refugees at Dadaab Refugee Camp

Camp	No.of adult Females	No.of adult males	Total	No.of adult refugees
Hagadera	27,296	23,453		50,749
Kabloos	3,731	2,759		6,490
Dagahaley	23,603	17,252		40,855
Ifo	24,011	19,859		43,870
Ifo 2	12,660	9,732		22,392
Total	91,301	73,055		164,356

Source: UNHCR report of October 2013.

The population of the study of 94,619 adult refugees from two largest camps (Hagadera and Ifo) were stratified by gender. Purposive sampling technique was used to select adult refugees who had undergone therapeutic counseling after which simple random sampling was used to select 382 who were used in the study. Sixteen section leaders who took part in the Focus Group Discussion were selected through simple random sampling, while 5 Counselors in charge of the agencies counseling units were purposively selected. The distribution of sample size by camp is presented in table 2.

Table 2

Distribution of sample by Camp.

Camp	Number of Adult Refugees	Number of Counsellors	Number of section leaders
Hagadera	192	3	8
Ifo	190	2	8
Total	382	5	16

Source: UNHCR, report of October 2013

The research instruments that were used for data collection included questionnaire (administered to the adult refugees), interview (administered to counselors) and Focus Group Discussion (administered to section leaders). The instruments were adopted from Spitzwer, Kvoenke, Williams and Lowe (2006) and modified for use in this study. The questionnaire was piloted in Dagahaley refugee camp and yielded a reliability coefficient of $\alpha=0.811$ which was determined using Cronbach's coefficient alpha and deemed sufficient for the study. Data was analyzed using descriptive and inferential statistics which frequencies, percentages, means and t-test. Statistical package for Social Sciences(SPSS) version 2010 was used to analyze quantitative data while qualitative data was analyzed by determining patterns, trends and relationships from open ended test items, interviews and Focus Group Discussions. The analyzed data was presented using tables and prose narratives.

III. RESULTS AND DISCUSSION

The objective of the study was to determine the efficacy level of therapeutic counseling in dealing with anxiety disorder among adult refugees at Dadaab refugee camp. The following are the results of analysis of the responses.

Demographic Characteristics of the Respondents

This section focused on the demographic characteristics of the respondents. The composition of respondents by gender were 54% females and 45.8% males. The distribution of the respondents according to the camp of residence showed that 49.4% were from Ifo and 50.6% from Hagadera. On the age bracket, 36-45 years recorded 26.4% , 18-25 years at 24.9%, 26-35 years at 22.4%, 46-55 years at 16.7% and 56 years and above at 9.6%. The distribution of respondents by marital status indicated that 44.4% were single, 38.0% were married, 8.2% were separated, 6.2% windowed and 3.3% divorced. The adult refugees studies came from various countries with majority (78.5%) from Somalia, 6.7% from Ethiopia, 6.4% from Burundi , 4.0% from Sudan and 2.7% from Democratic Republic of Congo and 1.3% from Rwanda. The results on the number of years the respondents had stayed at Dadaab camp indicated, 25.6% had stayed for 16-20 years, 21.1% for 6-10 years, 14.5% for 11-15 years and 13.5% for 0-5 years.

Efficacy Level of Therapeutic Counselling in Dealing with Anxiety Disorder.

The objective of the study was to determine the efficacy level of therapeutic counselling in dealing with anxiety disorder among adult refugees. Bhui (2006) observes that anxiety is a feeling of fear, unease and worry. However, unlike occasional anxiety which is normal, people with anxiety disorder frequently have intense, excessive and persistent worry and fear about everyday situations. In addressing this objective, the adult refugees were requested to rate their efficacy level after undergoing therapeutic counselling using a 5-point Likert scale. The efficacy level was inferred based on the levels of satisfaction which were categorized into Very satisfactory (5), Satisfactory (4), No Opinion (3), unsatisfactory (2), Very unsatisfactory (1). The responses of adult refugees were analysed using descriptive statistics (Mean and Standard Deviation). Any statement with a mean score of 2.5 and above denoted satisfactory, an indication that therapeutic counselling was efficacious in dealing with anxiety disorder. However, a mean score of below 2.5 denoted unsatisfactory, an indication that therapeutic counselling was not efficacious in dealing with anxiety disorder. The results of the analysis of the responses by the adult refugees are presented in Table

Table 3
Efficacy Level of Therapeutic Counselling in dealing with Anxiety Disorder among Adult Refugees

Statements	N	Mean	Std.Deviation
Therapeutic Counselling has helped me deal with feelings of nervousness and anxiety	382	2.0785	1.3158
I am able to control worrying after undergoing Therapeutic Counselling	382	2.4450	1.2041
Therapeutic Counselling has helped me to relax easily	382	2.5524	1.3865
Therapeutic Counselling has helped me to deal with feelings of restlessness	382	2.6335	1.2472
Therapeutic counselling has helped me to become less easily annoyed or irritable	382	2.5864	1.3980
Therapeutic Counselling has helped me deal with fearful feeling that something bad might happen	382	2.6335	1.2409
Overall Efficacy level	382	2.3857	1.0261
Valid N (listwise)	382		

The results in Table 3 showed efficacy level of therapeutic counselling in dealing with anxiety disorder among adult refugees at Dadaab refugee camp. The means ranged from 2.0785 to 2.6335 out of a maximum of 5. Out of six statements, four recorded satisfactory while two recorded unsatisfactory. From the findings, dealing with feelings of restlessness and dealing with fearful feeling that something bad might happen recorded equal means at 2.6335 which were also the highest and denoting satisfactory. The findings also indicated that therapeutic counselling helped adult refugees to become less easily annoyed or irritable by scoring a mean of 2.5864 and SD of 1.3980.

Helping adult refugees to relax easily also recorded satisfactory with a mean of 2.5524 and SD of 1.3865. Dealing with feelings of nervousness and anxiety recorded the lowest mean at 2.0785 and SD of 1.3158 while ability to control worrying had a mean of 2.4450 and SD of 1.2041 both denoting unsatisfactory. The overall mean score obtained was 2.3857 denoting unsatisfactory. This shows that therapeutic counselling was not efficacious in dealing with anxiety disorder among adult refugees at Dadaab refugee camp.

The researcher sought more information on efficacy level of therapeutic counselling in dealing with anxiety disorder from the Focus Group Discussions with section leaders at Dadaab refugee camp. The focus questions sought to find out from the members the efficacy level of therapeutic counselling in dealing with anxiety disorder. The researcher probed the members to determine how therapeutic counselling had helped them

deal with nervousness and anxiety, control worrying, relaxing easily, feelings of restlessness, irritability and fear that something bad might happen.

The FGD members were in agreement that therapeutic counselling had not been satisfactory in dealing with anxiety disorder. Members said that all adult refugees could not stop worrying or being anxious because the conditions in the camp were getting more difficult every day. For instance, it was noted that the amount of food and water rations had been reduced. The water some adult refugees were using to irrigate crops was not there anymore. Members said they were worried that any further reduction may leave their families starving since they do not have any source of income. More anxiety was precipitated by the Kenyan Government threat to close Dadaab refugee camp. To them, Somali where majority came from is not a place to take their families because it is not safe. Some said the idea of going back to Somali was giving adult refugees sleepless nights and making them restless, yet therapeutic counselling has not helped them deal with the issue.

Further, the FGD members felt that the Kenyan Government was being unfair to the adult refugees. Members noted that the mention of going to Somalia is re-traumatizing them. According to the group, the deaths and destruction witnessed especially in Somalia before escaping to Kenya would be too much to bear for a second time. To them, therapeutic counselling was not satisfactory. A solution to the problem of repatriation was key for them since some of those who had voluntarily returned to Somalia had already come back to Kenya.

The researcher sought more information on the efficacy level of therapeutic counselling in dealing with anxiety disorder through in-depth interviews with counsellors in charge counselling units in various agencies. The responses of the counsellors are presented in Excerpt 3. The names of the counsellors have been withheld to conceal their identity.

Excerpt 3

Researcher: Has therapeutic counselling helped adult refugees to satisfactorily deal with anxiety disorder and especially nervousness and anxiety, control worrying, relaxing easily, feelings of restlessness, less easily annoyed and fear that something bad might happen.

Respondent 1: Therapeutic counselling has been fairly helpful to the adult refugees. After arriving in Dadaab many adult refugees lived in constant fear and worry that the traumatic events that happened in their country of origin would happen to them again. Immediately after arrival the adult refugees were taken through counselling and their issues of fear and worry were satisfactorily addressed. However, other challenges in the camp such as reduction of food and water rations continue to cause worry among the adult refugees.

Respondent 2: In addition to stigma, adult refugees living with HIV/AIDS experience a lot of anxiety and keep wondering; “what if people know I am living with HIV /AIDS and I am taking drugs”. Therapeutic counselling has not satisfactorily helped those living with HIV/AIDS to accept their status and live positively because of the stigma that they face from the Dadaab refugee community.

Respondent 3: Despite the fact that therapeutic counselling is efficacious in dealing with anxiety disorder, recurrence is possible even after a successful short- term therapy. For instance some adult refugees have unsettled political issues back in their countries. Thus they are always fearful that their governments will catch up with them and this gives them continuous anxiety. Such refugees are always looking for hideouts within the camps and therefore do not settle in one place. They are taken through a satisfactory therapeutic counselling process, but any slight indication that the government is looking for them makes them relapse.

Respondent 4: A high percentage of adult refugees have expressed concern over anxiety and worry caused by the threat by the Kenyan Government to close Dadaab refugee camp. During the group counselling sessions, counsellors have satisfactorily re-assured adult refugees that closure is a long term goal and should this happen, UNHCR will always have an alternative settlement for them. But it is true that this issue is causing a lot of anxiety and worry among the adult refugees. Therapeutic counselling offered has not satisfactorily addressed anxiety disorder among the adult refugees.

Respondent 5: The adult refugees in Dadaab refugee camp have gone through a lot of uncertainties and this causes anxiety. However therapeutic counselling has not helped adult refugees to satisfactorily deal with anxiety.

Researcher: Do counsellors do individual follow-up of adult refugee clients to check any possibilities of recurrence?

Respondents: All the counsellors noted that follow-up of individual clients is rarely done. This is because the number of adult refugees handled by the counsellors is over-whelming and the geographical areas covered are vast.

The information gathered from the questionnaires, FGD and in-depth interviews demonstrate that therapeutic counselling was not efficacious in dealing with anxiety disorder. The responses indicated that therapeutic counselling was unsatisfactory to the adult refugees. However the counsellors expressed possibility of recurrence of anxiety disorder even after a successful therapy. This is supported by Hofmann, Stefan and Smits (2008) who observes that anxiety disorders are chronic and recurrence is common even after a successful

short-term therapy. This probably explains why adult refugees were unsatisfied after undergoing therapeutic counselling. The treatment protocols for PTSD typically require the establishment of a safe and reassuring environment, conditions that are difficult to achieve within the context of Dadaab refugee camp. Hofmann, Stefan and Smits (2008) further notes that some clients with anxiety disorders may require long-term or intensive therapy of at least a year or 50 sessions. However, long-term or intensive therapy is not practical in Dadaab refugee camp due to the problem of availability of counsellors. Availability of counsellors was recorded as a key factor hindering satisfactory therapeutic counselling in Dadaab refugee camp, by the adult refugees.

The findings of the study contradict with research results of Gibbard and Hanley (2008) who did a five year evaluation of the effectiveness of person-centred counselling in dealing with anxiety disorder in routine clinical practice in primary care in Britain. The results of the study indicated that person-centred counselling is efficacious for clients with depression and anxiety disorder. Gibbard and Hanley (2008) further established that person-centred counselling is not limited to people with mild to moderate symptoms of recent onset, but also effective with people with moderate to severe mental health problems of longer duration. However, the evaluation study was not carried out with refugees in a camp set up and this probably explains the difference in results.

According to Davidson *et al.* (2008), the experience of Past trauma is only one of the many issues facing the refugees. Trauma is frequently not a past phenomenon, but can be ongoing, with family and friends often remaining in refugee camps or combat zones. For instance in Dadaab refugee camp, refugees continue to experience new traumas that may arise from rape, domestic violence, and death of loved ones resulting from insecurity within the camps and this may cause a recurrence of the mental disorders. Therefore, paying attention to other challenges in the camp that may cause re-traumatization would help the adult refugees benefit more from therapeutic counselling. Papadopoulos (2007) suggests that therapeutic counselling interventions should rely less on medical models of psychological distress that unduly emphasize stress related trauma but more on psychosocial models that promote positive personal change.

IV. CONCLUSION AND RECOMMENDATION

Based on the findings of the study, the researcher established that the efficacy level of therapeutic counseling in dealing with anxiety disorder was unsatisfactory. This was an indication that therapeutic counseling was not efficacious in dealing with anxiety disorder among adult refugees at Dadaab refugee camp. The counsellors attributed this to the recurrence nature of anxiety disorder even after a successful short-term therapy.

Based on these findings, the researcher made the following recommendations:

- i) The counseling agencies should consider adding the number of trained counsellors to enable offer long-term or intensive therapy of at least a year or 50 sessions which is recommended for those suffering from anxiety disorder.
- ii) The United Nations High Commission for Refugees should ensure that the requirements of 1951 convention and other legislations relating to the status of refugees are observed before repatriation of refugees from Dadaab refugee camp. This is because the findings of the study indicated that the issue of repatriation was causing a lot of anxiety among adult refugees.

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