Some aspects in the treatment of asylum seekers: Broken Families, Torture and Elderly

Mental Health Care for Asylum Seekers in the EU.

Presentation Workshop 1: treatment
Vienna, June 30 – July 2, 2009
Ruud Jongedijk
Centrum ‘45


Mission:

Centre '45 is the Dutch national institute
• for Diagnostics and Treatment of psychotrauma complaints following persecution, war and/or violence,
• and for Research and Education.
Treatment of complex traumatized people:

✓ Victims of World War II, including victims of the former Dutch East Indies (now: Indonesia)

✓ The “2nd generation”

✓ Dutch war veterans

✓ Refugees and asylum seekers (including children, adolescents, families)

✓ Profession based trauma victims
Centrum ’45

• Out Patients Clinic
• Day Clinic  
  (35 “one day” groups)
• In Patient Clinic  
  (42 patients)
Refugees, their career and the consequences.
CAREER ???
The “phases of refugees”

- **Phase 1**: (traumatic) events in country of origin
- **Phase 2**: (traumatic) flight and migration
- **Phase 3**: arrival in host country: reception en asylum procedure; ”waiting”
- **Phase 4**: staying in host country / return
# The “Phases” of the refugee: a Model

<table>
<thead>
<tr>
<th>Phases</th>
<th>Experiences</th>
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</tr>
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<tbody>
<tr>
<td>1 (Traumatic) events in country of origin</td>
<td></td>
<td></td>
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<td>3 Arrival in host country, reception and waiting</td>
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</tr>
<tr>
<td>4 Staying in host country / return</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Phase 1: country of origin
Phase 1: experiences in country of origin

- War, persecution, organised violence
- Physical violence; sexual violence
- Torture
- Imprisonment; hostage
- Experiences of loss, being displaced etc
### Reported traumatic experiences

<table>
<thead>
<tr>
<th>Iraqi Asylum Seekers</th>
<th>N = 294</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combat experiences</td>
<td>41.8 %</td>
</tr>
<tr>
<td>Witness death family/ friend</td>
<td>37.8 %</td>
</tr>
<tr>
<td>Imprisonment</td>
<td>32.3 %</td>
</tr>
<tr>
<td>Torture (self)</td>
<td>30.6 %</td>
</tr>
<tr>
<td>Torture (witness)</td>
<td>30.2 %</td>
</tr>
<tr>
<td>Fear of fait beloved ones</td>
<td>25.9 %</td>
</tr>
<tr>
<td>Almost death experiences</td>
<td>23.1 %</td>
</tr>
<tr>
<td>Lack of water / food</td>
<td>21.4 %</td>
</tr>
</tbody>
</table>
Some consequences of trauma:

- Posttraumatic Stress Disorder PTSD
- Mood Disorders
- Addictions
- Problems in relationships:
  - anger, hostility
  - distrust, insecurity
  - feelings of shame and/or guilt
More consequences of trauma:

- **Somatic problems:**
  - Real somatic complaints: wounding by torture, war and/or other violence
  - Unexplained somatic complaints
- **Psychosocial problems**
- **Family / relationship problems**
### Psychological problems of asylum seekers in NL:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Laban(^1) (N = 294)</th>
<th>Gerritsen(^2) (N = 232)</th>
<th>General (^1) (N = 7076)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTSD</td>
<td>20.5 %</td>
<td>41.2 %</td>
<td>7.8 % (US)</td>
</tr>
<tr>
<td>Depression</td>
<td>39.1 %</td>
<td>61.5 %</td>
<td>7.6 % (NL)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>20.5 %</td>
<td>41.2 %</td>
<td>12.4 % (NL)</td>
</tr>
<tr>
<td>Chronic Physical</td>
<td>52.6 %</td>
<td></td>
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\(^1\): CIDI-WHO  
\(^2\): HSCL / HTQ
## The “Phases” of the refugee

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<tr>
<td>1: (Traumatic) events in country of origin</td>
<td>War, violence, torture, hostage, imprisonment, loss</td>
<td>PTSD, depression addiction etc</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Physical</td>
</tr>
<tr>
<td>2: Flight / Migration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3: Arrival in host country, reception and waiting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4: Staying in host country / return</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Phase 2: flight
Phase 2: experiences (flight / migration)

- Often forced
- Without preparation: sudden, leaving everything behind
- **Loss** of family, friends, security, faith, social status
- Travel circumstances: trauma’s, circumstances, death, loss, violence
### The “Phases” of the refugee

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<td>Flight (sudden), “travelling-traumas”, loss, violence</td>
<td>PTSD, PT-grief, depression Physical</td>
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<td>3 Arrival in host country, reception and waiting</td>
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</table>
Phase 3: reception and waiting
Loss of control:

- Unfamiliar surrounding / culture
- Dependent of public authorities and persons
- Position on the edge, stigmatization
- Material problems (money, living)
- No useful occupation / education
- No future perspective, fear of rejection
Phase 3: experiences (reception and waiting)

Cultural isolation:
- Unknown surroundings / culture
- Way of living: housing, eating, social context
- Family problems:
  - man / woman role differences
  - upbringing of children
Consequences phase 3: Psychological problems two groups:

<table>
<thead>
<tr>
<th>Self-report symptoms</th>
<th>Refugees (n = 178)</th>
<th>Asylum seekers (n = 232)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTSD</td>
<td>10,6%</td>
<td>28,1%</td>
</tr>
<tr>
<td>Depression</td>
<td>29,3%</td>
<td>61,5%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>27,7%</td>
<td>41,2%</td>
</tr>
<tr>
<td>Somatisation</td>
<td>41,4%</td>
<td>52,3%</td>
</tr>
</tbody>
</table>
Consequences phase 3: Psychological problems two groups:

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Group 1 (&lt; 6 Months)</th>
<th>Group 2 (&gt; 2 Years)</th>
<th>Reference group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety disorders</td>
<td>14 %</td>
<td>30,5 %*</td>
<td>12,4 %</td>
</tr>
<tr>
<td>Depressive disorders</td>
<td>25,2 %</td>
<td>43,7 %*</td>
<td>8 %</td>
</tr>
<tr>
<td>Somatization disorders</td>
<td>4,9 %</td>
<td>13,2 %*</td>
<td>----</td>
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<tr>
<td>PTSD</td>
<td>31,5 %</td>
<td>41,7 %</td>
<td>7,8 %</td>
</tr>
<tr>
<td>1 or more Psy Disorder</td>
<td>42 %</td>
<td>66,2 %*</td>
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<td><strong>2</strong> Flight / Migration</td>
<td>Flight (acute), “travelling-traumas”, <em>loss</em>, violence</td>
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<td><strong>3</strong> Arrival in host country, reception and waiting</td>
<td>Being dependent / loss of control Cultural ‘shock’ Stigmatisation Marginalisation</td>
<td>Worsening / new complaints Social and family problems ‘Reception stress’</td>
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<td><strong>4</strong> Staying in host country / return</td>
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Phase 4: Staying in host country

- More room for the past: processing the past
  - Less problems or Delayed Posttraumatic Stress Disorder

- Grief of all things lost (family, friends, status)
  - (Complicated) Posttraumatic Grief; Depression; PTSD

- Loss of identity:
  - “who am I”, “where do I belong”
  - “past / now” en “there /here”

- Insecurity and fear; Adaptation and Acculturation stress

- Relational / marital problems

- Ageing: specific problems
The “Phases” of the refugee

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<tr>
<td>4 Staying in host country / return</td>
<td>Integration: culture, customs, language, work, housing Acculturation Ageing</td>
<td>Less or delayed PT-complaints Grief Identity problems Problems elderly</td>
</tr>
</tbody>
</table>
Ambiguous Loss and Missing family members

Ambiguous Loss:

• Loss of a family member with
• Not knowing whether or not a loved one is living or dead
• Lack of clear understanding
Ambiguous Loss and Missing family members

Physical absence and Psychological Presence

- Still stays very much part of the psychological family
- Continuously in family members thoughts
- Often preoccupation with thinking of the absent member
Ambiguous Loss and Missing family members

Problems rising from this:

Process of grieving cannot begin because the facts are not clear

• No rituals like funeral and condolences
• No cultural or religious meaning / support
• No social support
Ambiguous Loss and Missing family members

Problems rising from this:

Staying within the same roles (as if the member is still there)
Role confusion: parents attitude to other children
Guilt feelings
Feeling powerless and insecure; immobility
Withdrawal or support seeking
Afraid to talk about what happened
ABC-X Model of Family Crisis

- A - stressor event
  
  *interacting with*

- B - family’s ability to cope with a crisis
  
  *interacting with*

- C - family’s appraisal of the stressor event
  
  *produces*

- X - the crisis
ABC-X Model of Family Crisis: use in treatment

• **A - stressor event:** *who is lost; meaning of the loss; changes in roles / relationships / responsibilities*

• **B - family’s ability to cope:** *do they have healthy coping? Are there social resources?*

• **C - family’s appraisal of the event:** *beliefs about the event, about mourning, about help seeking etc*

• **X - the crisis:** *the way families deal with the event*
The treatment of loss (ABC-X Model):

General principles:
• Spiritual Values and Social Support
• Community Resources
• Family Resources

Therapeutic approaches:
• Narrative Therapy: story telling; mapping the problems; exploring and giving meaning; assessing resources and perceptions.
Treating Torture victims

Many Treatment Centers all over the world

What are the treatment options?

- What is practice?
- What is the evidence based theory?
- What are the differences in practice and theory?
Characteristics Torture Victims

Almost always:

Complex trauma

leading to

Complex posttraumatic reactions
Complex trauma

• Repetitive / cumulative
• An enduring period
• Specific relationship
• Specific contexts
Consequences of complex torture trauma

- All kind of Axis-I disorders
- Feelings of insecurity, distrust
- Regulation disorders of affects and impulses
- Shame, guilt
- Interpersonal problems
- Attachment problems
## Physical Complaints of Torture Victims:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleeping Problems</td>
<td>90%</td>
</tr>
<tr>
<td>Headache</td>
<td>86%</td>
</tr>
<tr>
<td>Back Pain</td>
<td>81%</td>
</tr>
<tr>
<td>Muscle Pains</td>
<td>74%</td>
</tr>
<tr>
<td>Feelings of Weakness</td>
<td>69%</td>
</tr>
<tr>
<td>Stiff Joints</td>
<td>67%</td>
</tr>
<tr>
<td>Short Breath Complaints</td>
<td>64%</td>
</tr>
</tbody>
</table>
Treatment Issues Torture Victims

Practices in most of the Torture Centers:

• Psychosocial Counseling
  or
• Psychotherapy / Psychiatric Treatment
  or
• Physical Treatment
  or
• Advocacy
Treatment of complex PTSD caused by torture:

Trauma reprocessing?

Or ? And ?

Stabilization?
Treatment of complex PTSD:

Three phases (Herman):

• Stabilization
• Trauma reprocessing
• Integration
Phase one: stabilization

- Working alliance, support
- Safety
- Control and stabilization of affects en impulses
- Increasing coping
- Self-care
Phase one: stabilization

Questions:

• Always ? When?
• How long ?
• Trauma focused treatment = stabilization ?
Phase two and three:

Phase 2:
• Trauma reprocessing

Phase 3:
• Development of self and others; relationships, daily living, future perspective
Phase 2: Evidence based treatment of PTSD

Evidence based:

• Cognitive Behavioral Therapy (CBT)
• EMDR
• Narrative Exposure Therapy (NET)
• Pharmacotherapy (?)
## Treatment of Refugees: 11 Cohort Studies 1996 - 2006

<table>
<thead>
<tr>
<th>Author</th>
<th>Country</th>
<th>N</th>
<th>Contr</th>
<th>Intervention</th>
<th>Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boehlein 2004</td>
<td>Cambodia</td>
<td>23</td>
<td>-</td>
<td>Group therapy, medication</td>
<td>y</td>
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<tr>
<td>Carlsson 2005</td>
<td>Iraq e.a.</td>
<td>55</td>
<td>-</td>
<td>Multidisciplinair</td>
<td>no</td>
</tr>
<tr>
<td>Drozdek 1997</td>
<td>Bosnia-Herzegovina</td>
<td>40</td>
<td>-</td>
<td>Group therapy</td>
<td>y</td>
</tr>
<tr>
<td>Ehntholt 2005</td>
<td>Kosovo e.o. (children)</td>
<td>15</td>
<td>11</td>
<td>CBT</td>
<td>y</td>
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<tr>
<td>Hinton 2004</td>
<td>Vietnam</td>
<td>6</td>
<td>6</td>
<td>CBT</td>
<td>y</td>
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<tr>
<td>Hinton 2005</td>
<td>Cambodia</td>
<td>20</td>
<td>20</td>
<td>CBT</td>
<td>y</td>
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<tr>
<td>Neuner 2004</td>
<td>Sudan</td>
<td>17</td>
<td>14+12</td>
<td>NET</td>
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<tr>
<td>Oras 2003</td>
<td>Diverse (children)</td>
<td>13</td>
<td>-</td>
<td>EMDR, psychodynamic</td>
<td>y</td>
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<td>Otto 2003</td>
<td>Cambodia</td>
<td>5</td>
<td>5</td>
<td>Group-CBT en sertraline</td>
<td>y</td>
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<tr>
<td>Paunovic 2000</td>
<td>Not mentioned</td>
<td>10</td>
<td>10</td>
<td>CBT</td>
<td>y</td>
</tr>
<tr>
<td>Weine 1998</td>
<td>Bosnië-Herzegovina</td>
<td>20</td>
<td>-</td>
<td>Witness therapy</td>
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Phase one and three treatment-issues

- Supportive therapy, individual
- Art therapy, physical therapy etc
- Mental health promotion / education
- Supportive group treatment: sharing / recognition / creating trust
- Therapy for other specific psychological problems (co morbidity), like depression, addiction, personality problems
Integrated Treatment of Torture Victims: the ideal option?

- Evidence based PTSD Treatment
- Psychological Treatment of associated problems / disorders
- Advocacy and Testifying
- Physical Treatment in cooperation with General Hospitals
Refugees: Elderly
Issues to consider

- Health situation:
  - Mental: Delayed PTSD; depression
  - Physical: disabilities; memory deficits
- Low income
- Social isolation
  - Language / culture
  - Low income
  - Small social network
Refugees: Elderly
Issues to consider

• Generation gap elderly- children
  ➢ Culture, language, values
  ➢ Level of integration

• The dilemma of return

• Life time phase: looking back on their life (and trauma history)
Elderly: Consequences for Treatment

- Strong linkage between physical, psychological en social problems: good communication in *network* of care
- Group treatment helps to share
- Practical:
  - Access to care: home visits
  - Content of care: daily living activities, household
  - Support for family members and for formal and informal care givers
Some aspects in the treatment of asylum seekers: Broken Families, Torture and Elderly

Thank you for your attention