

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

Stichting **Centrum '45**

Behandeling van en onderzoek naar
de gevolgen van georganiseerd geweld



Centrum '45

Founded in 1973.

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.**



Centrum '45 main focus:

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



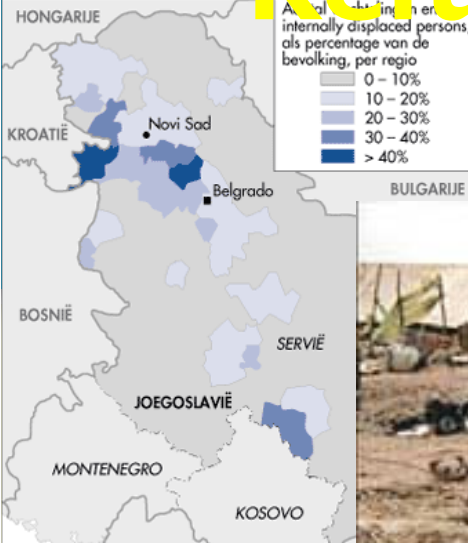
Centrum '45

- **Out Patients Clinic**
- **Day Clinic**
(35 “one day” groups)
- **In Patient Clinic**
(42 patients)



Refugees, their career and the consequences

Vluchtelingen in Joegoslavië



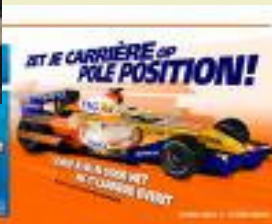
Vluchtelingenkampen in Zuidwest-Azië



Vluchtelingen in West-Afrika



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

	Phases	Experiences	Consequences
1	(Traumatic) events in country of origin		
2	Flight / Migration		
3	Arrival in host country, reception and waiting		
4	Staying in host country / return		



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

Iraqi Asylum Seekers	N = 294
Combat experiences	41.8 %
Witness death family/ friend	37.8 %
Imprisonment	32.3 %
Torture (self)	30.6 %
Torture (witness)	30.2 %
Fear of fait beloved ones	25.9 %
Almost death experiences	23.1 %
Lack of water / food	21.4 %



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:

	Laban¹ (N = 294)	Gerritsen² (N = 232)	General ¹ (N = 7076)
PTSD	20.5 %	41.2 %	7.8 % (US)
Depression	39.1 %	61.5 %	7.6 % (NL)
Anxiety	20.5 %	41.2 %	12.4 % (NL)
Chronic Physical	52.6 %		
	<i>1: CIDI-WHO</i>	<i>2: HSCL /HTQ</i>	<i>1: CIDI-WHO</i>

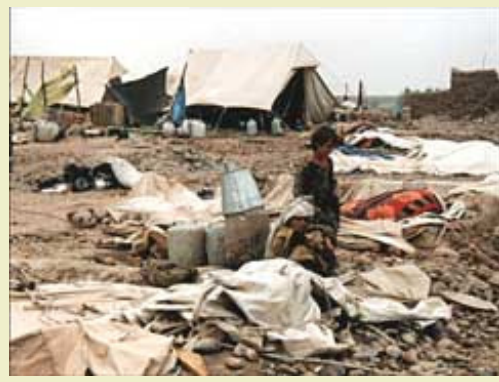


The "Phases" of the refugee

	Phases	Experiences	Consequences
1	(Traumatic) events in country of origin	War, violence, torture , hostage, imprisonment, loss	PTSD, depression addiction etc Physical
2	Flight / Migration		
3	Arrival in host country, reception and waiting		
4	Staying in host country / return		



Phase 2: flight



Vluchtelingen



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

	Phases	Experiences	Consequences
1	(Traumatic) events in country of origin	War, violence, torture , hostage, imprisonment, loss	PTSD, depression etc Physical
2	Flight / Migration	Flight (sudden), “travelling-traumas”, loss, violence	PTSD, PT-grief, depression Physical
3	Arrival in host country, reception and waiting		
4	Staying in host country / return		



Phase 3: reception and waiting



Phase 3: experiences (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)

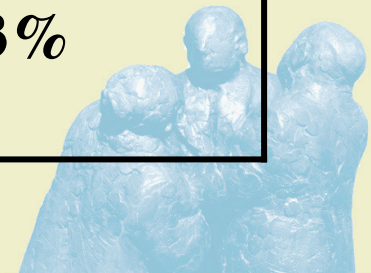
Cultural isolation:

- **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:

Self-report symptoms	Refugees (n = 178)	Asylum seekers (n = 232)
PTSD	10,6%	28,1%
Depression	29,3%	61,5%
Anxiety	27,7%	41,2%
Somatisation	41,4%	52,3%



Consequences phase 3: Psychological problems two groups:

Diagnosis	Group 1 (< 6 Months)	Group 2 (> 2 Years)	Reference group
Anxiety disorders	14 %	30,5 %*	12,4 %
Depressive disorders	25,2 %	43,7 %*	8 %
Somatization disorders	4,9 %	13,2 %*	----
PTSD	31,5 %	41,7 %	7,8 %
1 or more Psy Disorder	42 %	66,2 %*	----



The “Phases” of the refugee

	Phases	Experiences	Consequences
1	Traumatic events in country of origin	War, violence, torture , hostage, imprisonment, loss	PTSD, depression etc Physical
2	Flight / Migration	Flight (acute), “travelling-traumas”, loss , violence	PTSD, PT-grief , depression Physical
3	Arrival in host country, reception and waiting	Being dependent / loss of control Cultural ‘shock’ Stigmatisation Marginalisation	Worsening / new complaints Social and family problems ‘Reception stress’
4	Staying in host country / return		

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**



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3	Arrival in host country, reception and waiting	Being dependent / loss of control Cultural ‘shock’ Stigmatisation Marginalisation	Worsening / new complaints Social and family problems “Reception stress”
4	Staying in host country / return	Integration: culture, customs, language, work, housing Acculturation Ageing	Less or delayed PT-complaints Grief Identity problems Problems elderly



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**
- **Attachement problems**



Physical Complaints of Torture Victims:

Torture victims Centre '45	N = 122
Headache	86 %
Back Pain	81 %
Muscle Pains	74 %
Feelings of Weakness	69 %
Stiff Joints	67 %
Short Breath Complaints	64 %
Sleeping Problems	90 %



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

Author	Country	N	Contr	Intervention	Effect	
					Post	FU
Boehlein 2004	Cambodia	23	-	Grouptherapy, medication	y	-
Carlsson 2005	Iraq e.a.	55	-	Multidisciplinair	no	-
Drozdek 1997	Bosnia-Herzegovina	40	-	Grouptherapy	y	no
Ehnholt 2005	Kosovo e.o. (children)	15	11	CBT	y	no
Hinton 2004	Vietnam	6	6	CBT	y	y
Hinton 2005	Cambodia	20	20	CBT	y	y
Neuner 2004	Sudan	17	14+12	NET	y	y
Oras 2003	Diverse (children)	13	-	EMDR, psychodynamic	y	-
Otto 2003	Cambodia	5	5	Group-CBT en sertraline	y	-
Paunovic 2000	Not mentioned	10	10	CBT	y	y
Weine 1998	Bosnië-Herzegovina	20	-	Witness therapy	y	y



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:**
 - **Acces tot 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**

