Centre for Transcultural Psychiatry

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Austrian Red Cross 30 June – 2 July 2009
Mental Health Care for Asylum Seekers in the European Union – addressing the needs of specifically vulnerable groups
TREATMENT IS POSSIBLE

A RESILIENCE ORIENTED EMPOWERMENT MODEL
contents

• BACKGROUND INFORMATION OF “de EVENAAR”
section, target group characteristics, tasks, mission

• RESILIENCE
history, definitions, fields of research, and working model of “de Evenaar”

• CONDITIONS

• RESOURCES OF RESILIENCE

• EVERYDAY PRACTICE
• Angola
• Guinee
• Sudan
• Afghanistan
• Iran
• Irak
• Syria
• Armenia
• Sri Lanka
• Azerbaijan
• Uzbekistan
• Russia
• Turkey
• Slovakia
• Georgia
• Former Yugoslavia
• Siërra Leone
• Burundi
• Somalia
• Bangladesh
De Evenaar 1
Target Group

• asylum seekers and refugees with a foreign background and
• migrants
• Adults and their families

in whom psychiatric problems are interrelated with trauma and/or cultural themes
De Evenaar 3
Target Group Characteristics

• Different expressions of illnesses
• Explanatory models (Kleinman …)
• More members in one family are affected
• Not confessed with the Dutch health care system
• Social psychiatrie
• Language problems
• Intense relation between socio-economic position and health issues
• Background of loss and trauma
De Evenaar

Main Tasks

- Psychiatric assessment
- Treatment
- Consultation and teaching
- Prevention and scientific research
De Evenaar

Mission

• Treatment is possible / why should it not be
• Availability of various treatment programs (multidisciplinary)
• Symptom reduction is trauma treatment
• System (family) is very important for a positive outcome
• Contextual approach
THE EXPERTS TEAM

- PSYCHIATRISTS (2)
- GENERAL PRACTIONER
- CULTURAL ANTHROPOLOGIST
- FAMILY THERAPIST
- PSYCHOLOGIST
- PSYCHIATRICALLY NURSE
- PSYCHOMOTORE THERAPIE
- FYSIOTHERAPIST
- DRAMATHERAPIST
- OCCUPATIONAL THERAPIST
- DUCHT LESSON TEACHER
DE EVENAAR

TWO DAY DAYTREATMENT
(GROUP PARTICIPATION)

ORIENTATION GROUP
MAN AND FEMALE, ABOUT TWO MONTHS
LEARNING TO COPE WITH THE (ENVIRONMENT OF) THERAPY
GETTING KNOWN THE FAMILY OR SIGNIFICANT OTHERS OF THE
PATIENTS ENVIRONMENT
FURTHER DIAGNOSIS
MAKING A TREATMENT PLAN

TREATMENT GROUP
MAN OR WOMAN GROUP, ABOUT ONE YEAR

ONE DAY GROUP
MAN AND WOMAN ONCE A WEEK

FOLLOW UP CARE
ONCE A MONTH ONE DAY

OUTPATIENT TREATMENT
(INDIVIDUAL THERAPY)

A VERBAL AND/OR MEDICAL THERAPY
ADD WITH THERAPIES OUT OF THE DAYTREATMENT LIKE:
MEDICAL TREATMENT, FAMILY (and or couple) THERAPY,
CULTURAL INTERVIEW, PSYCHOMOTOR THERAPY,
OCCUPATIONAL THERAPY,
PHYSICAL EXCERCISE,
EDUCATIONAL THERAPY
(ANXIETY STRATEGIES, SLEEP HYGIENE TIPS,
DUTCH LANGUAGE, KNOWLEDGE ABOUT ILLNESS AND THERAPIES, ETC)
COOPERATION WITH

• SOCIAL WORK
• GENERAL PRACTITIONERS
• HOSPITALS
• CHILDWELFARE
• FORENSIC PSYCHIATRY
• EDUCATION SUPPLIES
• MEDICAL SERVICES ASYLUMSEEKERS
• HOME CARE
HISTORY OF RESILIENCE IN THE PERSPECTIVE OF CARE (GIVING)

Twins and adoption research had shown that parenting and other environmental influences can moderate the development of inherited tendencies in children, efforts to assist parents and other caregivers to sensitively read a child’s behavioral tendencies and to create a supportive context for the child are worthwhile (Ge et al 1996, Pike et al 1996)

Studies of orphanage-reared children (Benoit et al 1996), and studies on early privation in children growing up in institutions tells us a lot about the severe developmental consequences of institutional care that affords neither stimulation nor consequent relationships with care givers which often confronts children with other physical adversities, including malnutrition, exposure to pathogens, and untreated chronic illness. It also reveals the remarkable recovery that characterizes many children exposed to these environments once they are adopted into loving homes, as well as the long term impairments that continue to plague some of them many years after their life circumstances have improved Rutter 1981; Rutter and the English and Romanian Adoptees (ERA) study team 1998)


Neurobiological studies of depression and resilience (Steven M Southwick et al, 2005)
RESILIENCE  
Definitions

- The ability to withstand and rebound from disruptive life challenges (Walsh 2003)
- “…viewed as innate, as in the character armor of the vulnerable child …” (a.o. Anthony & Cohler 1987; Walsh 1996)
- … “viewed in terms of an interplay of multiple risk and protective processes over time, involving individual, family and larger sociocultural influences (Garmezy 1991; Rutter 1987)
Resilience Fields of Research

Research focus variates from individual to community/environment

• Individual: - neurobiological
  - psychosociological
  - sociological
• Environmental: fostering healing and post-traumatic growth
• Society: work/school, neighbourhood
RESILIENCE
de Jonghe et al 1997 THEORETIC MODEL

HEREDITARY

PHYSICAL

ENVIRONMENT

DEVELOPMENT

PERSONALITY

SOCIAL ENVIRONMENT

PHYSIOPATHOGENESIS

SYMPTOMATOLOGY

COURSE

INFLUENCED BY TREATMENT

NATURAL
RESILIENCE
FROM THEORETIC MODEL TO WORKING MODEL

STRESS

SUPPORT

STRENGTH

VULNERABILITY

SITUATIONAL FACTORS

PATHOLOGY

PROTECTIVE FACTORS (HEALTH)

INDIVIDUAL FACTORS (CONTEXT DEPENDENT/PSYCHOLOGICAL)

From: Steun, Stress, Kracht en Kwetsbaarheid in de psychiatrie
Edited by: F.de Jonghe, J.Dekker, C.Goris
Van Gorcum 1997
WORKING MODEL

Stress  Support

Strength  Vulnerability

Health  Disability  Well-being
WHY RESILIENCE WORKS

- “There is potential for developing resilience across the life course” (Werner, 1993; Werner & Smit, 1992)
- “Therapy can help to recover from losses, locate resources and support, and master ongoing challenges” (Michael Rutter, 1991)
- “It involves the potential for personal and relational transformation and growth that can be forged out of adversity” (Boss, 2001)
WHY RESILIENCE WORKS

- Recovering and rehabilitate - addressing resilience-
- Three interrelated levels:
  - patiënt/cliënt (intrapsychological)
  - family and friends (interpersonal)
  - society as a whole
WHY THE MODEL WORKS

- “this model maps the world” (religion, marriage, family, work, other community resources, etc.)
- this model teaches patients to see the world as a resource of support
- this model helps to determine future goals and/or targets (planful competence, Clausen, 1991)
Stress

- Loss of family
- Loss of culture
- Loss of ……
- Trauma
- Marginalisation
- Legal procedures (C.J. Laban 2005)
Social Support

- Emotional support
- Practical support
- Learn how to ask for support
- Education and information
MANUAL 3
Strength

• Self-confidence
• Hope for the future
• Personality
• Coping with complaints
• Coping with life issues
• Existential meaning
• Religion
Vulnerability

- Genetic vulnerability
- Traumatic childhood
- Chronic complaints/health
- Feelings of guilt and/or shame
Strength
Vulnerability
Stress
Support
Health
Disability
Well-being
Strength
Vulnerability
Resources of resilience
(esteem support)

• Social systems (family, peer group, school, community resources) can be seen as nested contexts for nurturing and reinforcing resilience

• Crucial influence of significant relationships with kin, intimate partners and mentors who support their efforts, believe in their potential and encourage them to make the most of their lives
Conditions for working with the resilience model (esteem support)

Time and attention to patient and his/her system and potential support factors

“to need, to know and to understand” and “the need to feel known and understood”
Conditions for working with the resilience model (context aimed)

“… the most profound worth that needs to be met for a human in order to be, is not his physical intactness, but the feeling to belong to a group and, in within that group, to be accepted and be appreciated…”

“…de diepste waarde waaraan moet worden voldaan wil een mens bestaan is niet zijn lichamelijke intactheid maar het gevoel bij een groep te behoren en daarbinnen geaccepteerd en gewaardeerd te zijn…”
PRACTICAL IMPLICATIONS in working with the resilience model
- bad dreams
- sleepless nights
- body pain, neck pain
- loneliness + anger
- much thinking
- left alone by parents (feeling)
even though I know it is not like that

Power/Strength

God gives
Life is by God
If Am I so special that I still live? (question to self)
still in the miracle of God!

I do not deserve to go to these things:
taking the miracle.
Stress

- Kracht nodig af voelt zich mind begrepen in deze periode
- Eenzaam
- Aggressief (80% = probleem)
- Kinderen en gezin
- Gelast door familie en gezond

Familie
- Relatie probleem door huiselijk geweld, blijvende verslechtering.

Strengths:
- Agreedy
- Inzetbaar in situaties
- dew onderhoud betrekken besluitvorming
- Gezond

Vulnerabilities:
- 2004, houd
- Werkgever
- Wijzige diagnoses
- Budget geen
Kernkwaliteitstest

- Kracht
  - welke werk hij in het leven om goed (waarde en norm)
  - zorg/bescherming vol kinderen
  - behoud van geloof in cultuur/religie
  - kinderen wilde betrokken in familie/cultuur
  - begrijpt met eigen cultuur, eigen vriendschap (NL)
  - eigen wil
  - studie; niet vrien, in termijn van
  - onderligt huis, zelfelijk wilde benigne?
  - dwingt te onderhandelen met ouders
  - begrenzing; het eigen probleem kan en mag niet in de ring hangen?
  - zelfwil, benigne?

- Vulkaal stress
  - kinderen zijn te weinig huis
  - breken met bevraag zoem
  - is er sprake van groene-schrijnig (??)
  - kinderen geen huis uit
  - kinderen "verwesteren"
  - knap
  - stres met alle ouders
  - weet hoe er naar vragen
  - blijft lang door

Allergie

- allergische reactie
- reacie < oorspr. pijn
- overbezogenheid v.d. ouders
- tussen zijn o. ouders (gelke)
- problemen v. ouders
- onderven ken niet met zichzelf k
- te weinig met de kinderen
- niet kunnen/willen voldoen aan de
  - wens v.d. ouders
  - tussen van de ouders

Vulnerability

Uildzing

- stem
- social support

- blijft lang door
Zorgen hebben voor elkaar
- niet alles is zwart/optimisme
- zorgen dat dingen gebeuren
- proef over alles
- zorgen voor wat er log in myself
- goede ouder zijn, normaal doen
- nodig maai-oefen (catastrophe)
- de wil/bereidheid om er over te praten (probleemoplossing)

Allergie (te weinig v.1 goede)
- bang voor (somatische) symptomen en luizen
- verkeerd
- sexualiteit/inlimit

Vulnerability

Strength

Stress

Uitdaging

Mama

Vader

Klaartje

Nel

11

10

Anton

Andy
Social Support

Stress

- family
- friends
- work
- school
- money
- health
- environment

Vulnerability

- genetic
- environmental
- socio-economic
- cultural
- psychological

Stressors

- financial stress
- family stress
- work stress
- educational stress
- health stress
- environmental stress

Stress Management

- relaxation techniques
- exercise
- diet
- social support
- stress counseling

Coping Strategies

- problem-solving
- emotional expression
- avoidance
- reappraisal

Health

- physical health
- mental health
- social health

Well-being

- happiness
- satisfaction
- fulfillment
1983 - Sudan (S/ib) Yahd & Muslim
1986 - 1st remove no remembrance reason religion parents Togo, woman they stay with was not good.
1996 - Somebody [unnamed] patient reason money, alcoholism, violence. Others around were a schoolteacher
1998 - Shame (Aged 13y)
1999 - had one room, work parts; trading, child
2000 - start being sick: vomit, headaches, nightmares
2003 - sometimes start to fight with customers
2006 - mother: sometimes she's mad (to people to explain)
2007 - father: talk to me
2008 - people: like to bend me (geheime ooransen)
2009 - arrests by police
2010 - Sudan (Aged 23y) 3inks violence, raping, murdering
2016 - Nederland Dronten
2022 - Sennwobing.
2023 - Sick
2025 - Quat in live

Goodagas they give me always been quite fallen. As long I am I could no
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