



MEDICAL SCHOOL

UNIVERSITY OF MINNESOTA

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**POST-TRAUMATIC STRESS
DISORDER IN
UNACCOMPANIED REFUGEE
AND ASYLUM-SEEKING
MINORS: A SCOPING REVIEW**

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OBJECTIVES

- Definitions
- Aim of the project
- Methods
- Results
 - PTSD prevalence
 - Risk/Contributory factors
 - Protective factors
 - Non-contributory factors
- Treatment plans
- Discussion: “What now”
- Acknowledgement/References



DEFINITIONS

- **Post-Traumatic Stress Disorder (PTSD)¹**
- **Unaccompanied**
- **Refugee²**
- **Asylum Seeker**
- **Minor**



THE “WHY”: THE AIM OF THIS PROJECT



- To review research that has already been done regarding PTSD in unaccompanied refugee and asylum-seeking minors in order to provide guidance into the creation of an action plan for the *Budapest Declaration on the Rights, Health, and Well-being of Children and Youth on the Move*, an advocacy strategy put forth by the International Society for Social Pediatrics and Child Health (ISSOP)
- To identify gaps within research regarding PTSD among unaccompanied minors

THE BUDAPEST DECLARATION

- Adopted in 2017 by the International Society for Social Pediatrics and Child Health (ISSOP) as a pediatric response to the global child crisis
- **Will provide for these children's needs** by advocating for the following:
 - **1. Full rights**
 - **2. Holistic response**
 - **3. Evidence-based**
 - **4. Trauma-informed, culturally-sensitive**



METHODS

Databases

- Ovid Medline, Embase, Cochrane Library
- January 1st, 2008- January 15th, 2019

Rayyan Review

- 3,687 abstracts screened
- Two independent reviewers

Full-text Screening

- 40 full texts screened
- 30 full texts included in the review

Inclusion factors:

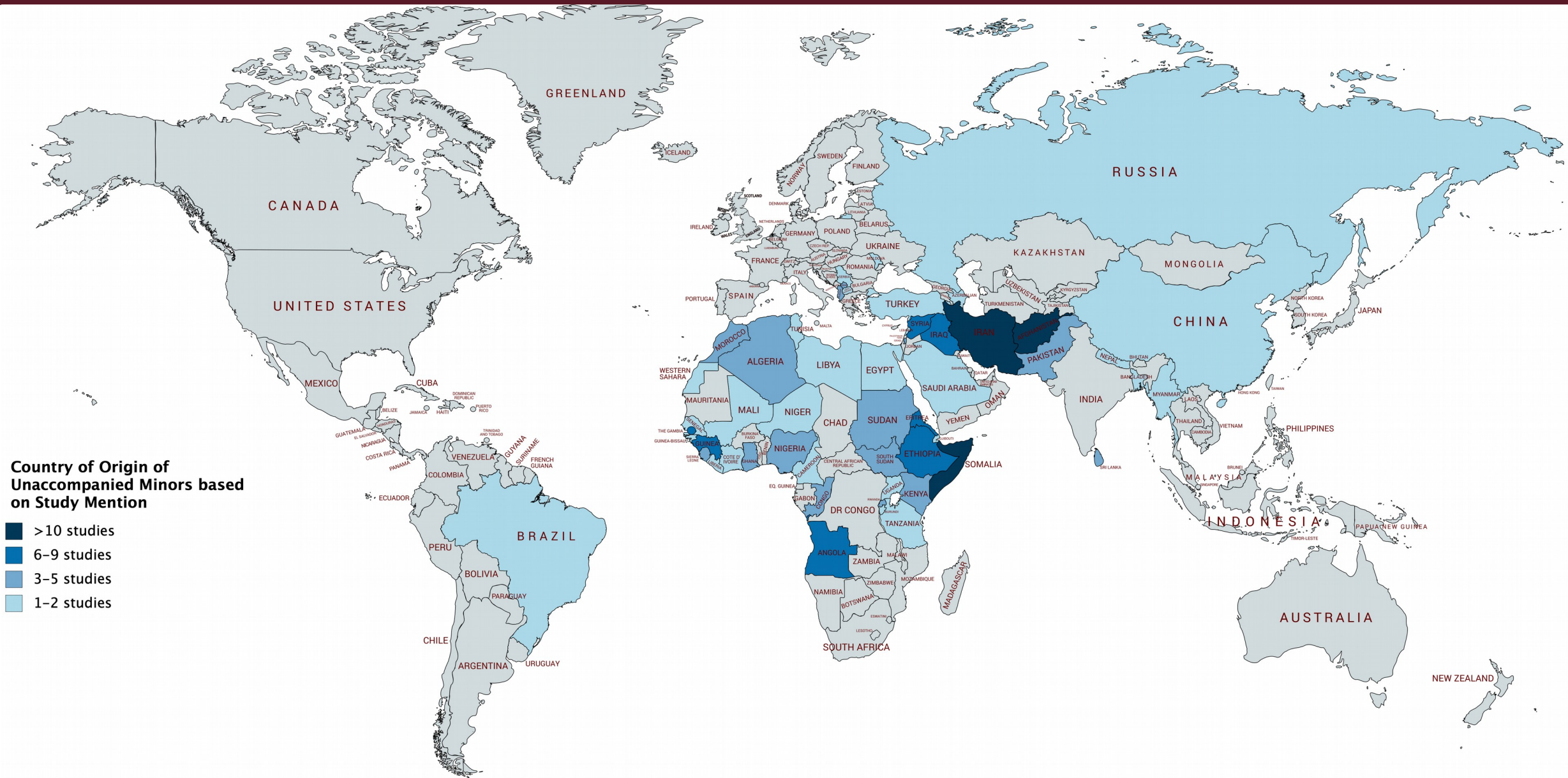
- Unaccompanied asylum-seeking/refugee youth ages 0-25
- PTSD or “post-traumatic stress” in abstract
- Studied conducted in any languages but written in English
- Quantitative/qualitative studies

Exclusion factors:

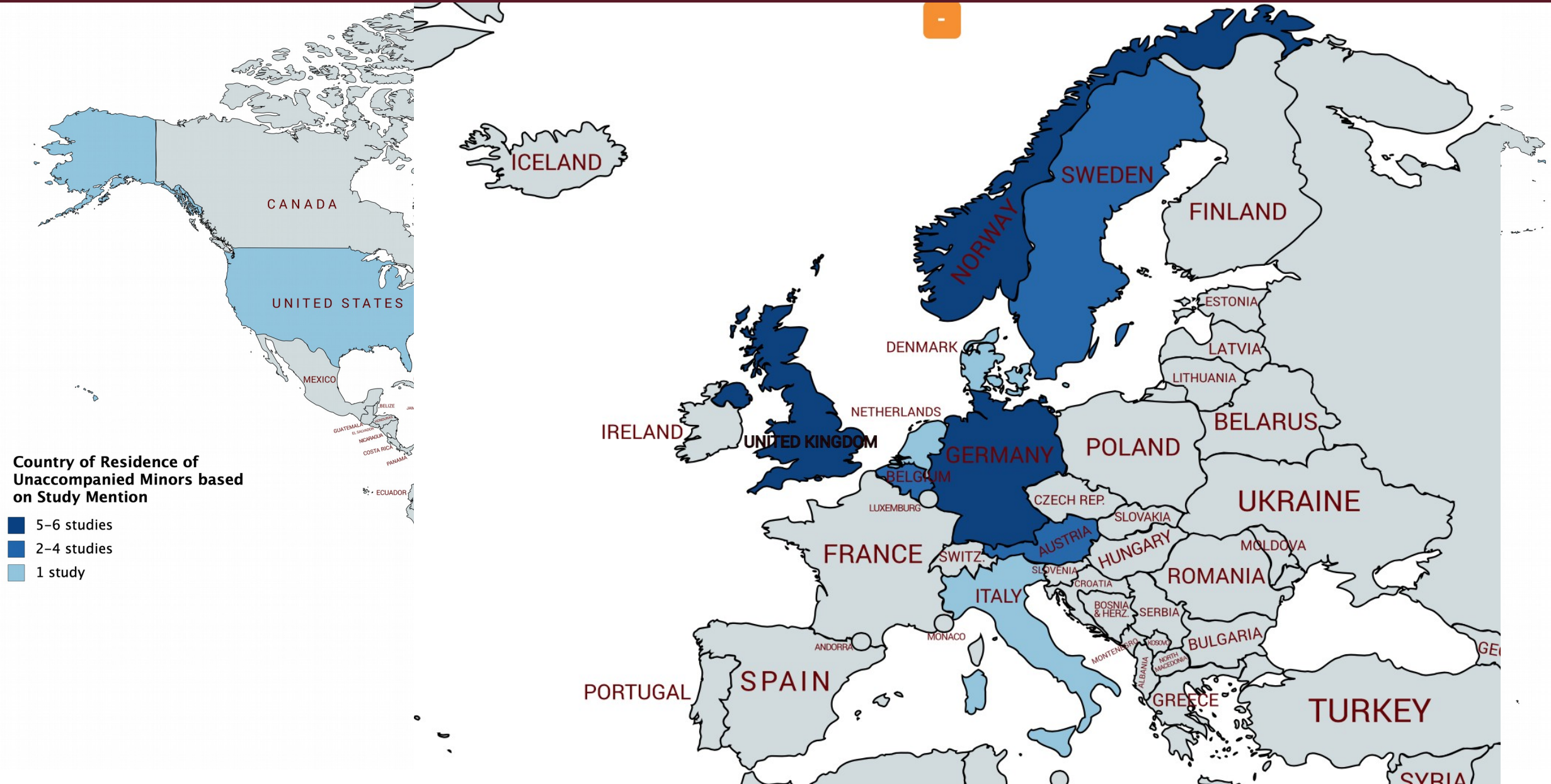
- Adults age 25+
- Former child refugees
- Refugees from Central/South America
- Literature/scoping/other reviews
- Studied reported in languages other



COUNTRY OF ORIGIN OF UMS



COUNTRY OF RESIDENCE OF UMS



PTSD PREVALENCE AMONG UMS

Mean: 46%



Median: 48%

COMPARISON OF PTSD PREVALENCE

5%

19-54%

17-85%

USA Adolescents,

Accompanied Minors,

Unaccompanied

RISK FACTORS/ CONTRIBUTORY FACTORS

- **Cumulative trauma**
- **Semi-independent living arrangements**
- **Invisibility of diagnosis**



Pic by murtaza_ali on Pixabay

- Female gender*
- Increasing age*
- Less education*
- Refusal of asylum
- Organized violence/family violence
- Depression and anxiety
- Increased post-traumatic guilt and shame

PROTECTIVE FACTORS

- **Resiliency**
- **Belonging to a social network**
- **Religion**
- **Having an adult mentor**
- **Having family (even if far away)**



NON-CONTRIBUTORY FACTORS

- **Time living in host country**
- **Counseling**
- **Country of origin**



Pic by Alex Radelich on Unsplash

TREATMENT PLANS

Therapy

Therapy

TREATMENT PLANS

Traditional Therapy vs Cultural Therapy

Study: 6 male URM in Denmark (ages 17-18) from ME and SE

- Associated with risk of re-traumatization
- Preferred action and activities (i.e. social/physical/artistic)
- Key to find a common third between professional and child

TREATMENT PLANS

Therapy

Therapy

TREATMENT PLANS

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Study: 6 UMs in Germany (ages 16-18); 1 URM girl
“PRACTICE”

1. Psychoeducation
2. Relaxation
3. Affective modulation
4. Cognitive Processing
5. Trauma Narrative
6. In Vivo Exposure
7. Conjoint child/caregiver
8. Enhancing Safety and Future Skills



TREATMENT PLANS



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TREATMENT PLANS

Mein Weg “My Way”

Study: 29 male Afghan URM (14-18) in Germany
6 90-minute group sessions (2-6 p)

Based on TF-CBT principles + group processing

1. Psychoeducation + relaxation

2-5. Trauma narrative

5-6. Cognitive restructuring, safety, future development

TREATMENT PLANS



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TREATMENT PLANS

Teaching Recovery Techniques

Study: 46 UMs in Sweden (ages 14-18), most from ME

Based on TF-CBT principles: 5 sessions for kids, 2 for guardians

S 1-2: Intrusion; psychoeducation, “safe place,” imagery

S 3: arousal; relaxation + affective modulation

S 4-5: exposure; drawing, coping, future

~Guardians: psychoeducation about trauma, how can help cope

TREATMENT PLANS



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TREATMENT PLANS

Expressive Arts in Transition (EXIT)

Study: 143 UASC in Norway (ages 15-18)

Based from Intermodal Expressive Arts (EXA): music education and music/art/dance therapy to access the “play space”

1. Sense of safety
2. Calming
3. Self- and community-efficacy
4. Connectedness
5. Hope



“WHAT NOW”: MOVING FORWARD

Action

Plan Clinical

2. Systems

3. Policy

Gaps

1. Gender

2. Culture-specific

3. Resilience

ACKNOWLEDGEMENTS

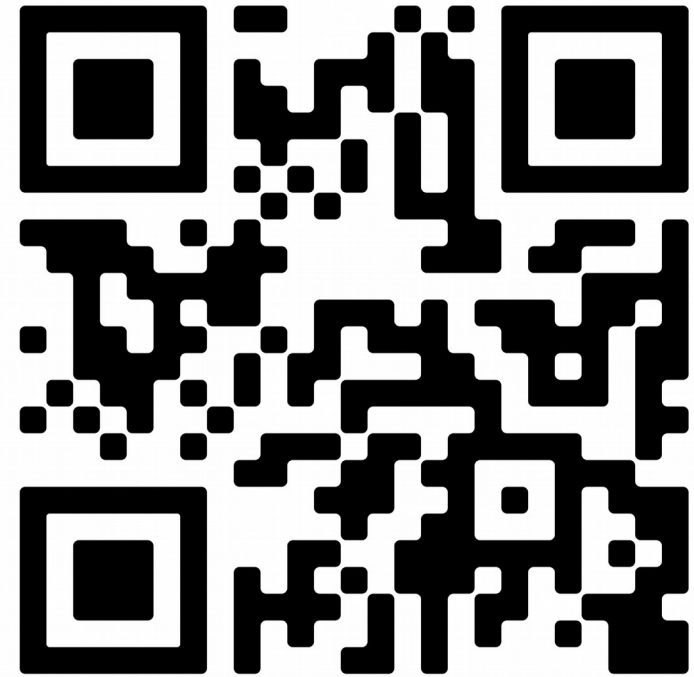


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VIEW NOW



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THANK YOU.