Modular therapeutic Interventions for maltreated children and young people: A focus on the mental health of unaccompanied refugee minors (URMs) or children on the move in Europe

ISPCAN XX11 International Congress Prague, Czech Republic 2-7.9.18

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The aims and objectives of the presentation

To **Review the relevant literature** on the mental health needs of:

- unaccompanied refugee minors (URMs);
- To look at overlaps between the mental health needs of URMs, victims & perpetrators of abuse, trafficked children and child soldiers
- To introduce the HfCF Intervention Resources and discuss how a modular approach with selected guides could be adapted for use with very severely damaged children and families who have been in flight from various types of severe abuse

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Unaccompanied Refugee Minors (URMs)

Recently, Heads of State, Governments and High Representatives explicitly guaranteed to protect children as follows:

'We will protect the human rights and fundamental freedoms of all refugee and migrant children, regardless of their status, and giving primary consideration at all times to the best interests of the child. <u>This will apply particularly to unaccompanied children and those separated from their families</u>; we will refer their care to the relevant national child protection authorities and other relevant authorities. We will comply with our obligations under the Convention on the Rights of the Child'.

UN General Assembly 2016

Unaccompanied Refugee Minors (URMs)

- Around the world, children and adolescents are forced to flee their homes due to war, persecution, organised violence, and political or religious unrest (UNHCR 2014)
- Unaccompanied refugee minors (URMs) 'a person who is under the age of 18 and who is separated from both parents and is not being cared for by an adult who by law or custom has the responsibility to do so' (UNHCR 1997, p. 1)
- At least 300,000 arrivals of unaccompanied and separated children recorded across 80 countries in 2015-2016 (Unicef 2017)
 - Of all children arriving through the Central Mediterranean Route, 92% were URMs
 - 91% adolescent males (European Union Committee 2016)
- 10,000 missing children (European Union Committee 2016)

Unaccompanied Refugee Minors (URMs)

- Risk: family separation, exploitation, detention, sexual violence, physical and psychological harm
- Prevalence of mental health disorder (Fazel & Stein, 2004; von Werthern & Vizard in press)
- PTSD 17-73%
- Depression 13-23%
- Anxiety 26-35%
- Externalising Disorders 2-5%
- Cumulative traumas witnessed or experienced can lead to biologically embedded 'toxic stress' in URMs due to prolonged exposure to unpredictable stressors (Harvard Center 2017)
- Confounding factors may include number of traumatic experiences, age and gender (Bronstein et al et al. 2012; Seglem et al. 2011)
- Higher frequencies of mental health difficulties in Unaccompanied Refugee Minors compared with accompanied refugees (e.g. Von Werthern & Vizard, in press; Hodes et al. 2008)

Unaccompanied Refugee Minors (URMs)

- Prevalence of mental health disorder (von Werthern & Vizard in press)
- Impact of experiencing war, observing torture & murders upon the mental state of boy & girl URMs – PTSD, dissociation, flashbacks common
- Loss of a Moral Compass with the absence of a stable caregiver and in the company of other traumatised children on the move and unpredictable, violent adults
- Limited/absent education inability to think independently & challenge abuse, lack of a sense of empowerment, poor prospects of employment & independent living

Unaccompanied Refugee Minors (URMs)

Sustainable solutions in children's best interests:

- A rights based approach
- A durable solution which addresses child protection & the child's own wishes for his/her future
- To occur as soon as possible after an assessment of the Unaccompanied Refugee Minor child
- Durable solution to analyse possibility of family reunification

Bhabha & Dottridge 2017

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Intervention with child maltreatment: Use of the Hope for Children and Families Intervention Guides for Practitioners



The literature

- There is an extensive literature of interventions to ameliorate and prevent abusive parenting and the associated impairment of children's health and development: Macdonald et al. (2016) described more than 60 interventions
- However, literature reviews on interventions in maltreatment, including sexual abuse, highlight the need for a 'practical approach to assessing children's needs', including a structured model of assessment and data analysis (Cox et al. 2009; Vizard 2013, p. 507; Bentovim & Elliott 2014)
- But, what is striking is the limited use of such approaches in the UK (Macdonald et al. 2016) and internationally

Explanations for limited utilisation of evidenced based approaches

- There is little consistency in approach. The range of effective interventions is extensive – psycho-dynamic, cognitivebehavioural, video-feedback (MacMillan et al. 2009).
- The range of foci is wide individual, parent, and family.
- Utilising approaches they are familiar with e.g. applying the CYP-IAPT approach for a diagnosable mental health needs, but not complex co-morbid problems, and latent vulnerability, applying TFCBT to all situations
- There is inconsistent research on outcomes, some single forms of abuse being studied more extensively, complex forms not studied
- The practitioner needs to choose between competing effective models, which require differing levels of skill and training, not surprisingly the approaches are not utilised.

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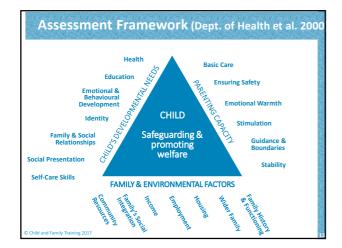
Background to establishing an intervention approach

- The need to develop intervention resources
- Beginning to explore the idea of common practice elements (Garland 2008; Chorpita and Daleiden 2009)
- Arnon Bentovim conducted research with Ian Elliott and Lucy Faithfull Foundation; and collaboration with David Kolko and Bruce Chorpita to distil 'common practice elements' from gold standard RCTs on preventing and addressing abusive and neglectful parenting and the associated impairment of children's health and development

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Research background to intervention resources

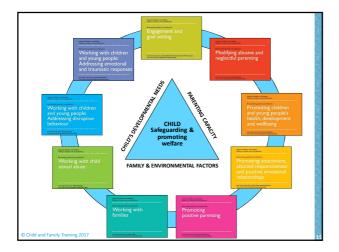
- A broad review of the literature on treatment protocols working with the different forms of maltreatment (systemic, cognitive behavioural and dynamic) (Bentovim & Elliott 2014)
- 'Common practice' elements' that characterise the approach distilled, and the main steps of that practice approach set out with guidance on how to carry them out.
- Common factors' were defined such as promoting an alliance, client motivation, and relationships common to all interventions, creating a sense of hopefulness and effectiveness
- The various steps are integrated into the modules, and in turn the modules are integrated into a series of intervention guides for practitioners, *The Hope for Children and Families Intervention resources* (Bentovim and Gray (eds) 2016) modelled around the Assessment Framework categories



The intervention guides for practitioners

- Each guide presents a consistent, step-by-step approach to intervention, bringing together effective practice that can be used by a wide range of practitioners working in different contexts
- Appropriate modules are selected to meet the complex needs of the child and family
- Working with children and young people responding with emotional and traumatic responses; disruptive behaviour; utilising MATCH-ADTC basic modular approaches (Chorpita and Daleiden 2009)
- Modifying abusive and neglectful parenting, promoting secure attachment, promoting health and development, and positive parenting practices
- Working with the family as a whole to promote positive communication, and counter violence and dysfunctional process
- working with sexual abuse, including working with children and young people displaying sexually harmful behaviour

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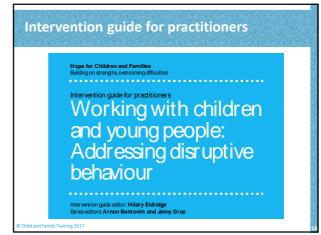
Intervention guide for practitioners

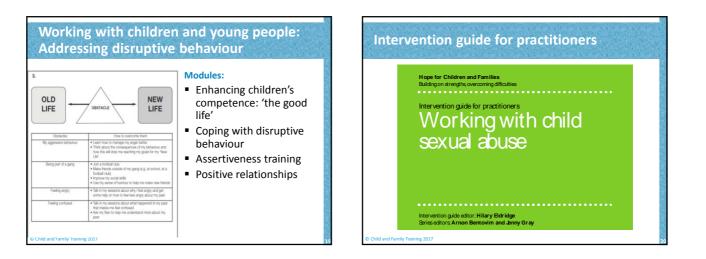
Hope for Children and Families Building on strengths, overcoming difficulties

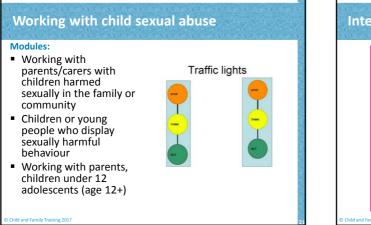
Working with children and young people: Addressing emotional and traumatic responses

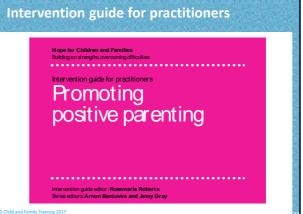
Intervention guide editor: Tara Weeramanthri Series editors: Arnon Bentovim and Jenny Gray











Promoting Positive parenting: Guidance and boundaries



Intervention guide for practitioners

Hope for Children and Families Building on strengths, overcoming difficulties

Promoting attachment, attuned responsiveness and positive emotional

relationships

Intervention guide editors: Clare Gates and Jenny Peters Series editors: Arnon Bentovim and Jenny Gray

Promoting attachment, attuned responsiveness and positive emotional relationships

Modules:

 Promoting attachment, attuned responsiveness

younger children

 older children – one on one time
in adolescence, providing emotional



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support



SMALL GROUP DISCUSSION POINTS

- Need for multiple interlocking theoretical models to understand complexity
- Impact of horrific abuse/torture upon victims and perpetrators of all four types of abuse
- Impact of above on professionals in the field & need for supervision & support
- Use of C & FT guides + other treatment modalities with victims and perpetrators
- Need for long term support for victims & perpetrators

In Summary ...

- Training of staff is essential in dealing with highly distressing, complex forms of trauma
- Care required in the timing of specific trauma related 'debriefing' of victims and perpetrators
- May be better to safeguard and secure placement first and intervene therapeutically later
- Need to include risk assessments for child victims who also perpetrate serious abuse and murder e.g. child soldiers
- Work with local communities to prevent rejection of trafficked children in flight from abuse

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