

Group interventions reduce post-traumatic stress symptoms among unaccompanied refugee minors

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Participation in a post-traumatic stress group can be an effective help for unaccompanied refugee minors. In a new study with 46 participants, one in five young people completely recovered from their symptoms of post-traumatic stress disorder (PTSD) and many reported improved symptoms after having participated in a group. The method used is known as Teaching Recovery Techniques (TRT), and the study from Uppsala University is the first in Scandinavia using this method.

TRT is now spreading in Sweden as a way of providing self-help tools to more [young people](#) with negative symptoms following difficult experiences.

The study comprised 10 groups with a total of 46 young people aged 13 to 18. The groups met on six occasions and were led by municipal or primary care staff who had received training in the method.

The young people had filled in a questionnaire beforehand to see whether they screened positive for [post-traumatic stress disorder](#) (PTSD). At the start of the intervention, 84 per cent of the young people also had moderate to severe depression and 48 per cent reported suicide ideation or plans. After six weeks, reduced symptoms of both depression and PTSD were perceived. After three months, interviews were held with 22 of the young people, who described how they used the tools provided by the method.

"One of the boys reported that he had regained control over himself after participating in the group. Previously he was completely dominated by everything he had been through," says Anna Sarkadi, Professor of Social Medicine at Uppsala University, who led the study.

As the study lacked a control group, the researchers used other studies to calculate how common it is to recover anyway, without intervention. In other studies, one per cent of the [children](#) recovered from their PTSD symptoms in six weeks and 0.12 per cent recovered from symptoms of depression during that time. In this study, the recovery figures were 22 and 33 per cent respectively. As a result, these young people did not need more specialised care. Most of the other young people in the group experienced decreased symptoms, though many still had quite high levels of symptoms.

"Bearing in mind that all of them were in the middle of the asylum process and 62 per cent experienced a negative life event during the six weeks of the course, such as a friend being refused asylum, news of the death of a relative, or having to change school or move, this was still a very good outcome," says Sarkadi.

Teaching Recovery Techniques was developed by the Children and War Foundation in Norway specifically for children who have experienced war and displacement. The method builds on trauma-focused [cognitive behavioural therapy](#), but should be regarded as a self-help technique rather than a form of treatment. The group leaders receive three days of training and have to be used to working with children or young people, but no therapeutic experience is required. The idea is for TRT to serve as a form of first aid for children who are experiencing symptoms after trauma before contacting major care interventions such as child psychiatry services or the Red Cross.

The method is now being disseminated via training programmes run by

the Swedish Association of Local Authorities and Regions and Children's Rights in Society (Bris). There are currently around 50 trained TRT group leaders in Sweden. The researchers now want to evaluate the [method](#) for refugee children who have come with their families.

More information: Anna Sarkadi et al. Teaching Recovery Techniques: evaluation of a group intervention for unaccompanied refugee minors with symptoms of PTSD in Sweden, *European Child & Adolescent Psychiatry* (2017). [DOI: 10.1007/s00787-017-1093-9](https://doi.org/10.1007/s00787-017-1093-9)

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