Working with Refugees and Unaccompanied Asylum Seeking Children who have experienced trauma

David Amias, Team Manager and Consultant Systemic Psychotherapist, Refugee Service, Tavistock & Portman NHS Foundations Trust, London
Plan for session

• The work of the Tavistock CAMHS Refugee team
• Working with young asylum seekers who have made their way overland on perilous journeys, often through the Calais ‘Jungle’
• Considering the benefits of group work using different theoretical frameworks
• Impact on the worker of secondary exposure to traumatising experiences
LONDON...

CALLING
Attacks on 'Jungle' migrants investigated by French prosecutors

By Tomos Morgan
BBC News, Calais

8 February 2016: Europe

Syrian refugee numbers soar at Turkey border

Dozens drown off Greek islands in deadliest January for refugees

Refugees and migrants, many from Syria, still making journey from Turkey despite winter weather

Iraqi refugee 'raped 10-year-old boy at Austrian swimming pool'

Police arrested the man at the scene and the child was later hospitalised with severe injuries

Swedish border patrol step up controls

Border patrol step up controls at German border after Swedish move to impose identity checks on people travelling from Denmark

The Case of the Murdered Goats: Exploring Germany's Far-Right Rumor Mill

By Matthias Borchert and Anna Cicoli

Spiegel Online International

News + World + Europe

Independent

News + World + Europe
The Jungle

• An Environmental Health Assessment of the New Migrant Camp in Calais: Report by the University of Birmingham, October 2015

• Food and Water
  • Provided one meal a day
  • Ineffective and unhygienic storage methods
  • Water storage containers previously used for corrosive chemical storage

• Hygiene
  • One toilet per 75 residents, total of 40 (UN recommend 1 per 20)

• Physical Injury and Mental Trauma
  • Insufficient medical treatment at French facilities
  • No provision for treatment of mental health conditions
Up-rooting

• “The closest human counterpart to the root structure by which a plant nourishes itself is the structure of meanings by which each person sustains relationships to others, to work and to a soil and a culture that provides familiarity and stability. With the disruption of life-long attachments and external stabilities, meanings are uprooted”. Peter Marris - architect and urban ecologist
Inner world of each family

Home context

Journey of a family

Normal World
- War
- Torture
- Loss
- Flight
- Dislocation
- Relocation

Socio - Political context

Statutory & civil society

Host Context

Socio - Political Narratives

Agency Narratives

Practitioner Context

Inner world of each family

Outer world of each family

Outer world of each family member
Most common diagnoses in traumatised populations

• Post traumatic stress disorder/ Complex trauma
  • Re-experiencing
  • Avoidance and emotional numbing
  • Hyperarousal
• Depression – chronic
• Anxiety
• Self-harm
• Suicidal ideation
• Psychosis
Who we are
An National Health Service provision:
One of a kind, twelve year history

A small multi-disciplinary Child & Adolescent Mental Health team of:
• Psychiatrist (0.2 sessions pw)
• Psychologist (0.3)
• Family therapists (0.5)
• Child Psychotherapist (0.4)
• Congolese Mental Health practitioner (0.7)
• Somali Mental Health practitioner (0.5)
• Trainee child psychotherapist and trainee clinical psychologists (1.5)
Who we see

• 40% of referrals are Unaccompanied Asylum Seeking Children (UASC) referred by social workers or LAC paediatrician

• Child and Family referrals: Somali, Congolese, Iranian, Iraqi etc.

• (Syrian) Vulnerable Persons Resettlement Project
UASC Referrals

• Unaccompanied minors, separated from their families
• A heterogeneous group
• Mostly boys from age 13 upwards
• More recently girls, rescued from trafficking or some sort of abuse in home country and sent to UK for safety
• From a range of countries: Afghanistan, Eritrea, Syria, Albania, Bangladesh, Somalia, Congo and Vietnam
• Fled their countries for various reasons
• Young people who have been trafficked
• Significant history of trauma at some point in their history
Presenting difficulties

• Low mood
• Poor sleep
• “History of trauma”
• Frequent headaches and other somatic complaints
• Nightmares
• Struggling in college
• Flashbacks
• Self harm
• Suicide
• PTSD
• Psychosis
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The Work

• Rewarding and privileged work
• Very captivating, seductive
• A steep learning curve, going beyond the usual disciplinary constraints of what it means to ‘do therapy’
• Challenges views on mental health, child development, gender, religion, culture...
• Impact of the work on professionals, vicarious trauma, frustration, futility, fury towards uncaring, bureaucratic systems
This paper discusses the importance of group work to consider the impact of the work for all workers, clinical and administrative in providing an outlet or safety valve for difficult emotions.
Strategy for the Refugee Team

- Promotion and dissemination of interventions, models and pathways of care
- Development of national policy and pathways and models of care
- Development of local policy and pathways and models of care
- Education and training of staff in CAMHS and other agencies
- Consultation to staff in CAMHS and other agencies
- Supervision of staff in CAMHS and other agencies
- Development of packages of care and targeted interventions
- Support and liaison with volunteers to create networks of support
- Psychosocial group interventions
- Group therapy
- Individual Therapy

Increasing reach of intervention

Community focus

Increasing intensity of intervention

Individual focus
Tensions between past and present issues

• When to focus on past traumatic events? When is such a focus contra-indicated?

• When to focus on present exile-related questions? What significance is attached to here-and-now concerns by therapist and by family?

• How are links made between past and present? When are present problems viewed through prism of the past? Who makes the links and how are they negotiated?
Family referrals

- Parents with significant history of trauma which impacts on the ability to parent (depression, anxiety, PTSD)
- Integration and assimilation difficulties
- Language and cultural barriers
- Generational conflict (Oppositional Discourses)
- Loss of previous support systems
T. family

• Congolese mother recently reunited with her 8 year old son after he had spent one year in local authority care
• She had suffered a mental health crisis and been hospitalised for several months. In Congo she had two other children who had been snatched from her and killed.
• Mother then recovered and the child returned to her care
Individual work with Unaccompanied Separated Young People

• Psychotherapy
• Supportive counselling/advocacy
• Systemic interventions with the network
• Preparing legal reports
<table>
<thead>
<tr>
<th>ID</th>
<th>Gender</th>
<th>Age</th>
<th>History / Experience</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>SM</td>
<td>Male</td>
<td>19</td>
<td>PTSD, Political persecution</td>
<td>Ethiopia</td>
</tr>
<tr>
<td>HI</td>
<td>Female</td>
<td>18</td>
<td>Trafficked and sexually abused</td>
<td>Nigeria</td>
</tr>
<tr>
<td>RJ</td>
<td>M</td>
<td>15</td>
<td>Ardous journey, escape persecution</td>
<td>Eritrea</td>
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<tr>
<td>TK</td>
<td>F</td>
<td>17</td>
<td>Traumatic loss and separations</td>
<td>Eritrea</td>
</tr>
<tr>
<td>AK</td>
<td>M</td>
<td>19</td>
<td>PTSD, depression, fears for family</td>
<td>Albania</td>
</tr>
<tr>
<td>AK</td>
<td>M</td>
<td>15</td>
<td>PTSD, Anxiety, Flashbacks</td>
<td>Afghanistan</td>
</tr>
<tr>
<td>HK</td>
<td>F</td>
<td>18</td>
<td>Rape survivor, Flashbacks</td>
<td>Eritrea</td>
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<tr>
<td>LF</td>
<td>M</td>
<td>16</td>
<td>Trafficked, fleeing child abuse</td>
<td>Albania</td>
</tr>
<tr>
<td>SM</td>
<td>M</td>
<td>19</td>
<td>PTSD, sexual and physically abuse on journey</td>
<td>Afghanistan</td>
</tr>
<tr>
<td>AM</td>
<td>M</td>
<td>16</td>
<td>Anxiety, Emotional dysregulation</td>
<td>Albania</td>
</tr>
<tr>
<td>RM</td>
<td>F</td>
<td>16</td>
<td>Trafficked to UK, fleeing abuse perpetrated by family</td>
<td>Albania</td>
</tr>
<tr>
<td>AM</td>
<td>M</td>
<td>15</td>
<td>Low mood, disturbed sleep</td>
<td>Somalia</td>
</tr>
<tr>
<td>MM</td>
<td>M</td>
<td>15</td>
<td>Imprisoned and tortured by Taliban</td>
<td>Afghanistan</td>
</tr>
<tr>
<td>SM</td>
<td>M</td>
<td>19</td>
<td>Depression, sleeplessness, self-harm</td>
<td>Afghanistan</td>
</tr>
<tr>
<td>LM</td>
<td>F</td>
<td>17</td>
<td>PTSD,</td>
<td>Congo</td>
</tr>
</tbody>
</table>
Mohamed told me about how he and his brother had been fleeing from the Taliban and the fighting which had reached their home town, when they were arrested and thrown into a cell which he described as a ‘cold, dirty, stinking place’. They could hear beatings and screams from people in the next cell. They were hardly fed with only stale bread. Held for two days they then fled to Iran and on to Turkey. They were taken by car to Izmir, the Turkish port. It was then he was separated from the parents. The agents said the parents would meet them in Calais but they never found them. They were then taken through several countries including Macedonia but he cannot recall details.
Mohamed disclosed that he and his brother had almost died of suffocation on the lorry they hid in which took them to UK from Calais. Someone banged on the inside of the truck to alert the driver who called the police before he allowed them out. He was delighted to have survived and to have arrived in UK but he had not eaten for days and was disoriented. He says he was picked up by the local authority to Heathrow from where they phoned his uncle who took him in once he had permission from the Home Office to do so. He stayed briefly with carers before this was possible. He has mixed feelings about his survival as he cannot find his parents. He misses them, feels sad about them. His brother has contacted the Red Cross tracing service and is due for an appointment next month. On exploration it seemed Mohamed was ambivalent about contacting the Red Cross for fear of hearing news he did not want to hear, that his parents may be dead. When I suggested we meet fortnightly he accepted this offer.
Mohamed reported that his back pain had got better after he received treatment for it. He had got in touch with an Afghani organisation which offers activities on a Friday night for young people. He will go there after our session.

I asked again about his refugee status. The solicitor is trying to get Barnet to offer an age assessment. Mohamed’s Afghani document confirming his age is not accepted by the UK authorities who say he is three years older – 19, not 16 – and therefore they are not permitting him to enrol in school. He says all he wants to do is study and move on in life but he has been stuck in limbo for 8 months waiting for his age dispute to be resolved. He also told me they made a mistake on his identity card but won’t recognise this. ‘They say I am 19 and call me by a different name but I am Mohamed aged 16. They are trying to turn me into someone I am not. This disturbs me and makes me doubt myself so I don’t know who I am any more.’
Double Listening

Michael White (2003)

• The “riverbank position”

• Listening for the effects of the repeated social injustice (the dominant story)

• But also for the persons resistance and response

• Listening for the practices of that person’s life that have potential to assist in undermining the power and influence of the dominant story.

• This creates “islands of safety”
Questions to Help Double Listening

• What does the person hold precious in life?
• Who do they choose to be connected with, why and how?
• How do they sustain themselves during hardship?
• What are the key dominant stories and the impacts they are having on the person’s life?
• What are some alternative ideas or stories about that person when less obscured by the dominant story?
• How can we strengthen the connection to preferred self and identity?
• Who else knows about this?
Double listening exercise

20 mins in a group of four

• Get into groups of four
• One person is the therapist the other a refugee
• The two observers help the therapist with questioning
  • Make a big Effect and Response sign
  • Observers take one each
  • Hold up your sign when the interviewer evokes effects of the injustice (Effect) or with responses or resourcefulness (Response)
  • Try to keep a balance
  • Come up with questions to help the interviewer with both
  • (Alan Wade: Small Acts of Resistance)
Small acts of resistance: What Unaccompanied Young People report

• Camaraderie on the way: friends became kin, like family
• Self-Belief, determination to reach their goal – entry to UK
• Creativity, Resourcefulness in tent building using makeshift materials
• Collaboration in the face of adversity
Group Work

- Child Psychotherapy
- Emotional Well-Being (Psycho-educational) Group
- Congolese Parents Group – outreach to a community in distress
- Tree of Life in schools
- Recipes of Life https://youtu.be/CDcX193_Fc8
- Team of Life https://vimeo.com/tavistockandportman/review/244197366/ed9e1486f9
- Impact of the work – group sessions for the whole team
What is the Tree of Life?

• A hopeful and inspiring approach to work with children who have experienced hard times

• Developed by Initially developed to work with children affected by AIDS in Africa

• Enables children to speak about their lives in ways that are not re-traumatising

• Strengthens their connections with their own history, culture and significant relationships
What does it do?

• Enables children and young people to speak about their lives in ways that make them stronger
• Children draw their own tree of life
  • their roots, where they come from
  • their knowledge and skills
  • their hopes and dreams
  • special people in their lives
• They then join their trees into a “forest of life”
• And talk about some of the storms that come
• And the ways in which they respond and can protect themselves and each other
The Tree of Life Approach
Supporters in the stand: Only once. So make the most out of it.

Other teammates:
All of my friends help me by supporting me (Alexander)
and understanding I take my hobbies and passion seriously.

Friend: Nadeem
When I need support Nadeem helps and gives advice or he supports.

Home-Ground:
My neighbourhood (Eastend)
My Old neighbourhood (Quill Street)
And where I start playing football... Clissold Park training Saturday evening.

A Super Athlete... at 11pm. Youth Club.

Coach: My older brother (Kajrion) he taught me how to be responsible and communicate.

Friend: Rufus
He's a good football player and he's a challenge.

People say...
I am funny, independent, handsome, a team player, never give up, motivator.

Mum and Family

Goalkeeper: My mum and dad protect me whether I make the wrong decision.

Best Friend: Louis
Louis is my best friend and he backs age up through everything.
References for Working with Refugees and Unaccompanied Asylum Seeking Children


• Denborough, D. Collective Narrative Practice: Responding to individuals, groups, and communities who have experienced trauma. Dulwich Centre Publications, 2008, Adelaide.

• Hughes, Gillian (2014), Finding a voice through ‘The Tree of Life’: A strength-based approach to mental health for refugee children and families in schools in Clinical Child Psychology and Psychiatry Volume 19 Issue 1 Pages 139 – 153

• Hughes, Gillian & Bisimwa, Nsimire Aimee (2016) Hard to reach services? Liberating ourselves from the constraints of our practice
