

DEVELOPMENT AND EVALUATION OF A PSYCHOSOCIAL STABILIZATION AND SUPPORT PROGRAM FOR UNACCOMPANIED REFUGEE MINORS (URM) AND FAMILIES

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Target Group

- Unaccompanied Refugee Minors (URM)
- Families
- Initial reception facility
- Special unit for people with particular needs:
 - Mental health problems
 - Disabilities and diseases
 - Post-traumatic stress
 - Adjustment disorders, etc.

What is Psychoeducation?

- Psychoeducation informs patients, high-risk groups and relatives about mental disorders and trains related competences with psychological and pedagogical methods
- Systematic, structured, science-based
- Usually part of a comprehensive therapeutic concept

Contents of psychoeducational measures:

- Explaining the diagnosis
- Information about the disorder
- Information about psychotherapeutic and medical treatments, positive effects and side effects of medicaments
- Training of coping strategies, self-management resources, self efficacy, competences of a healthy lifestyle, relaxation techniques

Source: Bäuml, J. et al. (2016). Handbuch der Psychoedukation. Stuttgart: Schattauer.

Project Methodology

Short-term psycho-social interventions

Aims

- stabilization
- stress reduction
- self-efficacy
- coping-strategies

Methods

- counseling
- diagnostics
- psychoeducation

Evaluation

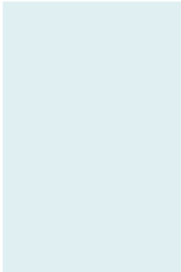
- quantitative & qualitative
(mixed methods)



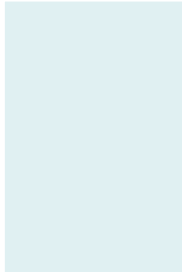
Settings

- single
- group-based

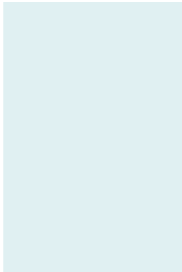
Project short description



Project period: 2 years
(01.05.2016 - 30.04.2018)



Psychological counseling for 75
refugees, age range from 15 to
60 years (25 females, 12
minors)



Consulation period varied from
frist contact to counseling over a
period of 12 months, which
usually took place after 7 to 14
days

Working with interpreter

- Selection of interpreters for empathy, dependability, German language skills
- Training of interpreters in relation to psychological context, limitations, mental hygiene
- Continuity of interpreter-client-counselor relationship
- Use of a easy-to-understand language to avoid misunderstandings

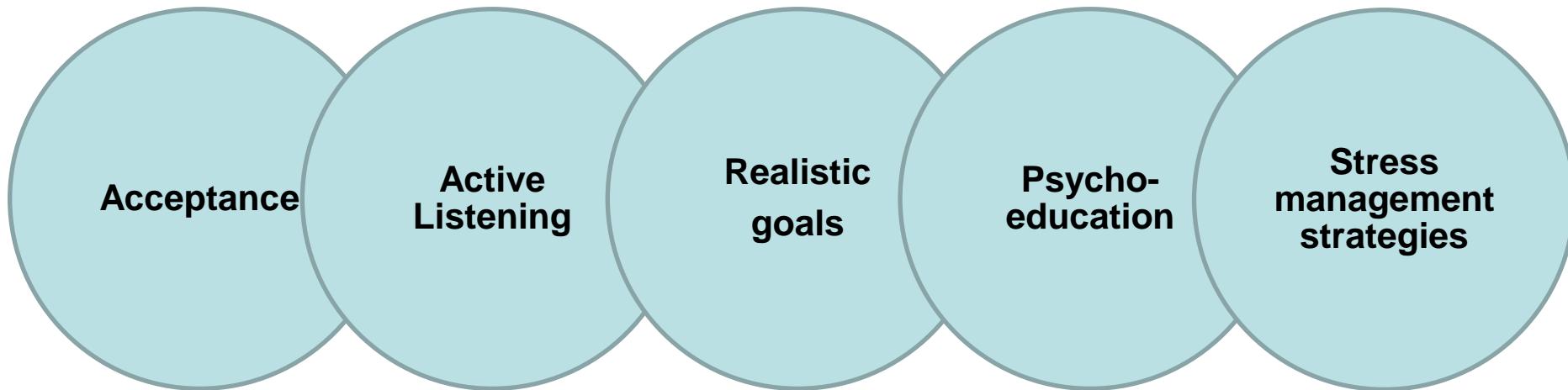
Tensions and Role conflicts

Best Practice:

- Awareness of different levels of refugee work
- Reflection on professional roles, functions and limits
- Supervision to accomplishment difficulties in different (working) contexts

Contents of the talks, strategies and their implementation

Best Practice:



Intercultural Characteristics

Best Practice:

- Training and experience in intercultural competence
- Beware of overrating intercultural differences
- Consider each person as an individual
- Show interest in your client`s culture
- Proactive handling when you have no knowledge about the culture
- Discuss information about „German“ culture
- Reflection of intercultural aspects during therapeutic processes

Psychological counseling of minor refugees (umF)

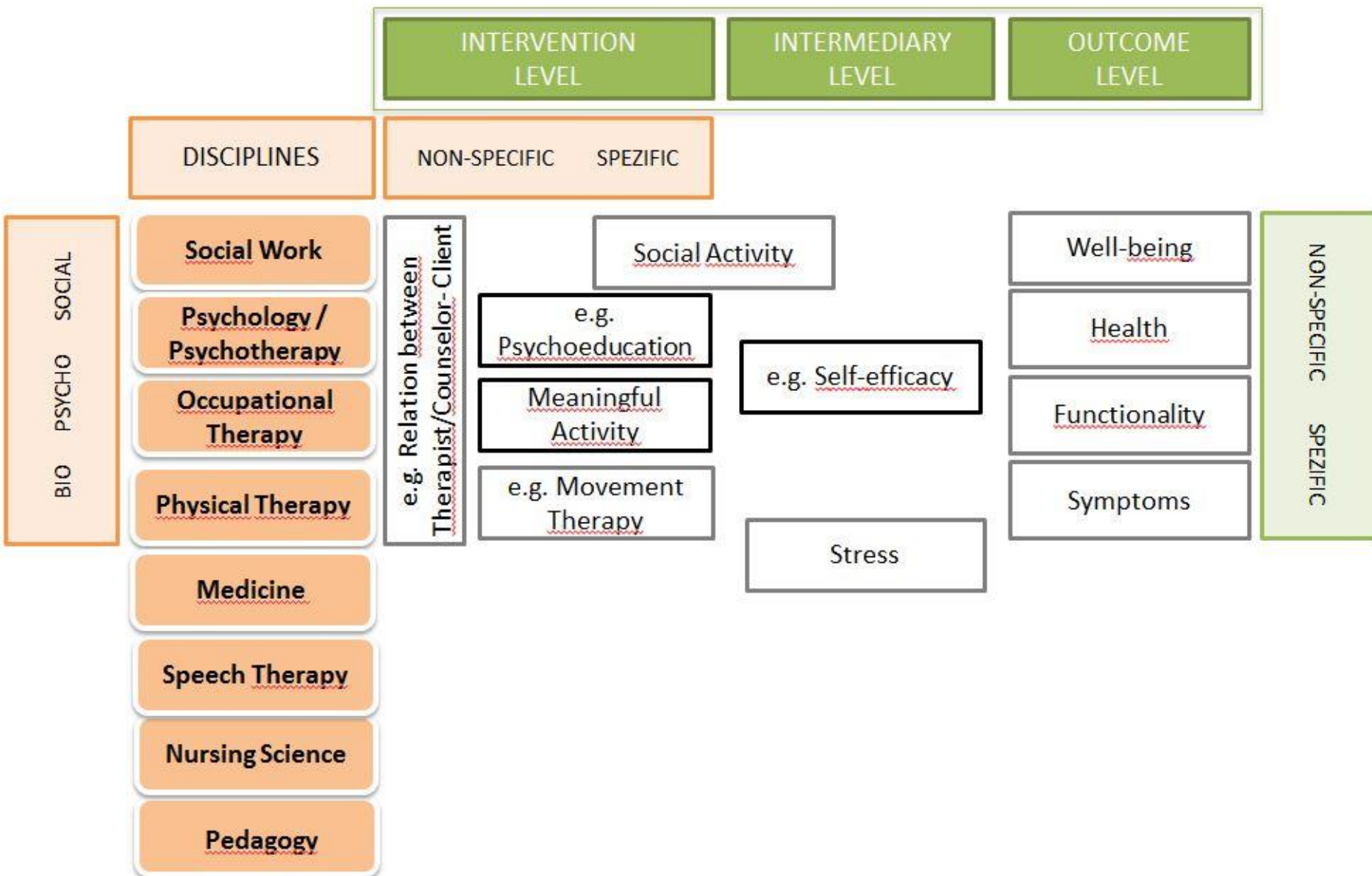
Best Practice:

- Clarification of motivation, Condition: participants are volunteers
- In addition to refugee-specific problems: age-related problems
- Important: Cooperation with social workers

Interdisciplinary teamwork

Best Practice:

- Interdisciplinary teamwork with social workers, occupational therapy and physiotherapy is very important
- Occupational therapy can support psychological work by building meaningful activities to improve the ability of the clients
- Physiotherapy can help to maintain or improve the ability to move and support psychological treatment



Source: Heid, S. (2019). *Wirkfaktoren bei interdisziplinären psychosozialen Unterstützungsprozessen*. In: Dietel, S. & Ufer, T. (Hrsg.), *Perspektivverschränkungen in den Gesundheitswissenschaften Band 2. Der lange Weg zur Chancengleichheit*. Hamburg: Verlag Dr. Kovàc.

Self-Efficacy

„ Perceived self-efficacy is defined as people's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives.” (Bandura, 1994)

- Self-efficacy is context specific.
- Nevertheless „General self-efficacy“ can be measured (e.g. GSE).
- The four most important factors for development of perceived self-efficacy are:
 1. Actual experience of own competence
 2. Activation (motivation)
 3. Observational learning and learning from models
 4. Persuasion

Source: Bandura, A. (1994). Self-efficacy. In V. S. Ramachaudran (Ed.), Encyclopedia of humanbehavior (Vol. 4, pp. 71-81). New York: Academic Press.

Methods

Diagnostic procedures

- RHS 15 : Refugee Health Screener
- GSE : General Self-Efficacy Scale

Files analysis

Satisfaction survey

Program impact (subjective)

Results

RHS 15 : Refugee Health Screener (n=42)

	M (Intervention)	M (Control)
RHS14-Pre	30,47 (n=19)	35,13 (n=23)
RHS14-Pre (Paired comparison)	34,42 (n=12)	41,83 (n=6)
RHS14-Post (Paired comparison)	35,08 (n=12)	38,83 (n=6)
RHS14 Follow-up	31,75 (n=4)	

Correlations (Pre-Post) ,024* ,048*

	M (m)	M (f)
RHS14-Pre	28,04 (n=26)	41,15 (n=13)
RHS14-Post	32,55 (n=11)	45,33 (n=6)

- Very high total values (threshold for PTSD-Screening > 11)
- Stabilisation effect (intervention group)?
- Significant sex differences (cultural influence?)
- Indication for long-term intervention effect (follow-up)?

Results

GSE General Self-Efficacy (n=37)

	M (intervention)	M (control)
GSE-Pre	23,95 (n=19)	24,22 (n=18)
GSE-Pre (Paired Comparison)	23,33 (n=12)	24,40 (n=5)
GSE-Post (Paired Comparison)	24,17 (n=12)	20,80 (n=5)
Korrelation (Pre-Post)	,000**	,073

	M (m)	M (f)
GSE-Pre	26,09 (n=22)	19,83 (n=12)
GSE-Post	24,30 (n=10)	19,33 (n=6)

- Low total values in comparison with international norm sample
- Stabilisation (intervention group)
- Indication of declined values (control group)!
- Significant sex differences

Results

Files analysis

n=35 cases

n=211 analysed sessions

Method: Quantitative Content Analysis

Results:

- Symptoms/Well-being: Indications for decline in number of neg. symptoms and better well-being from session #6
- Significant correlation between symptom evidence and RHS-15 results
- No correlation between self-efficacy and activity
- No correlation between activity and well-being
- Highly significant negative correlation between GSE-Pre and evidence for personal resources (?)

Highly significant correlation between use of psychoeducational techniques and/or behavior-change procedures (session #1 – #4) and activity (session #5 – #8).

Alternative interpretation: Corresponding questions of the psychologist

Results

Satisfaction (n=6)

- **Very high satisfaction with the program**
- **High quantity of personal learning**
- **Effects of participation**
 - „could talk about problems“ / „to cope with problems“
 - „training for certain situations“
 - „could talk about stress / thoughts“
 - Information about German culture
 - „to talk between woman and woman“

Results

Program impact (subjective) (n=7)

- Subjective development of well-being: in average „slightly better“
- Subjective relation between improved well-being and participation in the program
 - „distraction“
 - „I go to school more often now“
 - „could talk about problems“
 - „felt better after the talks“
 - „Someone listened to me“
 - „relaxing effect -> problem becomes smaller“
 - „feeling of relief“
 - „time for thinking without pressure“
 - „ideas for coping with problems“

Conclusions

- High subjective satisfaction of participants with the program
- Experiences with explorative methods and hypotheses should be tested systematically in further evaluation studies
- Further theoretical and empirical evaluation of psychosocial interventions is necessary to provide more evidence of effects of interdisciplinary cooperation between social work, psychology, therapeutical sciences and medicine.