



International models for the treatment of refugee patients: Experiences from Denmark”

Stockholm, December 6th, 2018

Marie Høgh Thøgersen PhD. (mht@dignity.dk)
Researcher, Clinical Psychologist
Danish Institute Against Torture DIGNITY



Plan for the presentation

- ❖ Introduction
- ❖ DIGNITYS Treatment model
- ❖ The Danish Model
- ❖ Does the model work? What do we know?
- ❖ The next steps
 - *The establishment of a clinical research database across national centers*
 - *Better assessment and screening tools: a feasibility study of a cultural sensitive neuropsychological test battery*
- ❖ Challenges
- ❖ Conclusion



DIGNITY

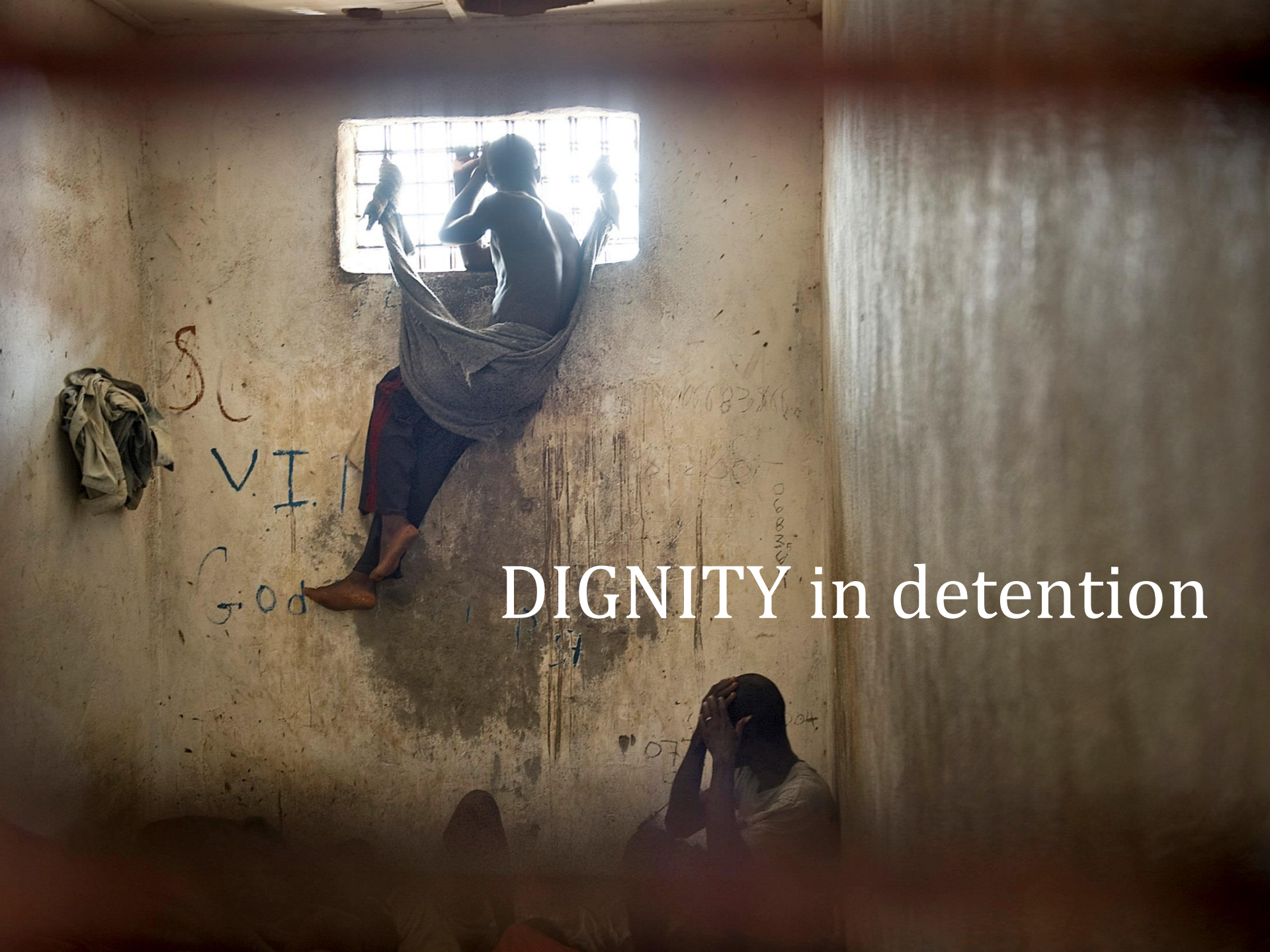
- DIGNITY – Danish Institute Against Torture
- Previously RCT
- Founded by 1982 Inge Genefke, MD, as a NGO
- No systematic knowledge existed on torture and the after-effects of torture. Main aim was, by systematic examinations, to demonstrate that the victims had been subjected to torture.
- Rehabilitation, Prevention of Torture in Detention, Urban Violence
- Since 2006 rehabilitation financed by "Sygehusloven" i.e. as a private hospital

DIGNITY: What do we do? Departments

Prevention of
tortur in
detention

Advocacy





DIGNITY in detention

DIGNITY: What do we do? Departments

Prevention of
tortur in
detention

Advocacy

Prevention of
urban violence



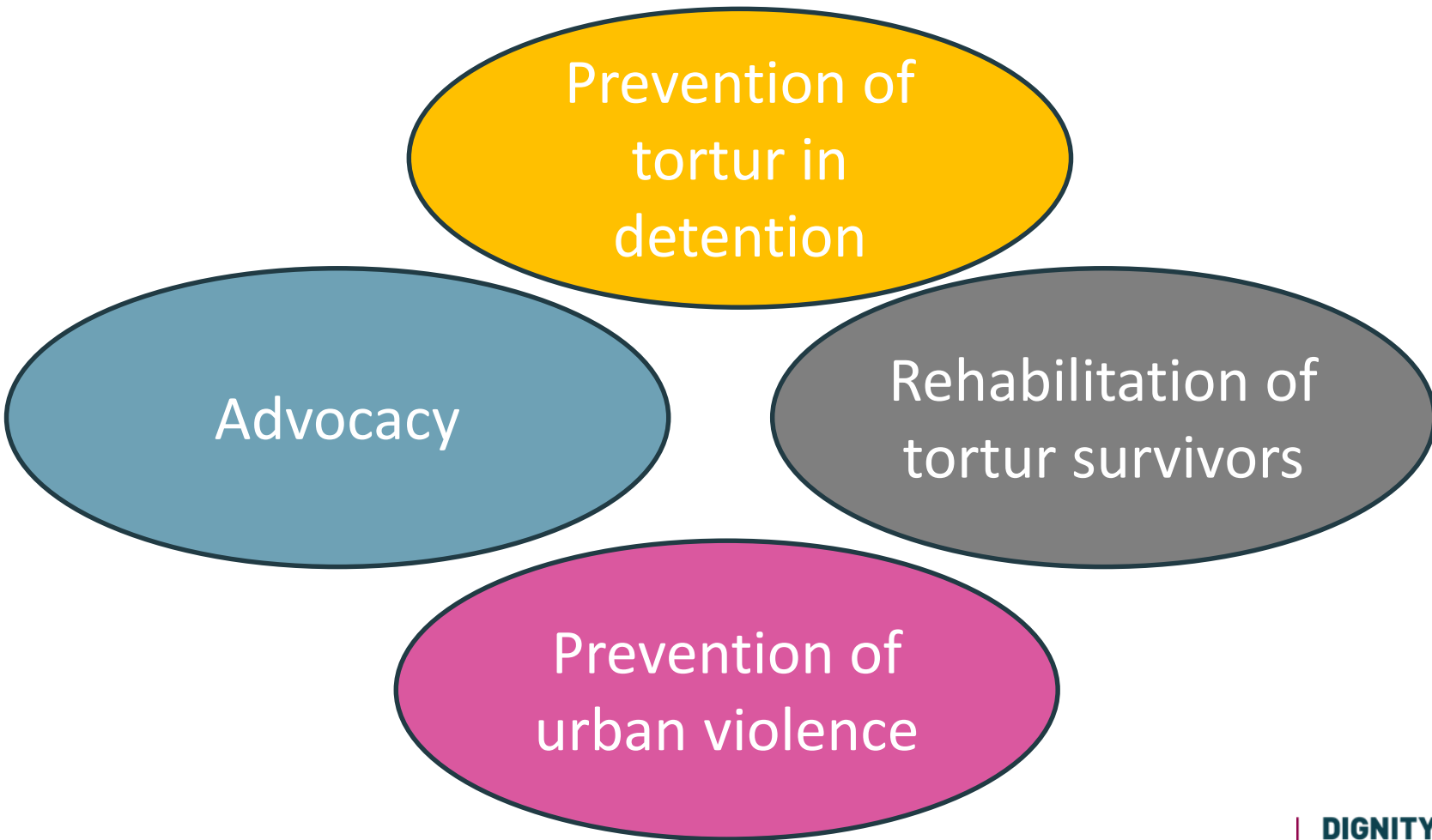
Torture and organized violence in urban areas

Prevention of
violence and torture
in urban areas

We work with
evidence-based
interventions to
research and prevent
torture and organized
violence in poor urban
areas



DIGNITY: What do we do? Departments

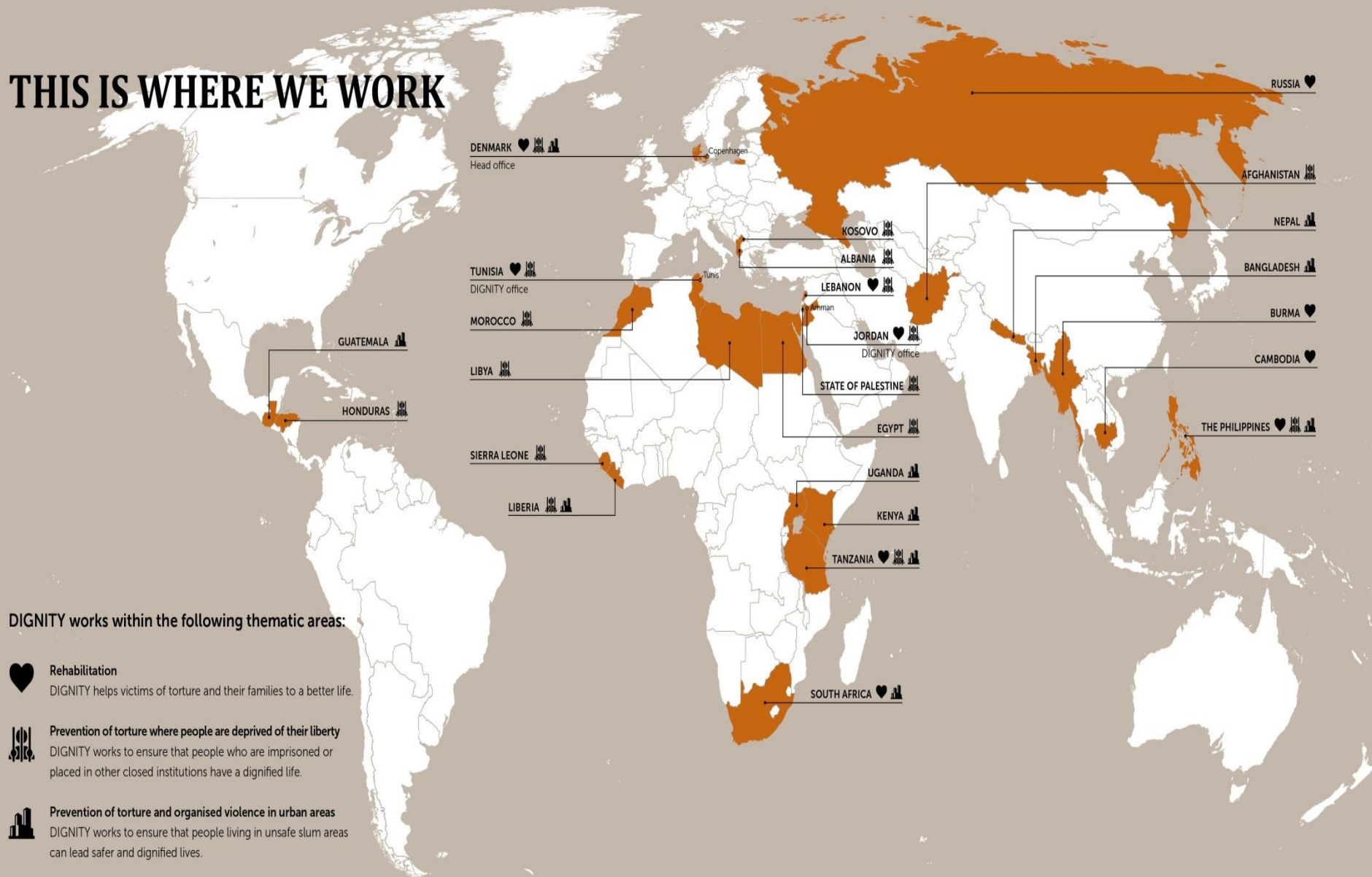


Rehabilitation

We offer professional, multidisciplinary rehabilitation to victims of torture and other severely traumatized refugees in Denmark and support local rehabilitation services around the world.



THIS IS WHERE WE WORK



DIGNITY works within the following thematic areas:



Rehabilitation

DIGNITY helps victims of torture and their families to a better life.



Prevention of torture where people are deprived of their liberty

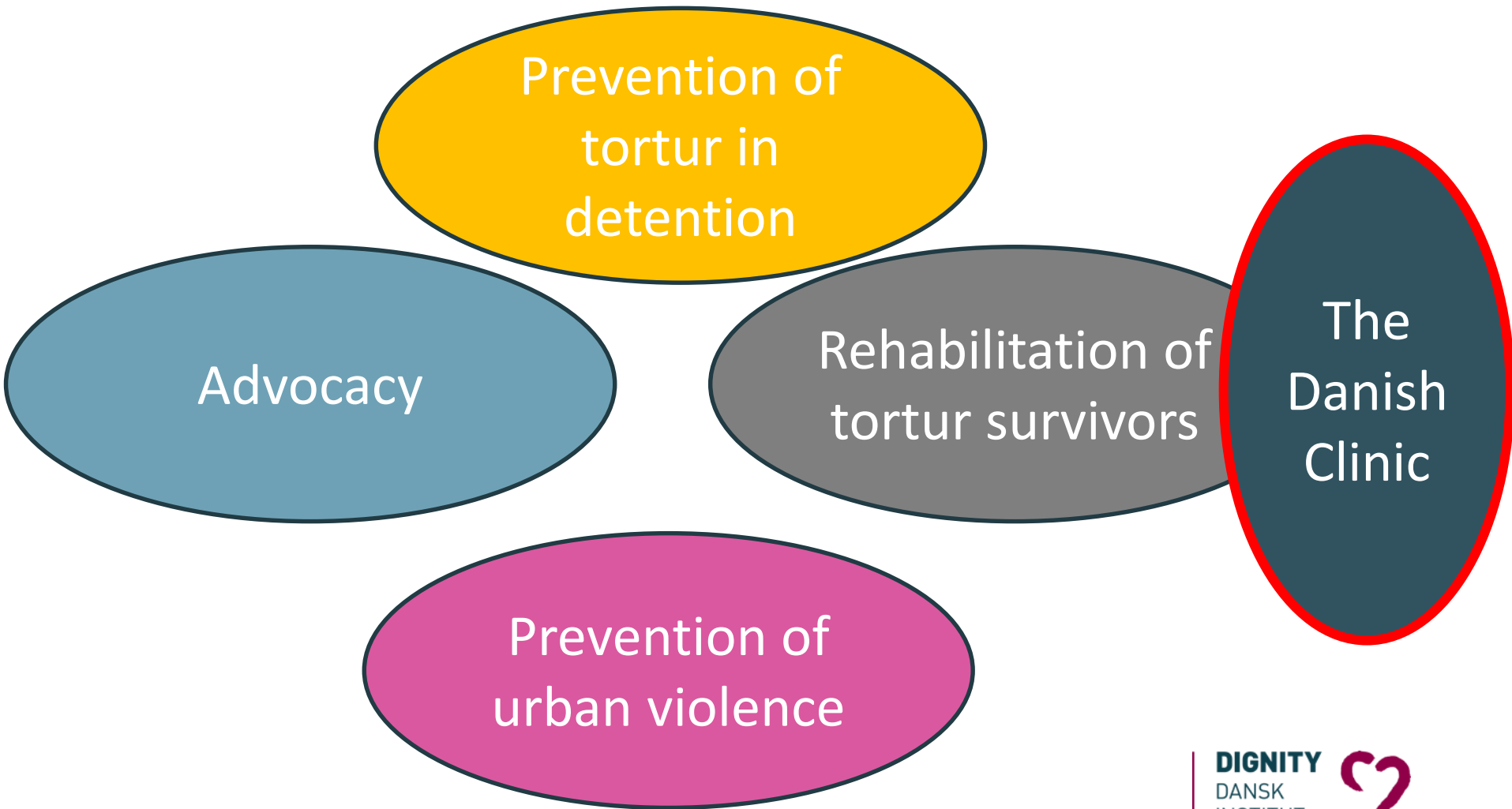
DIGNITY works to ensure that people who are imprisoned or placed in other closed institutions have a dignified life.



Prevention of torture and organised violence in urban areas

DIGNITY works to ensure that people living in unsafe slum areas can lead safer and dignified lives.

DIGNITY: What do we do? Departments





The Danish Clinic

The Rehabilitation Clinic is a highly specialized clinic for the treatment of traumatized refugees and their families.

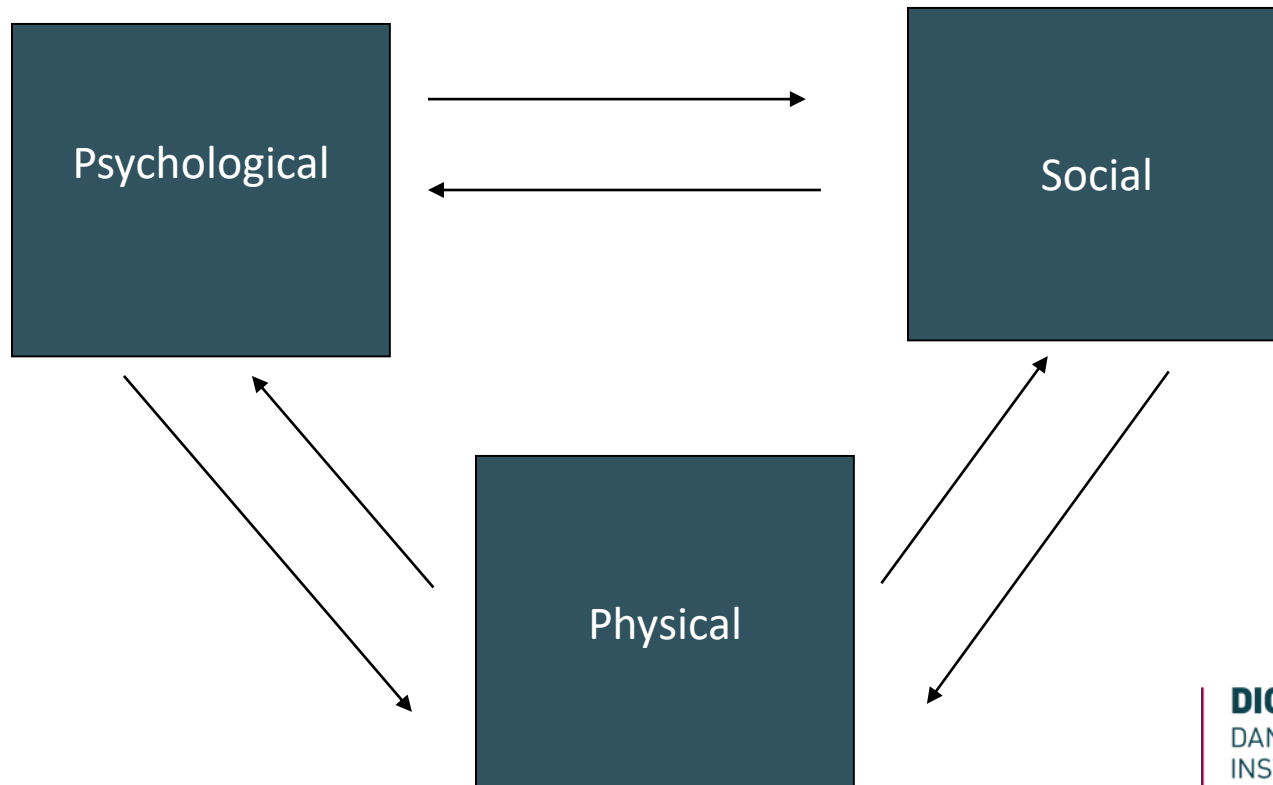


DIGNITY Rehabilitation

- Traumatized and tortured refugees with a complex symptomology.
 - Psychological symptoms: PTSD, depression, anxiety, psychosis, sleep, panic attacks, psychosomatic symptoms, etc.
 - Physical symptoms: chronic pain, disabilities, diabetes, dyspepsia and IBS.
 - Social problems: No network, poverty, isolation, difficulties to enter the job market, integration, etc.
- Experiences of repeated trauma over a long period of time + other types of difficulties with migration.
- approx. 130-140 adults and 60 children every year
- Often the spouse and children are involved in the process, as the whole family is affected.
- 80% are in need of an interpreter

DIGNITY Rehabilitation

- Bio-psycho-social model



Rehabilitation- building a bridge to society

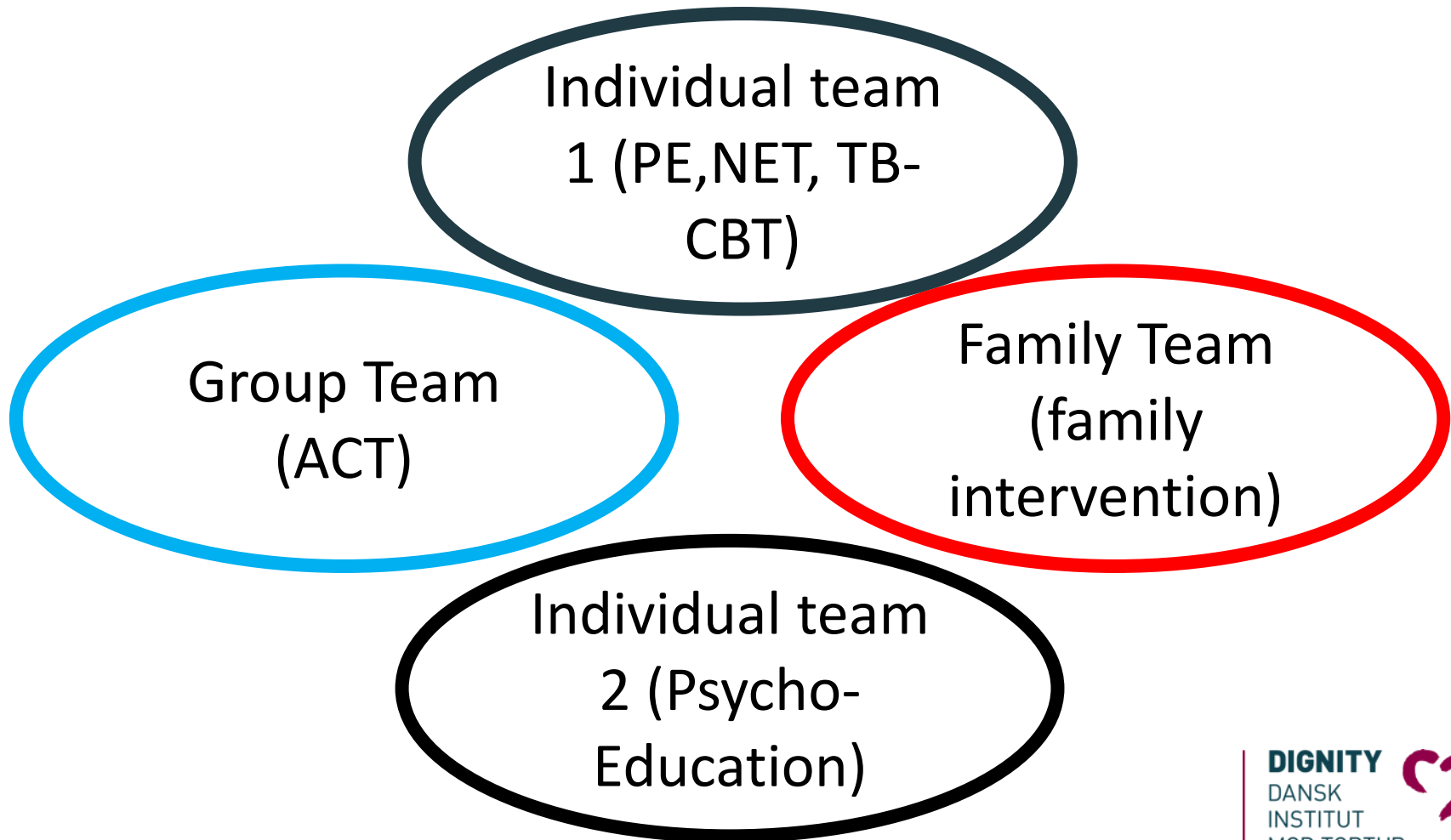
- Rehabilitation objectives:
 - Understand and accept symptoms/trauma
 - Reduce complex symptomatology (mental, physical and social)
 - Increase functional level
 - Participation in society
 - Quality of life
 - Family functioning
- The rehabilitation is based on:
 - Evidence for multidisciplinary treatment being more effective than mono-therapies, for example chronic pain.
 - Evidence based therapies for mono therapies, such as PTSD (TFCBT, PE, NET, BAT).
- Treatment based on interdisciplinary teams: psychologist, physician, social adviser and physiotherapist.

Why the interdisciplinary approach?

- Monodisciplinary treatments are insufficient
- Its is not possible to narrow the patients' problems to one diagnosis e.g. PTSD or chronic pain
- The patients' problems are overlapping (social, psychological and physical)

DIGNITYS four interdisciplinary teams:

(each with psychologist, physician (Psychiatrist), social worker and physiotherapist.)



Rehabilitation of traumatized refugees in Denmark



DIGNITY
DANSK
INSTITUT
MOD TORTUR



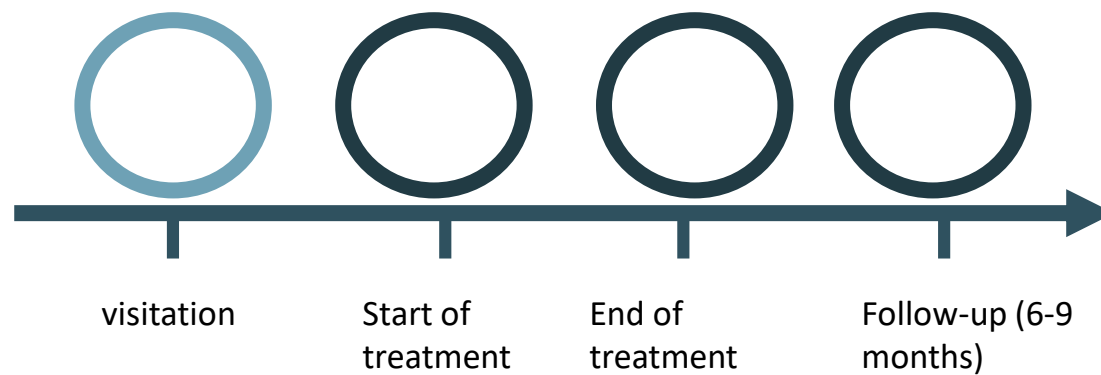
Collaboration across national rehabilitation centers in Denmark

Common clinical monitoring tools from 1982-

Measurement	scale
Sociodemographic data	Start
Level of functioning	WHO-DAS
Trauma exposure	HTQ 1
Traumatic Brain Injury	HTQ 3
PTSD symptoms	HTQ4
Depression	HSCL-25
Pain	BPI
Treatment content	End of treatment



Time of datacollection -



Who works with
traumatized refugees in
Denmark?

- 3460 Patients each year
- 27 doctors 36 social workers, 41 physiotherapists, 18 nurses and 71 psychologists

Overview of nine rehabilitationscenters in Denmark

Tabel A: Oversigt over nationale rehabiliteringscentre og Indvandremedicinske klinikker

Center	Offentlig / Privat	Etablerings-år	Målgruppe	Antal pts per år	Behandlere	Behandlings-tilgang
Kompetencecenter for Transkulturel Psykiatri	Offentlig/ Center for Psykiatri Ballerup	2008	Traumatiserede flygtninge og patienter med en transkulturel baggrund og komplekse psykiatriske problemstillinger. Kun voksne.	750	Psykologer 8, Socialrådgivere 3, Læger 15, Fysioterapeuter 5, Sygeplejersker 2	Tværfaglig model & forsknings i behandlingseffekt TF-CBT, CFI, PE, IRT, BAT
Klinik for PTSD og Angst	Offentlig/ Psykiatrisk Center Risskov	1987	Som ovenfor samt veteraner med PTSD og komplekse psykiatriske problemstillinger. Voksne danskere med PTSD efter erhvervs-relaterede traumatiske oplevelser. Unge flygtninge fra 15 år og 2. generationsdanskere	550	Psykologer 15, Læger 2, Fysioterapeuter 6, Sygeplejersker 5, Socialrådgivere 2, Pædagoger 1, Kostvejledere 1	Tværfaglig model NET, CBT, PE; BAT, EMDR, PE

Center	Offentlig / Privat	Etablerings-år	Målgruppe	Antal pts per år	Behandlere	Behandlings-tilgang
Afdeling for Traume- og Torturoverlevende (ATT) Odense /Vejle	Offentlig / Odense Universitet shospital	2003	Traumatiserede flygtninge og deres familier og veteraner med PTSD. Kun voksne.	550	Psykologer 7, Socialrådgivere 5, Læger 1, Fysioterapeuter 5, Sygeplejersker 1	Tværfaglig model NET, CBT, PE MBT
Vejle		2001	Traumatiserede flygtninge og deres familier og veteraner med PTSD. Kun voksne.		Psykologer 8, (en special Psykolog) Socialrådgivere 3, Læger 1, Fysioterapeuter 4	
Rehabiliterings-center for Flygtninge, Aalborg	Offentlig / Region Nordjylland	1988	Traumatiserede flygtninge. Kun voksne.	350	Psykologer 5, Sygeplejersker 2, Læger ½, Fysioterapeuter 4	Tværfaglig model CBT

Center	Offentlig / Privat	Etablerings-år	Målgruppe	Antal pts per år	Behandlere	Behandlings-tilgang
Klinik for Traumatiserede Flygtninge, Slagelse og Køge	Offentlig/ Region Sjælland	2011	Traumatiserede flygtninge og veteraner med PTSD. Kun voksne	110	Psykologer 3, Fysioterapeuter 4, Socialrådgivere 3	Tværfaglig model CBT
DIGNITY, Institut mod Tortur	Selvejende institution	1982	Traumatiserede flygtninge og deres familier. Behandler familier, børn og voksne.	130	Psykologer 10, Socialrådgivere 5, Læger 3, Fysioterapeuter 5	Tværfaglig model NET, CBT, TF-CBT, SE, BAT
Rehabiliteringscentre for Torturofre, Jylland	Selvejende, driftsoverenskomst med region Syd Danmark	1985	Traumatiserede flygtninge og deres familier. Voksne.	280	Psykologer 5, Socialrådgivere 4, Fysioterapeuter 4, Læger ½	Tværfaglig model NET, TF-CBT. PE
OASIS – Behandling og rådgivning for flygtninge.	Privat	1987	Traumatiserede flygtninge. Voksne, familier og børn.	220	Psykologer 7, Socialrådgivere 6, Fysioterapeuter 3	Tværfaglig model TF.CBT, NET, EMDR

De indvandremedicinske klinikker

Center	Offentlig / Privat	Etablerings-år	Målgruppe	Antal pts per år	Behandlere	Behandlings- tilgang
Indvandrermedicinsk Klinik, Odense	Offentlig / Odense Universitets hospital	2008	Voksne	310	Læger 3, Sygeplejersker 3, Socialrådgivere 2	Tværfaglig model
Indvandrermedicinsk Klinik, Hvidovre	Offentlig	2011	Voksne	210	Læger 3, Sygeplejersker 4, Socialrådgivere 2, Farmaceut 1	Tværfaglig model

**The first results:
Monitoreringdata 2012-
2016**

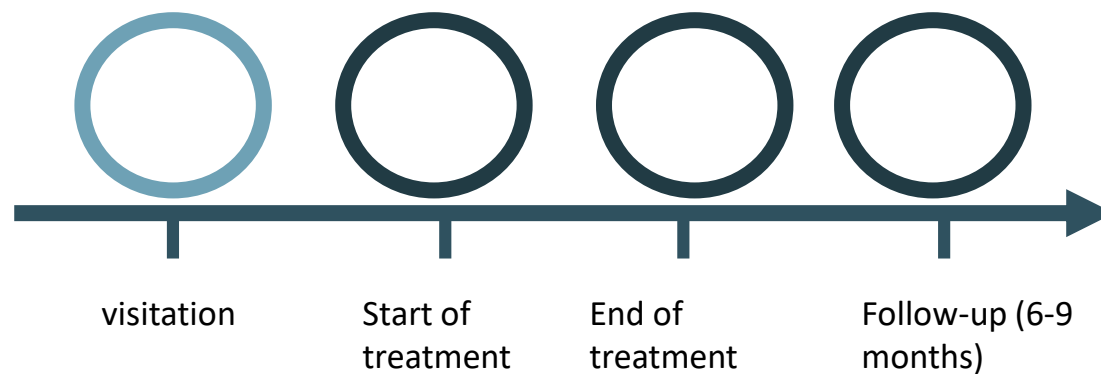
Resultater: Study design

Common clinical monitoring tools from mid 1980.

Measurement	scale
Sociodemographic data	Start
Level of functioning	WHO-DAS
Trauma exposure	HTQ 1
Traumatic Brain Injury	HTQ 3
PTSD symptoms	HTQ4
Depression	HSCL-25
Pain	BPI
Treatment content	End of treatment



Time of datacollection -



Skema	Visitation	Start-monitorering	Slut-monitorering	Follow-up
HTQ1	-	380	-	-
HTQ3	-	328	-	-
HTQ4				
PTSD	667	855	538	150
Selvopfattelse	667	492	327	150
HSCL-25				
Depression	688	801	504	173
Angst	688	798	502	173
WHO-DAS	670	691	453	164
BPI	638	703	469	129
Socialrådgiver	-	955	-	-

Baseline:
Who are our patients?

Age

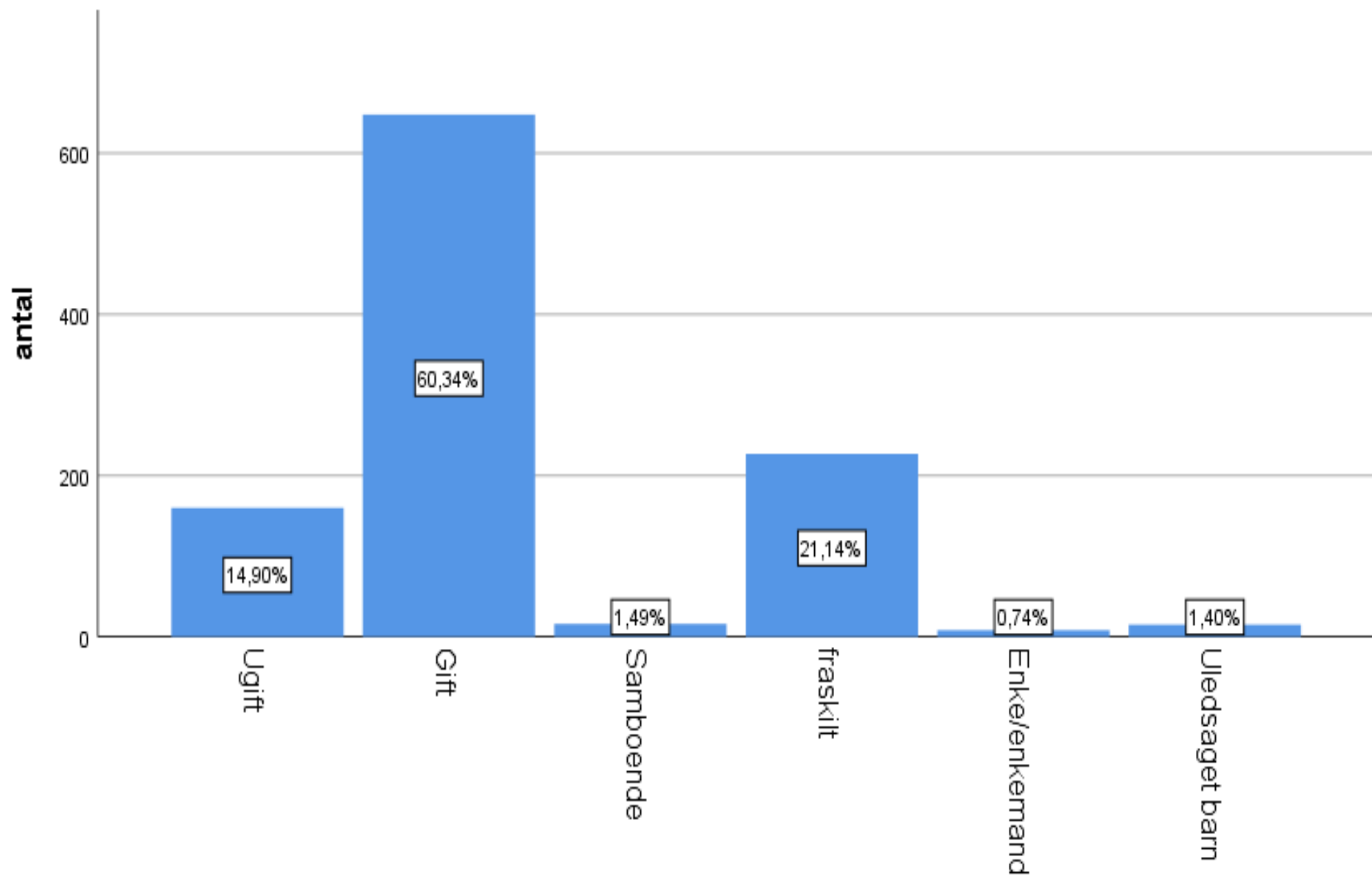
Center	N	youngst (yrs)	oldest(yrs)	Average age (yrs.)	St.D.
Aarhus	387	16	66	40,4	9,42
RTC	307	17	68	41,8	9,73
OASIS	375	17	83	45,1	11,80
DIGNITY	425	10	73	43,9	10,27
Total	1494	10	83	42,8	10,51

Age and Gender

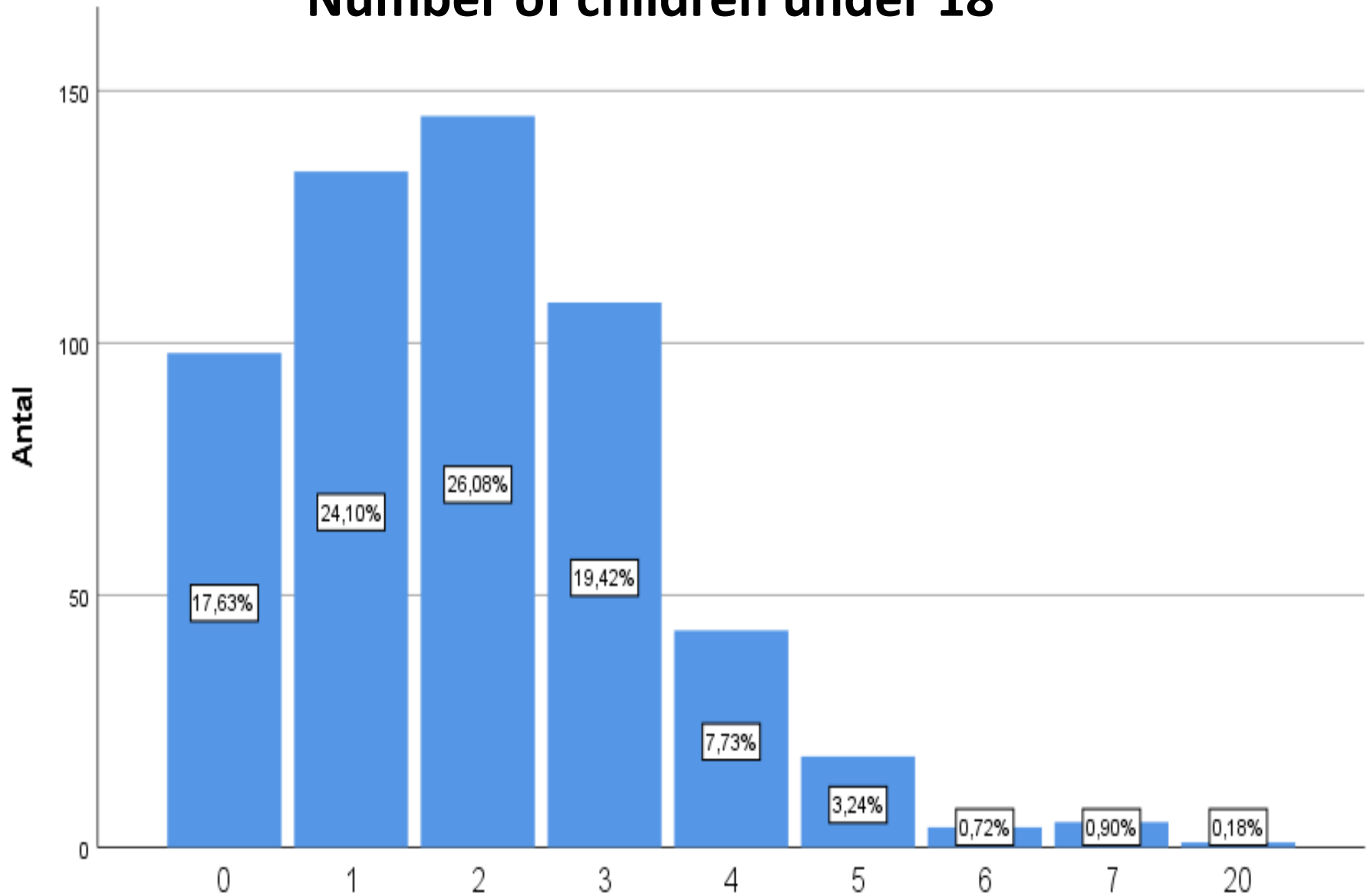
Center	N	Gender	Age (yrs.)
RCT	155	female	41,2
	154	male	42,4
OASIS	186	female	43,1
	189	male	47,1
Aarhus	192	female	39,2
	222	male	41,5
DIGNITY	214	female	42,5
	305	male	44,8
Total	747	female	41,6
	870	male	44,0

male kommer i behandling 2½ år senere end female

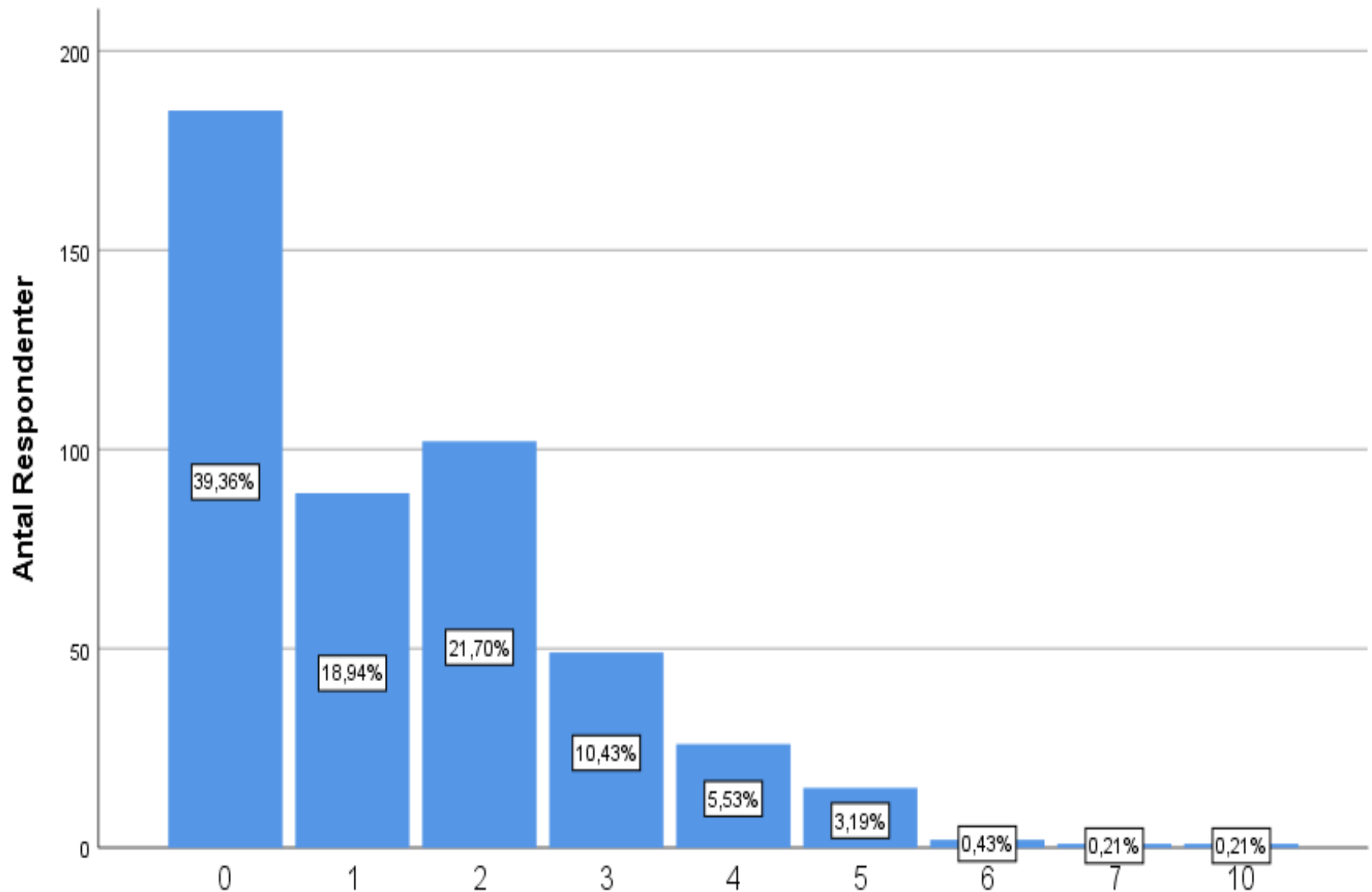
Civil Status



Number of children under 18



Number of children 18 +



**Which countries do our
patients come from?**

Center	Lande	Andel af respondenter (%)
RCT (N=278)	Bosnien	22,7
	Afghanistan	12,9
	Syrien	11,2
	Albanien	7,9
	Irak / Kurdistan	6,1
Aarhus (N=414)	Afghanistan	16,7
	Irak	16,4
	Bosnien	15,5
	Iran	13,8
	Libanon	9,7
DIGNITY (N=262)	Irak	24,4
	Iran	11,1
	Kurdistan	10,3
	Palæstina	8,8
	Danmark	7,6
Total (N=954)	Irak	15,6
	Bosnien	14,2
	Afghanistan	12,3
	Iran	10,1
	Syrien	5,9

Education?

Education

Center	N	Gender	Years of School (average)
Total*	414	female	8,5
	504	male	9,1

Employment

DIGNITY (N=341)	Employment	N	(%)
total (N=1026)	Job	77	7,5
	Kontanthjælp	631	61,5
	Førtidspension	65	6,3
	Pension	12	1,2
	A-kasse	9	0,9
	Sygedagpenge	130	12,7
	Anden indkomst	102	9,9

Employment before arrival to Denmark across gender

	Gender	N	Work before arrival to Denmark (%)
Total	female	187	70,59
	male	214	90,19

**Symptom level at
baseline?**

PTSD og self-perception of functional level

Center	PTSD/Funktions evne	N	average s-score	Standard afvigelse
total	PTSD	1109	3,120	0,4917
	Self-perception	744	2,729	0,6221

Anxiety and depression – Baseline

	Anxiety/Depression	N	Average score	St.D
Total	Anxiety	1129	3,044	0,5804
	Depression	1046	3,036	0,5528

Recovery PTSD (HTQ4)

Recovery, PTSD og self perception of functional level (HTQ4)

Center	PTSD/Funktions evne	N	average score start of treatmentt	average recovery	P-værdi
total	PTSD*	359	3,1454	0,2110	<0,001
	Selv perception *	162	2,7152	0,1865	0,001

Recovery :PTSD

Center	N (PTSD)	Recovery PTSD from score at start (%)
RCT	52	5,3
OASIS	9	9,7
Aarhus	174	4,9
DIGNITY	124	9,7
total	359	7,4

Recovery Anxiety and Depression (HSCL)

Recovery, Anxiety and Depression (HSCL 25)

Center	Anxiety /Depression *p<0,10	N	average score at start of treatment	average recovery at end of treatment	P- værdi
Total	Anxiety*	355	3,0569	0,2085	<0,001
	Depression*	310	3,0181	0,2363	<0,001

Recovery- Anxiety and Depression

Center	N (Anxiety)	Recovery anxiety from start (%)	N (Depression)	Recovery depression from start (%)
RCT	84	5,65	56	5,19
OASIS	12	7,82	13	6,57
Aarhus	138	6,30	127	7,71
DIGNITY	121	8,15	114	20,71
Total	355	6,83	310	7,78

Recovery
Pain (BPI) and Functional
level (WHODAS)

Who benefits the most

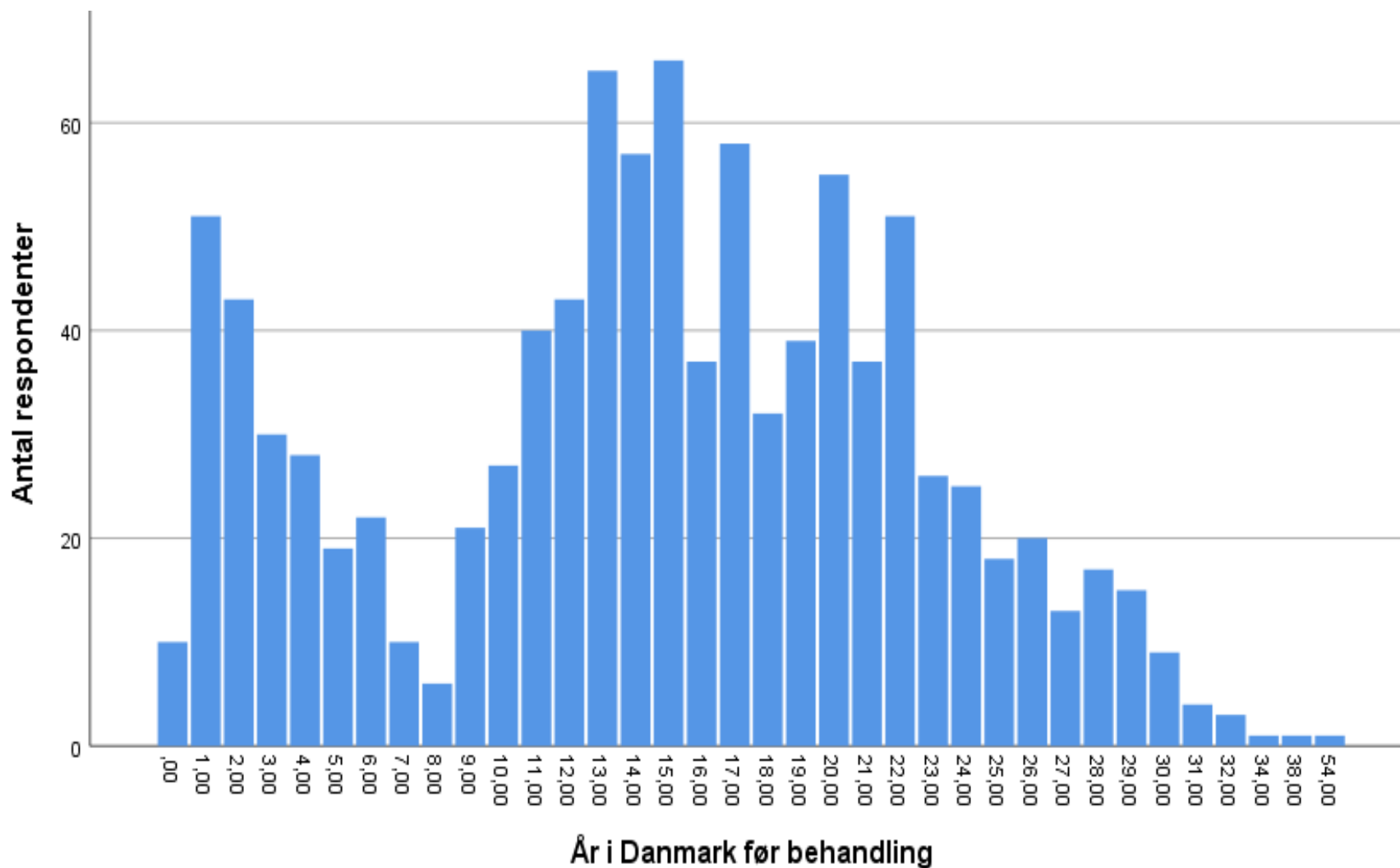
- We know very little but data indicates:
 - Refugees with one-three children
 - Refugees who have been employed before arrival
 - Refugees from Iran and Bosnia
 - Refugees with a low level of pain interference

Number of years in
Denmark at start of
treatment

Years in Denmark before start of treatment

Center	N	Min (yrs)	Max (yrs)	average number of years
RCT	266	0	30	12,59
Aarhus	376	0	54	13,97
DIGNITY	358	0	38	16,95
total	1000	0	54	14,67

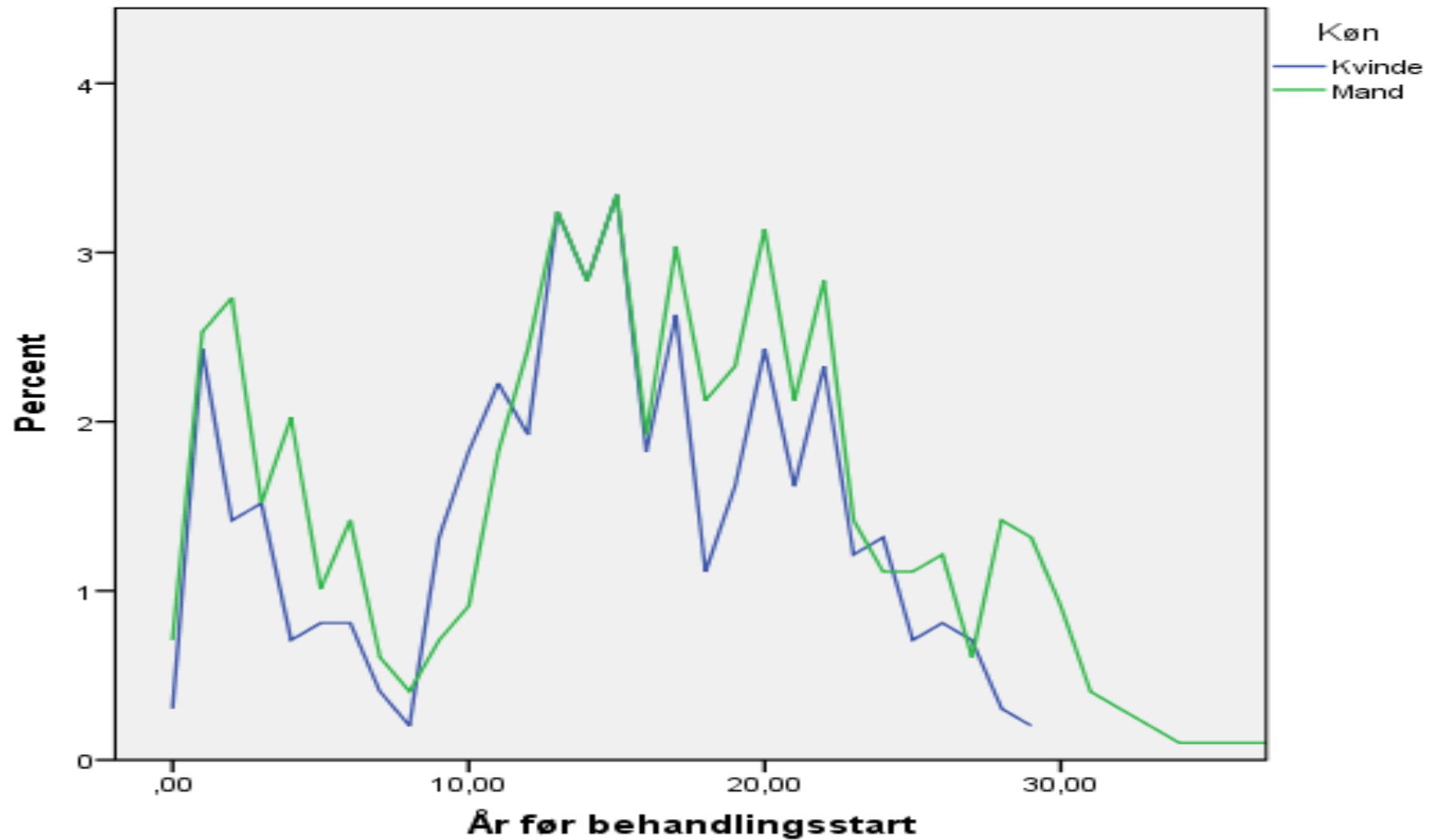
Number of years in Denmark at start of treatment



Number of patients in each wave

	N	Wave 1 (%)	Wave 2 (%)
Total	1002	13,27	86,73

Years in Denmark before treatment- Gender



	average recovery wave 1 (%)	average recovery wave 2 (%)
PTSD	12,42	5,41
Self-perception	17,62	4,66
HTQ-4 total-score	16,92	6,11
Anxiety	14,29	4,94
Depression	14,05	6,09
HSCL-25 total-score	13,78	6,16

Average recovery on PTSD Symptoms

Gruppe	N	average PTSD score at start	average PTSD score at end	Average recovery
Patients with no treatment effekt	118	2,966	3,2511	-0,2844
All Patients with full monitoring data	359	3,1454	2,9344	0,2110

Lack of effect of treatment

- 32 % experience no effect of treatment
- This has been shown in other studies Danish studies
 - Carlsson, J.L.” A follow-up study of mental health and health related quality of life in tortured refugees in multidisciplinary treatment J Nerv. Ment. Dis 2005
 - Buhmann, C.B. et al.2016: the effect of flexible behavioural cognitive therapy and medical treatment; a pragmatic randomised controlled trial. British Journal of Psychiatry, Vol.208. No.3,03.2016 p-252-9

Conclusion

- Our patientgroup is hetrogeneous
- Across centers there is a significant recovery- but it can be discussed if it is clinical significant
- A small group seems to have an effect of the treatment
- A large group seem to have no effect of the treatment
- More knowledge on what works for whom is needed



We have only seen the top of the iceberg

Collaboration across
national
rehabilitation centers
in Denmark

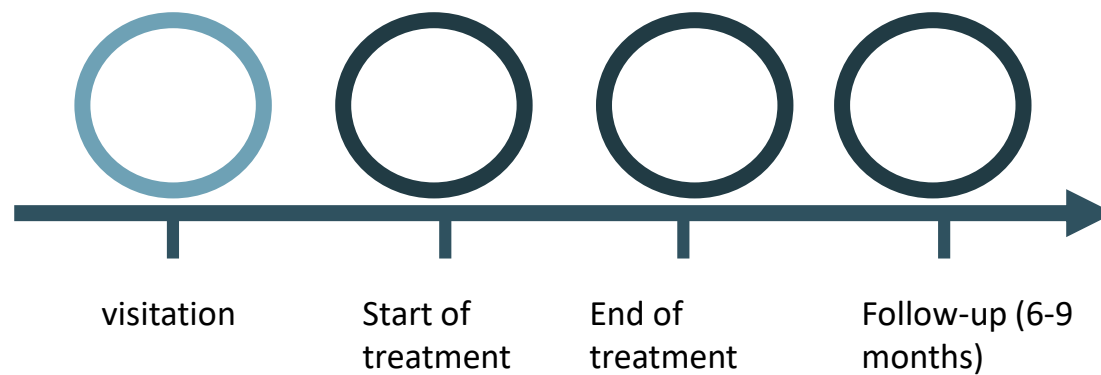


Common clinical monitoring tools from 1982-

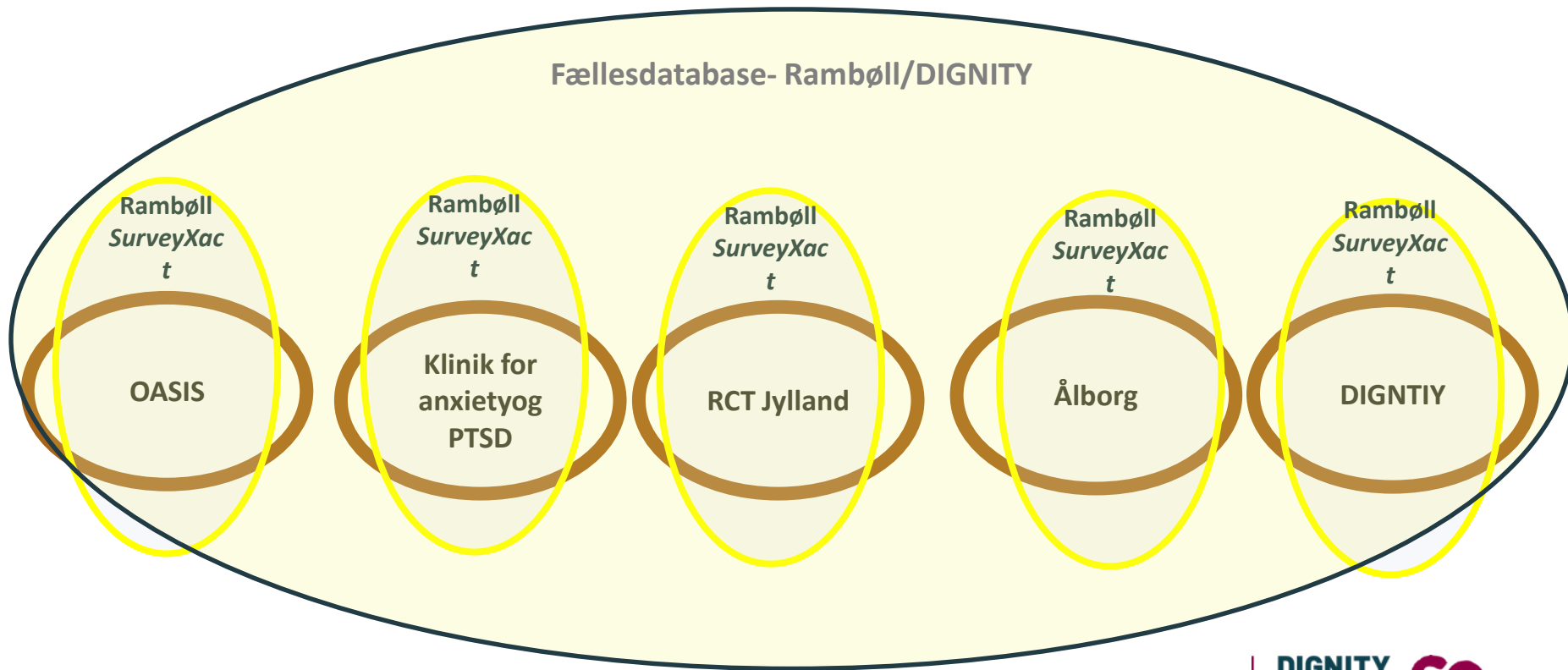
Measurement	scale
Sociodemographic data	Start
Level of functioning	WHO-DAS
Trauma exposure	HTQ 1
Traumatic Brain Injury	HTQ 3
PTSD symptoms	HTQ4
Depression	HSCL-25
Pain	BPI
Treatment content	End of treatment



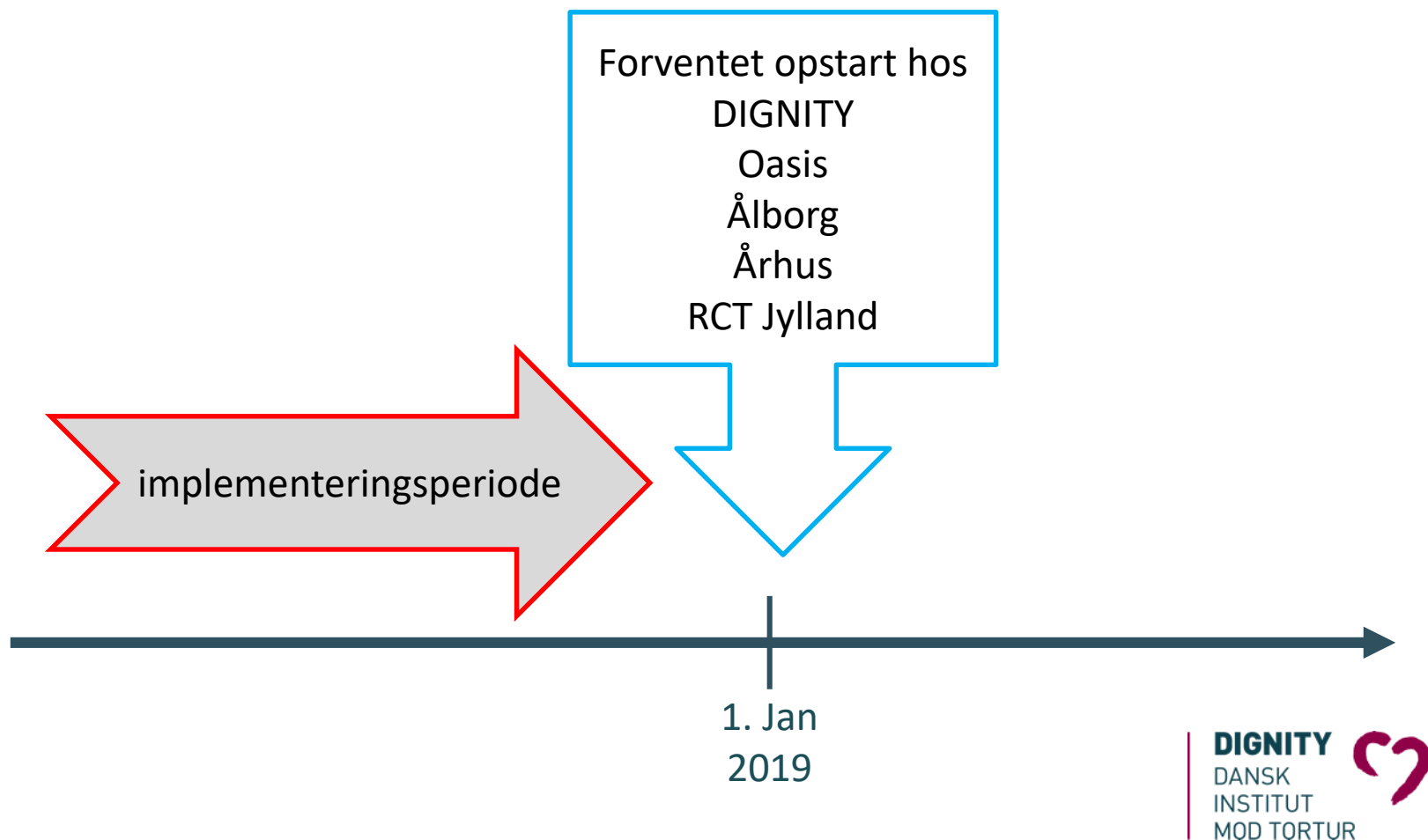
Time of datacollection -



Oversigt over datasamarbejde på tværs af fem nationale rehabiliteringscentre



Implementeringsplan SurveyXact løsning



Screening for Cognitive difficulties



Feasibility of a cultural sensitive
neuropsychological battery for
assessing cognitive functioning
among 30 newly arrived syrian
refugees at DIGNITYS clinic



Traumatic Brain Injury (TBI) is one of the most common and disabling injuries experienced by refugees

Level of TBI	Full recovery rate
Mild TBI	85-95%
Moderate TBI	60%
Severe TBI	15-20%



Cognitive
symptoms

Affective
symptoms

Somatic/
sensory
symptoms



LEVEL OF
FUNCTIONING

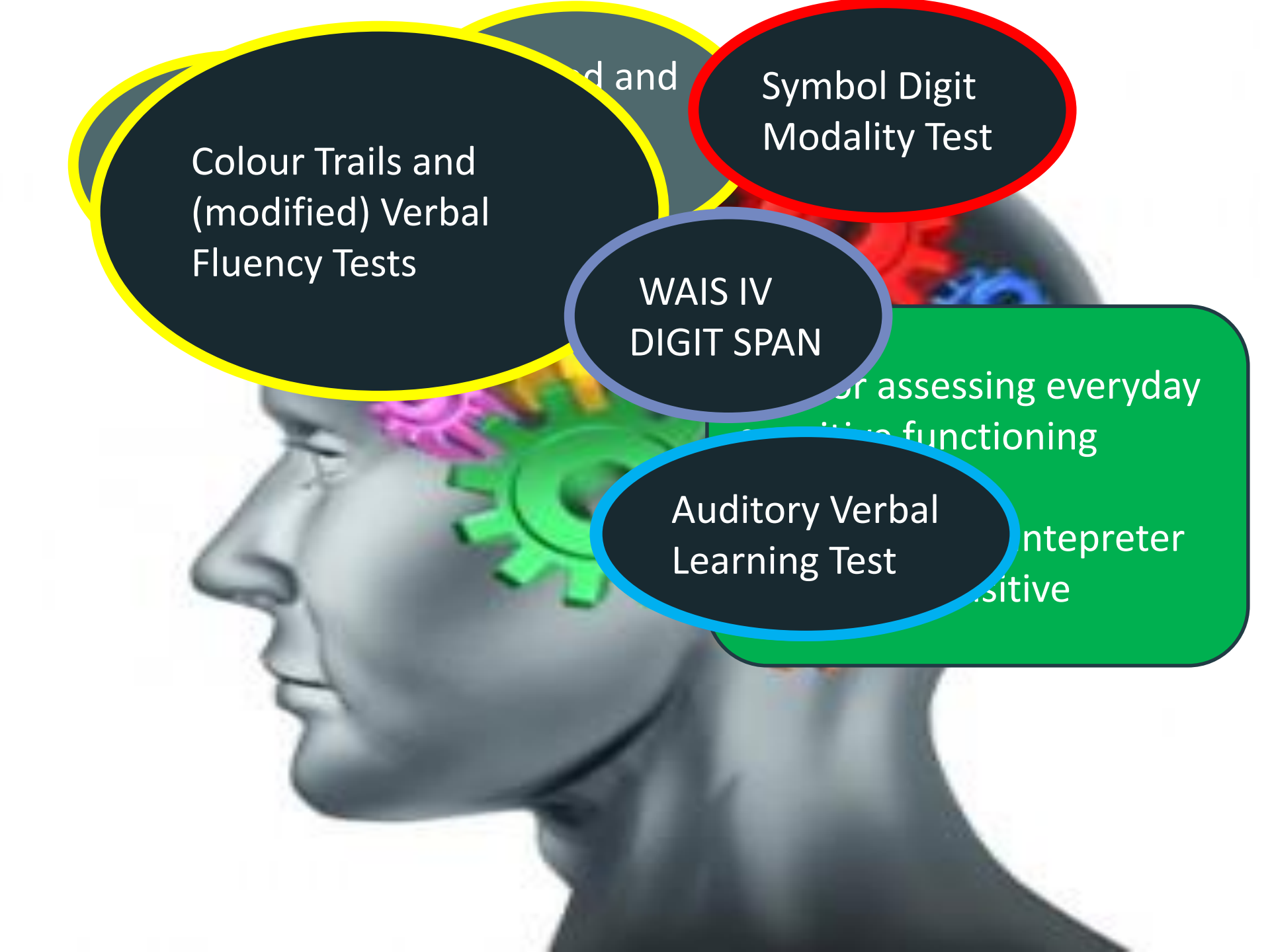
Somatic/
sensory
symptoms

Cognitive
symptoms

Affective
symptoms

TIME





Colour Trails and
(modified) Verbal
Fluency Tests

Symbol Digit
Modality Test

WAIS IV
DIGIT SPAN

Auditory Verbal
Learning Test

for assessing everyday
cognitive functioning

Interpreter
Positive

Cultural Sensitive Neuropsychological Battery

Cognitive variable(s) measured	Instrument(s) used
Working memory	WAIS IV Digit Span
Verbal memory and learning	Auditory Verbal learning test
Focused and shifting attention and executive functioning	Colour Trails and (modified) Verbal Fluency Tests
Tempo	Symbol Digit Modality Test

30 newly arrived refugees referred to treatment at DIGNTIY

Age	37 (SD = 8,4)
Male	67 %(n = 20)
Female	33 % (n =10)
Syrian	100% (n =30)
Years of school	10, 5 (3,2)
Married	63% (n =19)
Years in Denmark	1,9 (SD =0,8)
TBI (Havard Trauma Questionnaire 3)	73 % (n =22)

Preliminary findings

- A relevant clinical tool
- Correlation between TBI and cognitive functioning: those with TBI had lower cognitive functioning
- difficulties with executive functioning was most frequent

Conclusion

- Including neuropsychologist in the team of specialists and developing interventions for co-occurring TBI and PTSD, may increase effectiveness of treatment.
- More knowledge on the interaction of PTSD and TBI and how their symptoms may exacerbate each other is needed.
- These are preliminary results, more data and research is needed.

Other challenges in Denmark



The Danish welfare models inability to empower refugees

A Study from Skanderborg Municipality reveals that at arrival to Denmark most refugees believed, they alone, were responsible for finding a job, but after less than a year in Denmark the majority believed that it was the Danish States responsibility.

- (LG Insight 2015)

The change in the political climate



The New York Times

Denmark Plans to Isolate Unwanted Migrants on a Small Island



They are unwanted in Denmark, and they will feel that,” the country’s immigration minister, Inger Stojberg, said about a government plan to house unwelcome foreigners on a remote island.

Conclusion-

Experiences from Denmark

- There is a strong tradition of treating traumatized refugees in Denmark with the interdisciplinary "Danish Treatment Model"
- We still need to see an effect of this treatment model
- In these years we experience many challenges
- We need more knowledge on what works for whom, and we need more preventive interventions