Universität Rostock Traditio et Innovatio

Universitätsmedizin Rostock

Gestufte Versorgungsmodelle in der Versorgung von Minderjährigen mit Fluchterfahrung und deren Familien

ETAP – Education, therapy and advice project
Geflüchtete Kinder aus der Ukraine

Dr. biol. hum. Thorsten Sukale

Inhalte

- Ansatz gestufter Versorgungsmodelle
- Vom Screening zur Intervention
- Niederschwellige Angebote
- Psychotherapie bei Minderjährigen mit Fluchterfahrung
- Fragen

Ausgangssituation

- Zahlen (UNHCR, 2020):
  - mehr als 82,4 Millionen Menschen gezwungen, ihre Heimat zu verlassen
  - ca. 26,4 Millionen Geflüchtete, davon über die Hälfte Minderjährig
  - Zwischen 2018 und 2020 wurden eine Million Kinder auf der Flucht geboren
- Ukraine (UNICEF, 2022):
  - 4,3 Millionen Kinder in der Ukraine vertrieben (mehr als die Hälfte der Kinder)
  - 1,8 Millionen sind in andere Länder geflohen
  - 2,5 Millionen sind innerhalb der Ukraine auf der Flucht

Ausgangssituation

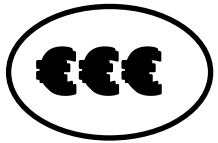
- Migrationsbewegungen werden vor alle seit 2015 in der Gesellschaft als herausfordernd und teilweise bedrohlich wahrgenommen
- Ursachen dafür (Bajbouj et al., 2018):
  - Migrationsbewegung sehr schnell und unerwartet
  - viele Menschen in relativ kurzer Zeit
  - überwiegend Menschen aus vergleichsweise fremden Kulturen
- sehr komplexes Bild von Belastungsfaktoren und Symptomprofilen und Schwierigkeiten beim Zugang zu unterstützenden/therapeutischen Angeboten als große Herausforderung für alle Systeme
- neue Versorgungsstrukturen notwendig: gestufte Versorgungsmodelle als möglicher Ansatz (Schneider et al., 2017)

ANSATZ GESTUFTER VERSORGUNGSMODELLE

Ansatz gestufter Versorgungsmodelle

Versorgungslücke in Deutschland für geflüchtete Kinder und Jugendliche

- multiple traumatische Ereignisse vor, während und nach ihrer Flucht (sequentielle Traumatisierung) (z.B. Kien et al., 2018)
- 50% PTBS, 30% Depression und 30% Angst (z.B. van Werthern et al., 2019)
- Post-Migrations Faktoren (z.B. Asylprozess, Diskriminierung)

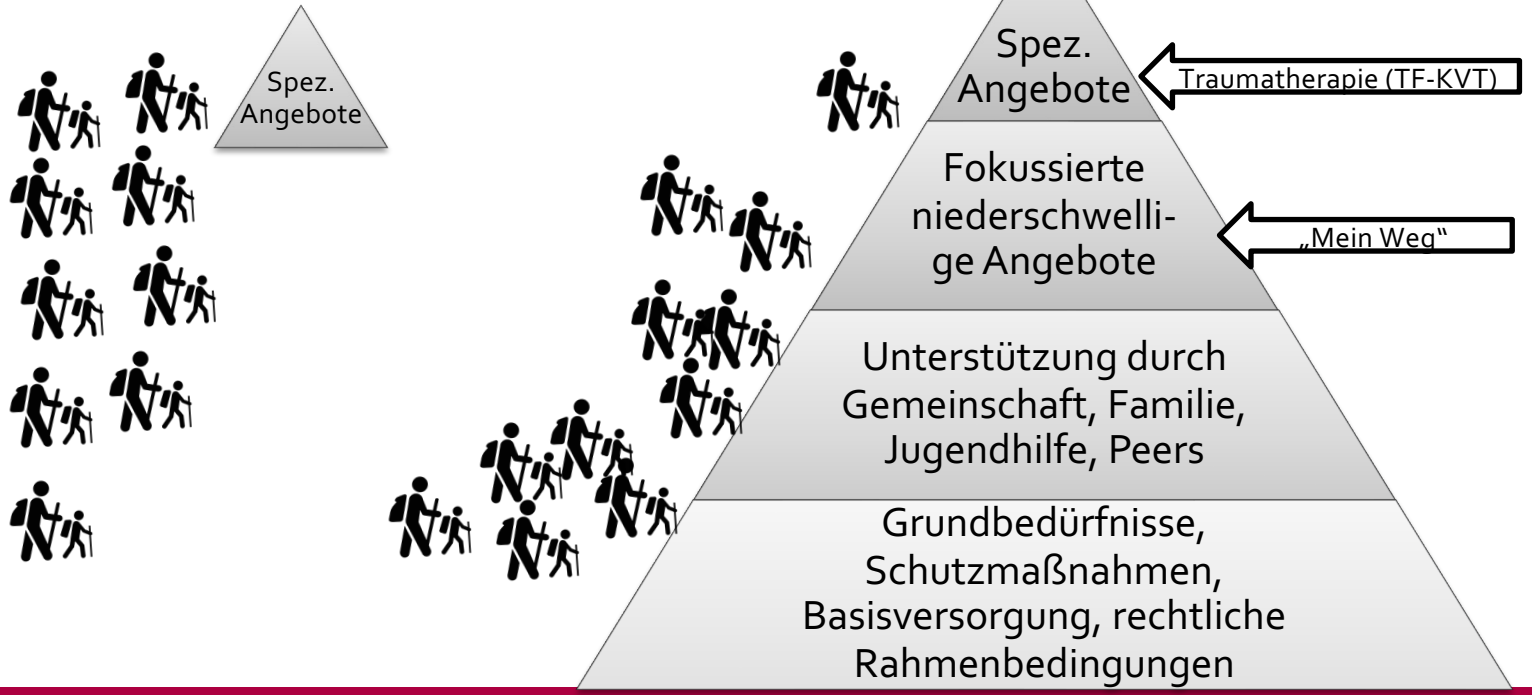


- Gesundheits-system
- Sozialsystem
- Jugendhilfe
- Schulsystem

Erfolgreiche Integration

Ansatz gestufter Versorgungsmodelle

Neue Wege in der Versorgung: Gestufte Versorgungsmodelle



Ansatz gestufter Versorgungsmodelle

- Gestufte Versorgungsmodelle (engl.: stepped- and collaborative care approach) als Lösungsansatz, Versorgungslücken zu schließen
- Grundidee aus Sicht der Kinder, Jugendlichen und Familien:
    - passende Versorgung
    - am geeigneten Platz
    - zu einem passenden Zeitpunkt

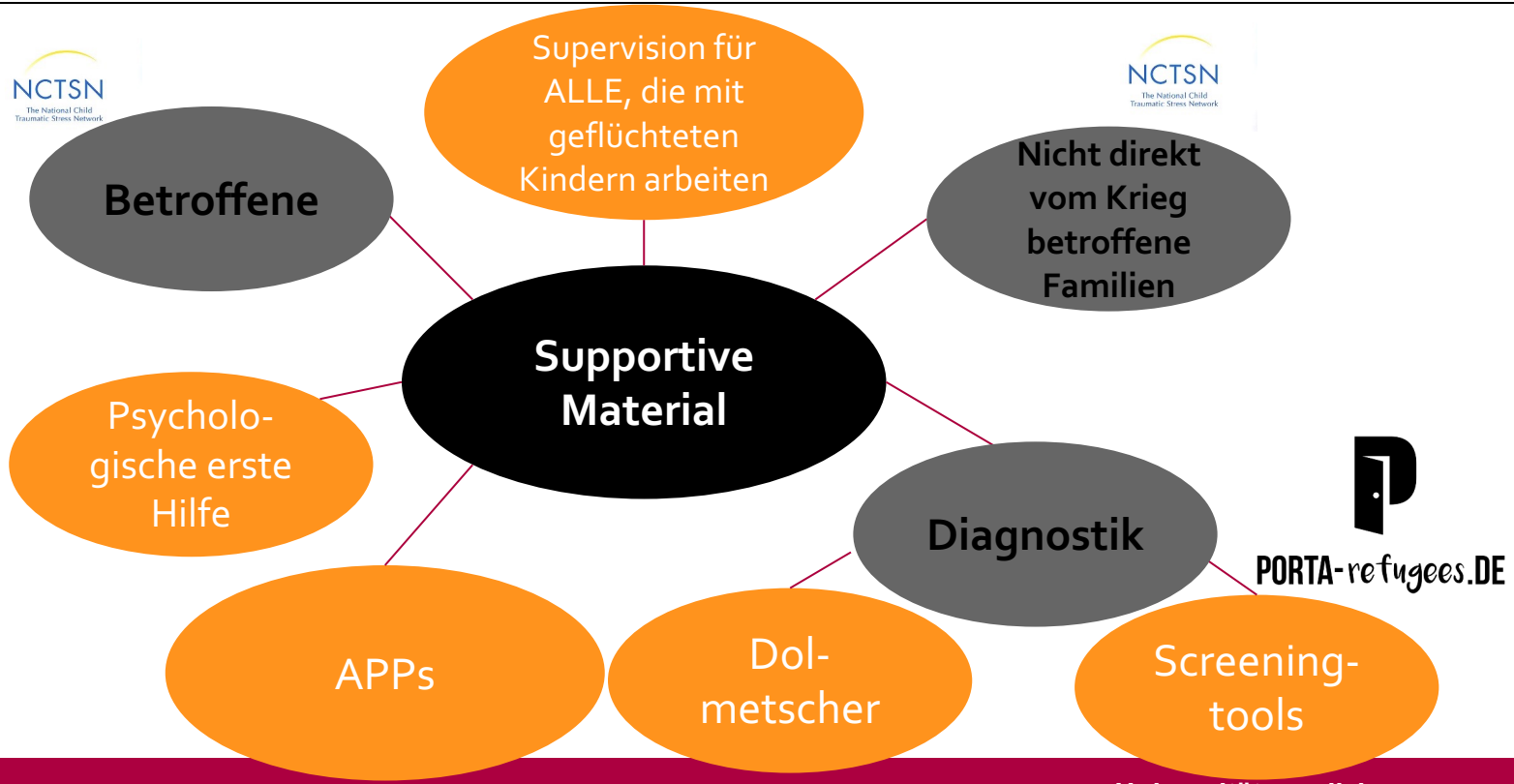
Ansatz gestufter Versorgungsmodelle

- Grundidee aus „Versorgersicht“:
    - in einem Umfeld limitierter Ressourcen, Versorgungsangebote partizipativ, kultursensibel und bedarfsgerecht anbieten
- Psychosoziale Interventionen werden nach Belastung und Bedürfnissen angeboten werden
- Wenn in einer Maßnahme auf einer niedrigeren Stufe ein Bedarf festgestellt wird, erfolgt eine zusätzliche Maßnahme aus der höheren Stufe

Ansatz gestufter Versorgungsmodelle

- Frühzeitig nach möglichen psychischen Belastungen und Störungen screenen
- Resilienzfaktoren stärken
  - Integration in Schule und Ausbildung
  - Spracherwerb
  - Anbindung an Familie/Peergroup
  - Motivation und Bestärkung durch externe Personen
  - Teilhabe fördern
- Niederschwellige Beratungsangebote
- Gezielte Intervention wenn notwendig
  - Entwicklung neuer Therapieoptionen notwendig

Ansatz gestufter Versorgungsmodelle



Verfügbares Material zur Unterstützung der Betroffenen

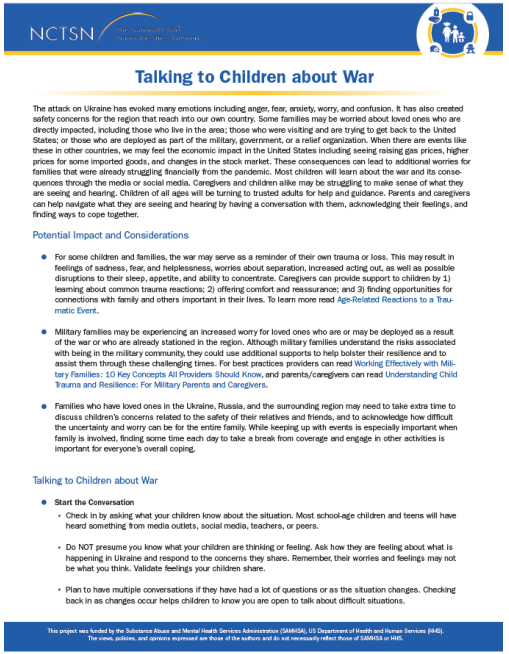
Materialien

National Child Traumatic Stress Network (NCTSN, www.nctsn.org, https://www.uniklinik-ulm.de/kinder-und-jugendpsychiatriepsychotherapie.html)

1. Mit Kindern über Krieg sprechen
   - Hilfreich für alle Familien
   - Erhältlich in English, German, Russian, Ukrainian, Japanese
2. Nach der Krise: Kindern bei der Heilung helfen
   - Erhältlich in English, German, Russian, Ukrainian, Romainian, Pashto, Dari, Norwegian, Spanish
3. Altersbedingte Reaktionen auf ein traumatisches Ereignis
   - Längerfristig hilfreich für betroffene Familien
   - Erhältlich in English, German, Russian, Ukrainian, Pashto, Dari

Mit Kindern über Krieg sprechen

1. Mögliche Auswirkungen:
   - Krieg als traumatisches Erlebnis (z.B. Flüchtlinge aus Syrien)
   - Erhöhte Belastung von Familien, die in den Krieg involviert sind
   - Familien mit Angehörigen in der Ukraine, Russland



NCTSN

Talking to Children about War

The attack on Ukraine has evoked many emotions including anger, fear, anxiety, worry, and confusion. It has also created safety concerns for the region that reach into our own country. Some families may be worried about loved ones who are directly impacted, including those who live in the area; those who were visiting and are trying to get back to the United States; or those who are deployed as part of the military, government, or a relief organization. When there are events like these in other countries, we may feel the economic impact in the United States including seeing raising gas prices, higher prices for some imported goods, and changes in the stock market. These consequences can lead to additional worries for families that were already struggling financially from the pandemic. Most children will learn about the war and its consequences through the media or social media. Caregivers and children alike may be struggling to make sense of what they are seeing and hearing. Children of all ages will be turning to trusted adults for help and guidance. Parents and caregivers can help navigate what they are seeing and hearing by having a conversation with them, acknowledging their feelings, and finding ways to cope together.

Potential Impact and Considerations

- For some children and families, the war may serve as a reminder of their own trauma or loss. This may result in feelings of sadness, fear, and helplessness, worries about separation, increased acting out, as well as possible disruptions to their sleep, appetite, and ability to concentrate. Caregivers can provide support to children by 1) learning about common trauma reactions; 2) offering comfort and reassurance; and 3) finding opportunities for connections with family and others important in their lives. To learn more read Age-Related Reactions to a Traumatic Event.
- Military families may be experiencing an increased worry for loved ones who are or may be deployed as a result of the war or who are already stationed in the region. Although military families understand the risks associated with being in the military community, they could use additional supports to help bolster their resilience and to assist them through these challenging times. For best practices providers can read Working Effectively with Military Families: 10 Key Concepts All Providers Should Know, and parents/caregivers can read Understanding Child Trauma and Resilience: For Military Parents and Caregivers.
- Families who have loved ones in the Ukraine, Russia, and the surrounding region may need to take extra time to discuss children's concerns related to the safety of their relatives and friends, and to acknowledge how difficult the uncertainty and worry can be for the entire family. While keeping up with events is especially important when family is involved, finding some time each day to take a break from coverage and engage in other activities is important for everyone's overall coping.

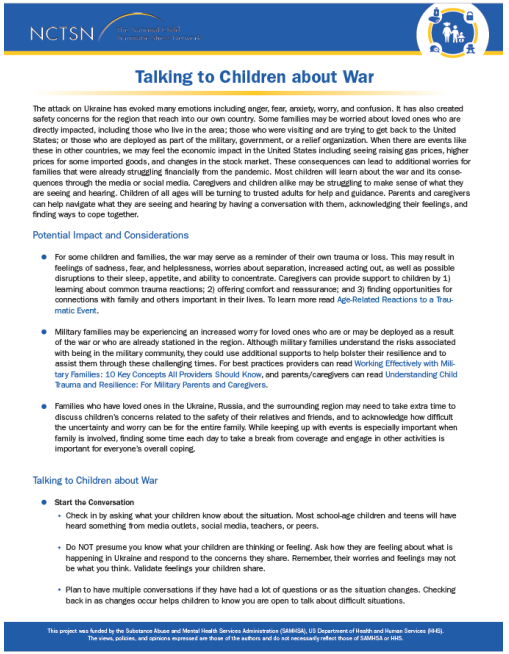
Talking to Children about War

- **Start the Conversation**
  - Check in by asking what your children know about the situation. Most school-age children and teens will have heard something from media outlets, social media, teachers, or peers.
  - Do NOT presume you know what your children are thinking or feeling. Ask how they are feeling about what is happening in Ukraine and respond to the concerns they share. Remember, their worries and feelings may not be what you think. Validate feelings your children share.
  - Plan to have multiple conversations if they have had a lot of questions or as the situation changes. Checking back in as changes occur helps children to know you are open to talk about difficult situations.

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS).
The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

Mit Kindern über Krieg sprechen

2. Mit Kindern über den Krieg sprechen
   - Einstieg in das Gespräch
   - Missverständnisse klären
   - Kontext bereitstellen
   - Selbstbeobachtung der Erwachsenen



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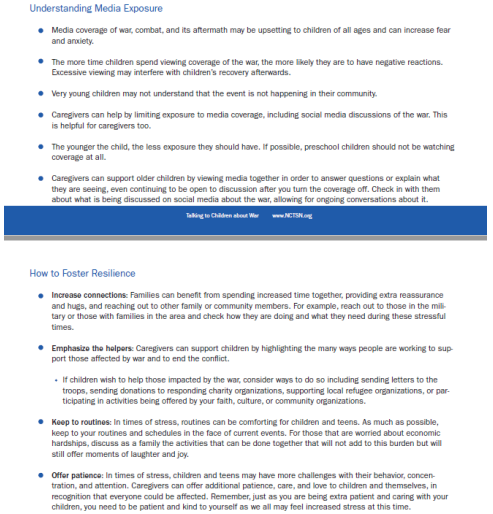
Mit Kindern über Krieg sprechen

3. Medienkompetenz
   - Medienberichterstattung kann eine Gefahr für Kinder sein
   - Bezugspersonen müssen Kinder bei der angemessenen Nutzung unterstützen

4. Resilienzförderung
   - Beziehungen stärken
   - Hilfesystem erklären
   - Routinen einhalten
   - Geduldig sein



Understanding Media Exposure

- Media coverage of war, combat, and its aftermath may be upsetting to children of all ages and can increase fear and anxiety.
- The more time children spend viewing coverage of the war, the more likely they are to have negative reactions. Excessive viewing may interfere with children's recovery afterwards.
- Very young children may not understand that the event is not happening in their community.
- Caregivers can help by limiting exposure to media coverage, including social media discussions of the war. This is helpful for caregivers too.
- The younger the child, the less exposure they should have. If possible, preschool children should not be watching coverage at all.
- Caregivers can support older children by viewing media together in order to answer questions or explain what they are seeing, even continuing to be open to discussion after you turn the coverage off. Check in with them about what is being discussed on social media about the war, allowing for ongoing conversations about it.

Talking to Children about War www.NCTSN.org

How to Foster Resilience

- **Increase connections:** Families can benefit from spending increased time together, providing extra reassurance and hugs, and reaching out to other family or community members. For example, reach out to those in the military or those with families in the area and check how they are doing and what they need during these stressful times.
- **Emphasize the helpers:** Caregivers can support children by highlighting the many ways people are working to support those affected by war and to end the conflict.
  - If children wish to help those impacted by the war, consider ways to do so including sending letters to the troops, sending donations to responding charity organizations, supporting local refugee organizations, or participating in activities being offered by your faith, culture, or community organizations.
- **Keep to routines:** In times of stress, routines can be comforting for children and teens. As much as possible, keep to your routines and schedules in the face of current events. For those that are worried about economic hardships, discuss as a family the activities that can be done together that will not add to this burden but will still offer moments of laughter and joy.
- **Offer patience:** In times of stress, children and teens may have more challenges with their behavior, concentration, and attention. Caregivers can offer additional patience, care, and love to children and themselves, in recognition that everyone could be affected. Remember, just as you are being extra patient and caring with your children, you need to be patient and kind to yourself as we all may feel increased stress at this time.

Nach der Krise: Kindern bei der Heilung helfen

S – Sicherheit – Ihr Kind fühlt sich sicher, wenn…

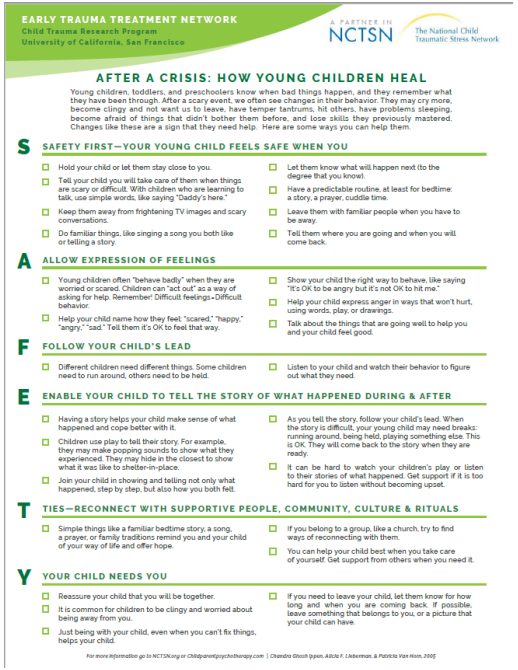
A – Ausdruck von Gefühlen zulassen

F – Folgen Sie dem Beispiel/Tempo des Kindes

E – Ermöglichen Sie dem Kind, die Geschichte zu erzählen

T – Bindungen: Verbinden Sie sich wieder mit unterstützenden Menschen, Gemeinschaften, Kulturen, Ritualen

Y – Your Child needs You: Ihr Kind braucht Sie



EARLY TRAUMA TREATMENT NETWORK
Child Trauma Research Program
University of California, San Francisco

A PARTNER IN NCTSN — The National Child Traumatic Stress Network

AFTER A CRISIS: HOW YOUNG CHILDREN HEAL

Young children, toddlers, and preschoolers know when bad things happen, and they remember what they have been through. After a scary event, we often see changes in their behavior. They may cry more, become clingy and not want us to leave, have temper tantrums, hit others, have problems sleeping, become afraid of things that didn't bother them before, and lose skills they previously mastered. Changes like these are a sign that they need help. Here are some ways you can help them.

S SAFETY FIRST—YOUR YOUNG CHILD FEELS SAFE WHEN YOU

- ☐ Hold your child or let them stay close to you.
- ☐ Tell your child you will take care of them when things are scary or difficult. With children who are learning to talk, use simple words, like saying "Daddy's here."
- ☐ Keep them away from frightening TV images and scary conversations.
- ☐ Do familiar things, like singing a song you both like or telling a story.
- ☐ Let them know what will happen next (to the degree that you know).
- ☐ Have a predictable routine, at least for bedtime: a story, a prayer, cuddle time.
- ☐ Leave them with familiar people when you have to be away.
- ☐ Tell them where you are going and when you will come back.

A ALLOW EXPRESSION OF FEELINGS

- ☐ Young children often "behave badly" when they are worried or scared. Children can "act out," as a way of asking for help. Remember! Difficult feelings=Difficult behavior.
- ☐ Help your child name how they feel: "scared," "happy," "angry," "sad." Tell them it's OK to feel that way.
- ☐ Show your child the right way to behave, like saying "It's OK to be angry but it's not OK to hit me."
- ☐ Help your child express anger in ways that won't hurt, using words, play, or drawings.
- ☐ Talk about the things that are going well to help you and your child feel good.

F FOLLOW YOUR CHILD'S LEAD

- ☐ Different children need different things. Some children need to run around, others need to be held.
- ☐ Listen to your child and watch their behavior to figure out what they need.

E ENABLE YOUR CHILD TO TELL THE STORY OF WHAT HAPPENED DURING & AFTER

- ☐ Having a story helps your child make sense of what happened and cope better with it.
- ☐ Children use play to tell their story. For example, they may make popping sounds to show what they experienced. They may hide in the closest to show what it was like to shelter-in-place.
- ☐ Join your child in showing and telling not only what happened, step by step, but also how you both felt.
- ☐ As you tell the story, follow your child's lead. When the story is difficult, your young child may need breaks: running around, being held, playing something else. This is OK. They will come back to the story when they are ready.
- ☐ It can be hard to watch your children's play or listen to their stories of what happened. Get support if it is too hard for you to listen without becoming upset.

T TIES—RECONNECT WITH SUPPORTIVE PEOPLE, COMMUNITY, CULTURE & RITUALS

- ☐ Simple things like a familiar bedtime story, a song, a prayer, or family traditions remind you and your child of your way of life and offer hope.
- ☐ If you belong to a group, like a church, try to find ways of reconnecting with them.
- ☐ You can help your child best when you take care of yourself. Get support from others when you need it.

Y YOUR CHILD NEEDS YOU

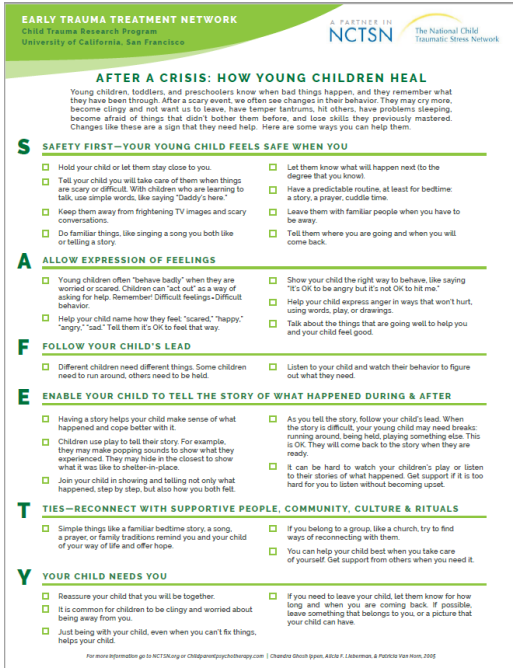
- ☐ Reassure your child that you will be together.
- ☐ It is common for children to be clingy and worried about being away from you.
- ☐ Just being with your child, even when you can't fix things, helps your child.
- ☐ If you need to leave your child, let them know for how long and when you are coming back. If possible, leave something that belongs to you, or a picture that your child can have.

For more information go to NCTSN.org or Childparentpsychotherapy.com | Chandra Ghosh Ippen, Alicia F. Lieberman, & Patricia Van Horn, 2005

Nach der Krise: Kindern heilen helfen

S – Sicherheit: Ihr Kind fühlt sich sicher wenn…

- sie ihr Kind im Arm halten und nah an sich heran lassen
- sie ihm sagen, dass sie sich um Schwierigkeiten kümmern
- Rituale und Routine da sind
- Transparenz herrscht (erklären sie was als nächstes passiert)
- es bei vertrauten Personen bleiben kann
- sie sagen, wann sie zurück kommen



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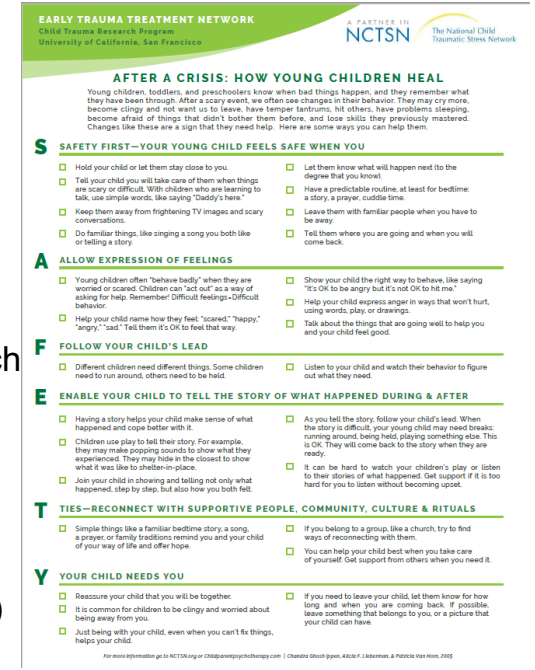
Nach der Krise Kindern heilen helfen

A – Affekte und Gefühle zulassen

- Ausagierendes Verhalten – schwer aushaltbare Emotionen = Verhaltensauffälligkeiten
- dem Kind helfen, Gefühle beim Namen zu nennen
- „es ist in OK wütend zu sein, es ist nicht OK mich zu schlagen“
- Helfen, z.B. Wut auf eine Weise auszudrücken, die nicht weh tut
- Sprechen sie über Dinge, die gut laufen (Fokus)



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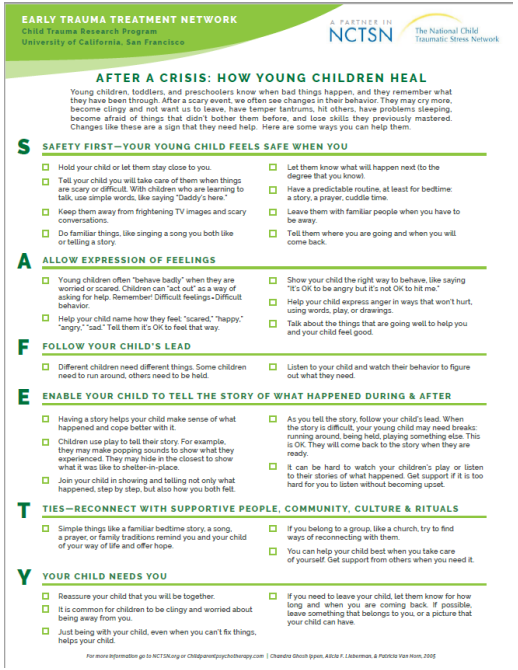
Nach der Krise: Kindern heilen helfen

F – Folgen Sie ihrem Kind

- Unterschiedliche Kinder brauchen unterschiedliche Dinge (z.B. Bewegung, in den Arm nehmen)
- Beobachten sie das Kind und hören zu, um herauszufinden, welches Bedürfnis das Kind hat



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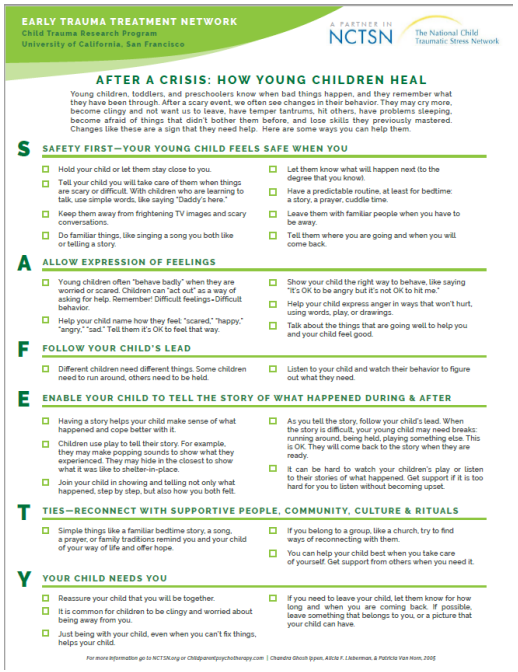
Nach der Krise: Kindern heilen helfen

E – Geben sie dem Kind die Möglichkeit zu erzählen, was geschehen ist

- Eine nachvollziehbare Geschichte zu haben, hilft bei der Bewältigung
- Kinder erzählen die Geschichte auf spielerische Art und Weise
- Unterstützen sie das Kind beim Erzählen – nicht nur was passiert ist, auch wie es sich fühlt
- Folgen sie dem Tempo des Kindes – machen sie vielleicht auch Pausen bei zu großer Belastung
- Die Geschichten zu hören, kann auch für Eltern sehr belastend sein, holen sie sich Hilfe



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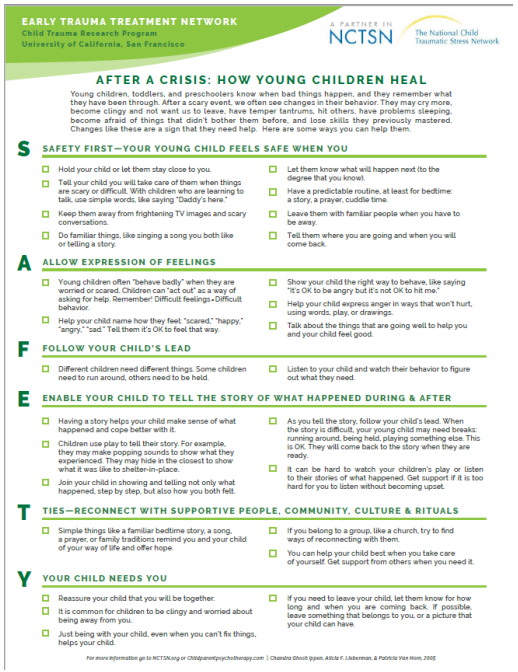
Nach der Krise: Kindern heilen helfen

T – Bindungen: Treten sie in Kontakt mit unterstützenden Personen, Gemeinschaften, Kulturen & Ritualen

- Routine: gemeinsame Gute-Nacht-Geschichten, Lieder, Gebete, in denen Hoffnung vermittelt wird
- Anschluss finden, z.B. bei einer religiösen Gemeinschaft
- Sie helfen dem Kind auch gut helfen, wenn sie sich gut um sich selbst kümmern



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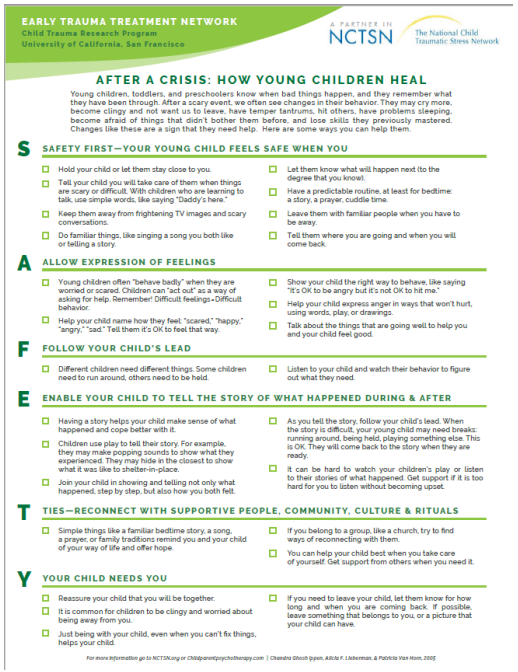
Nach der Krise: Kindern heilen helfen

Y/I – Your child needs you/Ihr Kind braucht sie

- Versichern sie ihrem Kind, dass sie zusammen bleiben
- Es ist normal, dass Kinder verunsichert sind und sich sorgen machen, wenn sie von ihnen getrennt sind
- „Da sein“ hilft
- Wenn sie außer Haus gehen müssen, sagen sie, wann sie zurück kommen. Lassen sie, wenn möglich, etwas von sich zurück.



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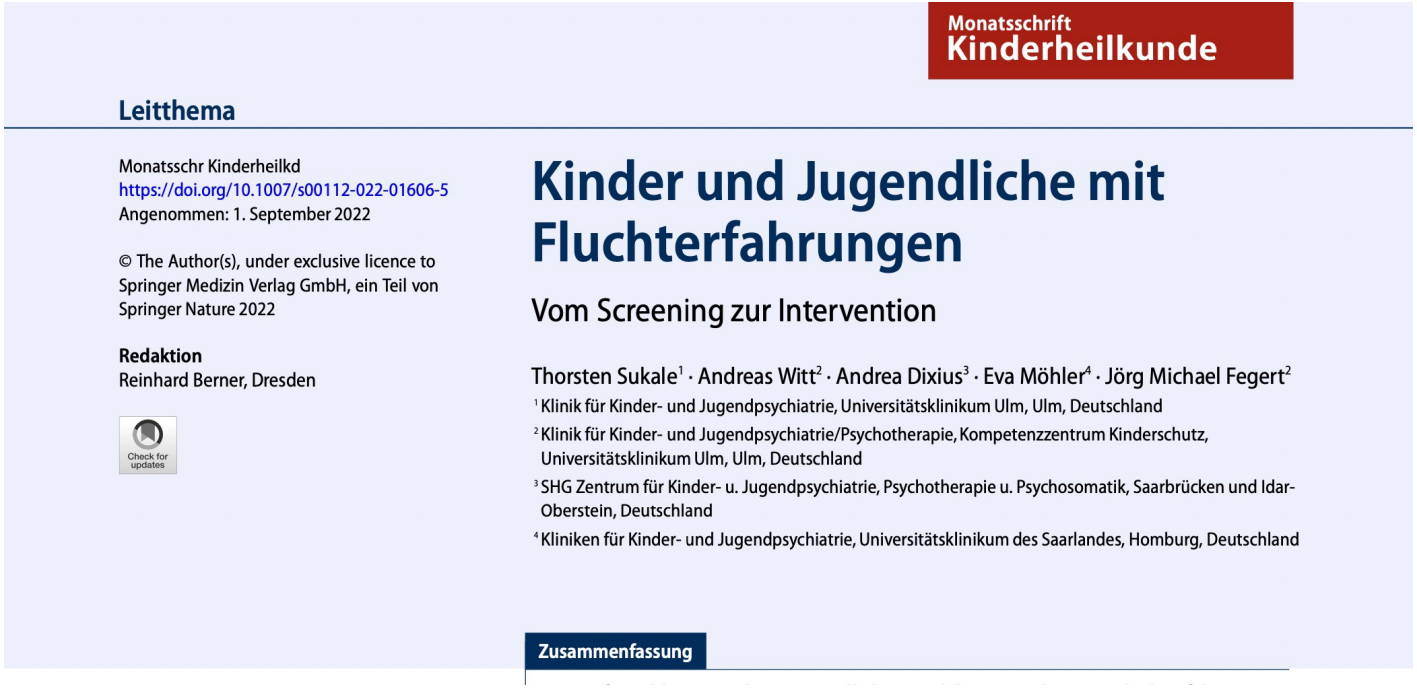

Monatsschrift
Kinderheilkunde

Leitthema

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Reinhard Berner, Dresden

Check for updates

Kinder und Jugendliche mit Fluchterfahrungen

Vom Screening zur Intervention

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[3] SHG Zentrum für Kinder- u. Jugendpsychiatrie, Psychotherapie u. Psychosomatik, Saarbrücken und Idar-Oberstein, Deutschland

[4] Kliniken für Kinder- und Jugendpsychiatrie, Universitätsklinikum des Saarlandes, Homburg, Deutschland

Zusammenfassung

VOM SCREENING ZUR INTERVENTION

Vom Screening zur Intervention

Fegert et al. (2015):

- Minderjährige mit Fluchterfahrung sind eine so genannte „Hochrisikopopulation für die Entwicklung von psychischen Störungen“
- Lokale Vernetzungen und Unterstützungsmöglichkeiten von enormer Bedeutung
- Je weniger Integrationsleistungen möglich sind, desto größer ist das Risiko einer psychischen Erkrankung

Vom Screening zur Intervention

Sukale et al. (2016):

- „So bunt und vielfältig wie die Menschen auf der Flucht, so komplex sind auch die Belastungen“
- Massiv gestiegene Zahlen von Flüchtlingen stellen Kinder und Jugendliche selbst, aber auch das System der professionellen und ehrenamtlichen Helfer vor große Herausforderungen
- Es braucht Möglichkeiten und Handreichungen, um Belastungen der Flüchtlinge einschätzen und entsprechend Interventionen planen zu können

Vom Screening zur Intervention

Vom Screening zur Intervention

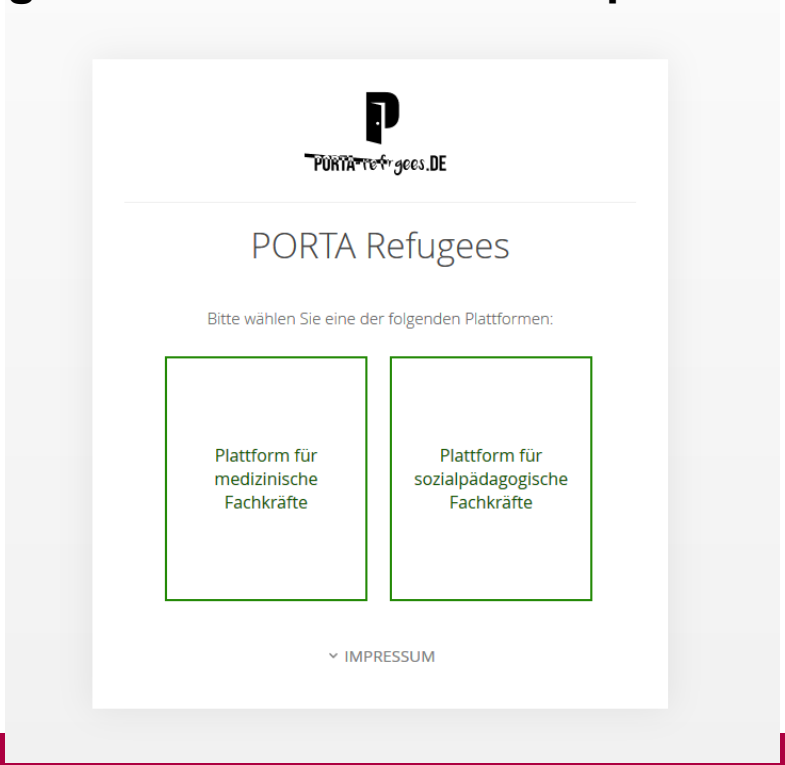
- **P**roviding **O**nline **R**essource and **T**rauma **A**ssessment for Refugees (PORTA) - Ein internetbasiertes Tool zur Belastungseinschätzung bei minderjährigen Kindern und Jugendlichen mit Fluchterfahrung und deren Bezugspersonen

- **Ziel:** unkomplizierte, schnelle Erfassung einzelner Belastungsfaktoren, denen minderjährige Flüchtlinge ausgesetzt waren und sind, sowie eine schnelle und angemessene Interventionsplanung

- Direkte Rückmeldung über Belastungsintensität und entsprechende Interventionen

Vom Screening zur Intervention

Zugang erfolgt über die Adresse: www.porta-refugees.de



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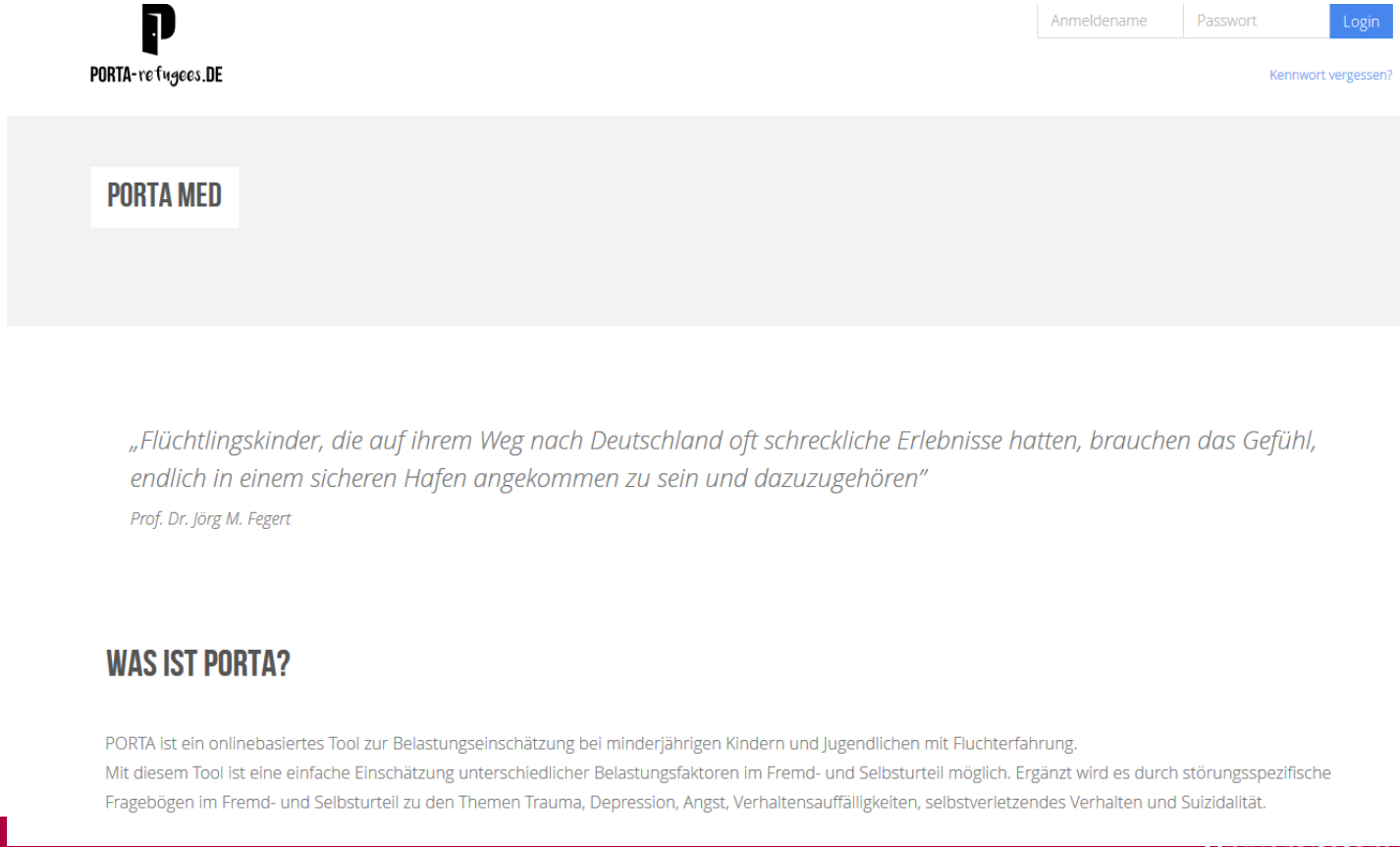

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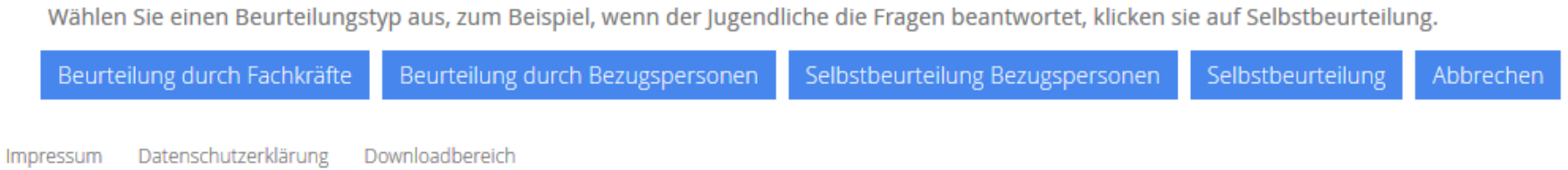


Vom Screening zur Intervention

Selbsturteil

- Ampelscrenning
- CATS 7-17
- SDQ
- RHS
- SITBI
- PHQ-9

Fremdurteil Mitarbeiter (Betreuer, Lehrer etc.)

- Ampelscrenning
- CATS 3-6
- CATS 7-17
- SDQ im Fremdurteil

verfügbare Sprachen

- Deutsch
- Englisch
- Französisch
- Dari/Farsi
- Pashto
- Arabisch
- Tigrinya
- Somali
- Russisch
- Ukrainisch

Selbsturteil Bezugsperson

- Ampelscrenning
- CATS 7-17
- RHS
- PHQ-9

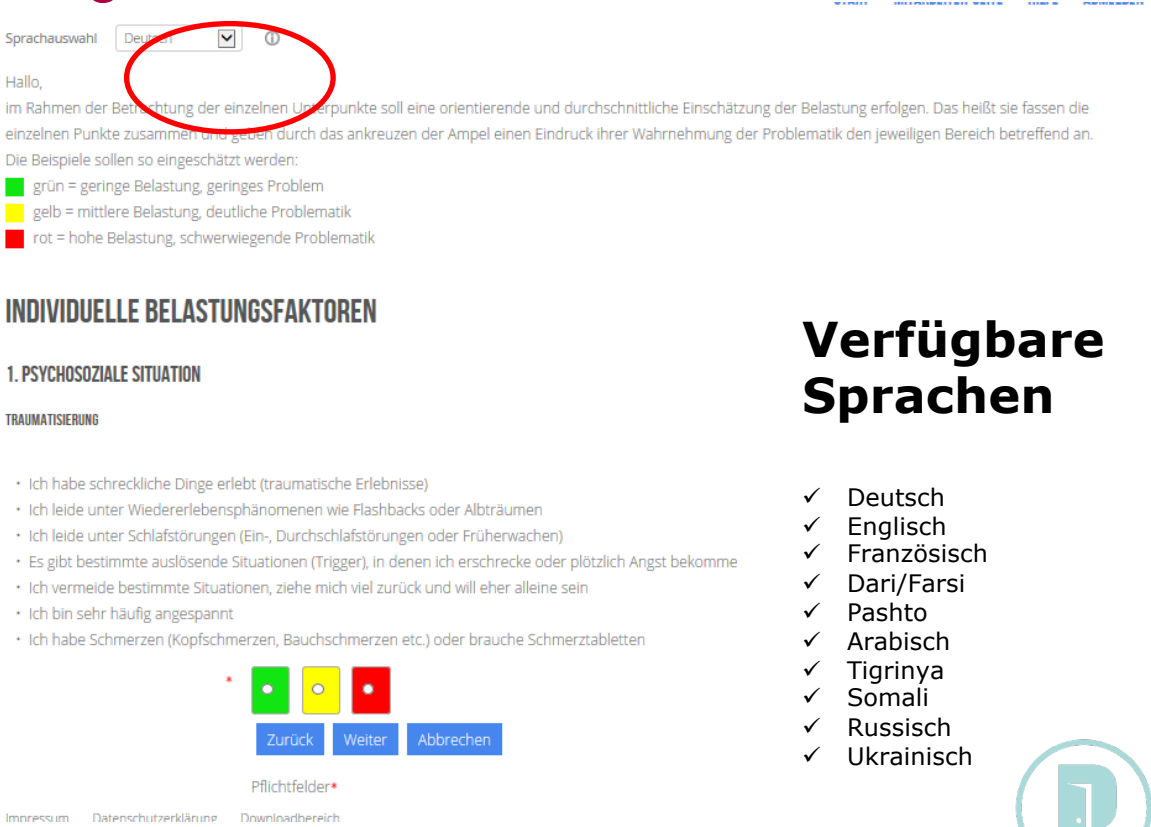
Fremdurteil Bezugsperson

- Ampelscrenning
- CATS 3-6
- CATS 7-17
- SDQ im Fremdurteil

Vom Screening zur Intervention

- ✓ Ampelscreening (30min)
- ✓ CATS 3-6/7-17 (15 min
- ✓ SDQ (15 min)
- ✓ RHS (10 min)
- ✓ SITBI (2-20min)
- ✓ PHQ-9 (5min-10 min)

Vom Screening zur Intervention


Sprachauswahl Deutsch

Hallo,

im Rahmen der Betrachtung der einzelnen Unterpunkte soll eine orientierende und durchschnittliche Einschätzung der Belastung erfolgen. Das heißt sie fassen die einzelnen Punkte zusammen und geben durch das ankreuzen der Ampel einen Eindruck ihrer Wahrnehmung der Problematik den jeweiligen Bereich betreffend an.

Die Beispiele sollen so eingeschätzt werden:

grün = geringe Belastung, geringes Problem

gelb = mittlere Belastung, deutliche Problematik

rot = hohe Belastung, schwerwiegende Problematik

INDIVIDUELLE BELASTUNGSFAKTOREN

1. PSYCHOSOZIALE SITUATION

TRAUMATISIERUNG

- Ich habe schreckliche Dinge erlebt (traumatische Erlebnisse)
- Ich leide unter Wiedererlebensphänomenen wie Flashbacks oder Albträumen
- Ich leide unter Schlafstörungen (Ein-, Durchschlafstörungen oder Früherwachen)
- Es gibt bestimmte auslösende Situationen (Trigger), in denen ich erschrecke oder plötzlich Angst bekomme
- Ich vermeide bestimmte Situationen, ziehe mich viel zurück und will eher alleine sein
- Ich bin sehr häufig angespannt
- Ich habe Schmerzen (Kopfschmerzen, Bauchschmerzen etc.) oder brauche Schmerztabletten

Zurück Weiter Abbrechen

Pflichtfelder*

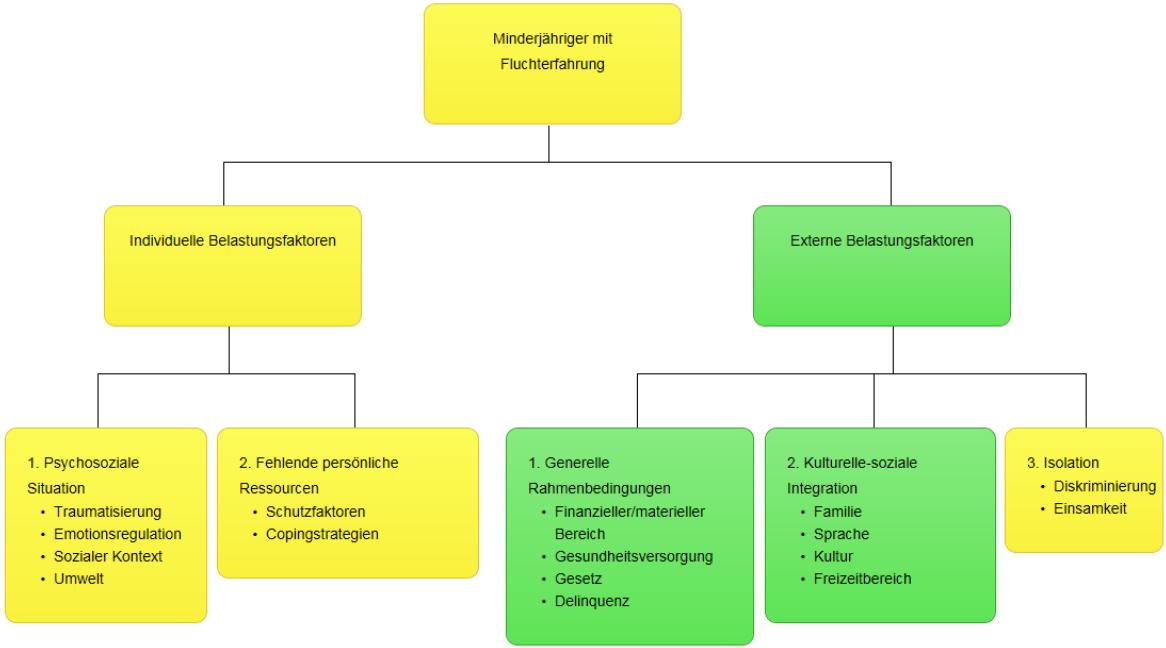
Impressum Datenschutzerklärung Downloadbereich

Verfügbare Sprachen

- ✓ Deutsch
- ✓ Englisch
- ✓ Französisch
- ✓ Dari/Farsi
- ✓ Pashto
- ✓ Arabisch
- ✓ Tigrinya
- ✓ Somali
- ✓ Russisch
- ✓ Ukrainisch

Vom Screening zur Intervention

Ampelscreening | Selbsturteil (n=133)



Was wird erfasst? | CATS

CATS (Children and Adolescents Trauma Screening)

- CATS dient einem ersten Screening posttraumatischer Stressbelastung bei Kindern und Jugendlichen
- es handelt sich um einen international validierten Screening-Fragebogen in unterschiedlichen Sprachen
- er ist an die DSM-5 Kriterien angepasst und kann parallel auch von Eltern-/Bezugspersonen ausgefüllt werden

- **CATS 7-17:** Als Selbst- und Fremdurteil verfügbar, für Kinder und Jugendliche zwischen 7-17
- **CATS 3-6:** im Fremdurteil verfügbar, für Kinder im Alter zwischen 3 und 6 Jahren

-> beide Versionen orientieren sich an den DSM-5 Kriterien und unterscheiden sich jedoch hinsichtlich der der Symptome und Cut-Offs

Durchführung | CATS 7-17 Selbsturteil

Sprachauswahl

Bitte auswählen

Viele Menschen erleben belastende oder erschreckende Ereignisse. Hier ist eine Liste belastender und erschreckender Ereignisse, wie sie manchmal passieren. Kreuze JA an, wenn es Dir passiert ist. Kreuze NEIN an, wenn es Dir nicht passiert ist.

1. Ernste Naturkatastrophe, wie z.B. Überschwemmung,Wirbelsturm, Orkan, Erdbeben oder Feuer

(•) Ja ( ) Nein

2. Ernster Unfall oder Verletzung, wie z.B. Autounfall,Sportverletzung, Fahrradunfall oder Hundebiss

( ) Ja (•) Nein

3. Beraubt mit Bedrohung, Gewalt oder Waffen

( ) Ja (•) Nein

4. Geohrfeigt, geschlagen oder verprügelt in Deiner Familie

( ) Ja (•) Nein

5. Geohrfeigt, geschlagen oder verprügelt von jemandem, der nicht zu Deiner Familie gehört

( ) Ja (•) Nein

6. Gesehen, wie jemand in Deiner Familie geohrfeigt, geschlagen oder verprügelt wurde

( ) Ja (•) Nein

7. Gesehen, wie woanders jemand geohrfeigt, geschlagen oder verprügelt wurde

(•) Ja ( ) Nein

Durchführung | CATS 7-17 Selbsturteil

Kreuze bei den folgenden Aussagen 0, 1, 2 oder 3 an um zu beantworten, wie häufig die folgenden Dinge Dich in den letzten 2 Wochen belastet haben:

0 = Nie / 1 = Selten / 2 = Oft / 3 = Fast immer

Mein Kind...

1. Beunruhigende Gedanken oder Bilder von dem Ereignis kommen in meinen Kopf.

◉ 0 ○ 1 ○ 2 ○ 3

2. Schlechte Träume erinnern mich daran was passiert ist

○ 0 ◉ 1 ○ 2 ○ 3

3. Ich habe das Gefühl, als würde es wieder passieren.

○ 0 ◉ 1 ○ 2 ○ 3

4. Ich bin sehr beunruhigt, wenn ich daran erinnert werde.

○ 0 ◉ 1 ○ 2 ○ 3

5. Ich habe starke körperliche Gefühle (Schwitzen, Herzklopfen, Übelkeit), wenn mich etwas daran erinnert.

○ 0 ◉ 1 ○ 2 ○ 3

6. Ich versuche nicht daran zu denken, was passiert ist, oder keine Gefühle dabei zu haben.

○ 0 ◉ 1 ○ 2 ○ 3

7. Ich bleibe weg von allem was mich daran erinnert was passiert ist (Leute, Orte, Dinge, Situationen oder Gespräche).

○ 0 ○ 1 ○ 2 ◉ 3

Ergebnisdarstellung | CATS 7-17 Selbsturteil

	überschritten	erreicht	nicht erreicht
Der Cut-Off im Traumascreeningfragebogen CATS wird mit einem Wert von 21		✓	

Eine genauere Abklärung einer posttraumatischen Belastungsstörung sollte erfolgen

Criteria	# of Symptoms	# Symptoms Required	DSM-5 Criteria Met?
Re-experiencing Items 1-5	3	1+	☑ Yes ☐ No
Avoidance Items 6-7	1	1+	☑ Yes ☐ No
Negative Mood/ Cognitions Items 8-15	5	2+	☑ Yes ☐ No
Arousal Items 16-20	0	2+	☐ Yes ☑ No
Functional Impairment Set of 1-5 Yes/No Questions	3	1+	☑ Yes ☐ No

Zur Fragebogenübersicht Auswertung Drucken Detaillierte Auswertung Drucken

Was wird erfasst? | SDQ

SDQ (Strengths and Difficulties Questionnaire)

- Fragebogen zur Erfassung von Verhaltensauffälligkeiten und -stärken bei Kindern und Jugendlichen im Alter von 4 bis 16 Jahren
- besteht aus fünf Einzelskalen mit jeweils fünf Merkmalen: Emotionale Probleme, Hyperaktivität/Aufmerksamkeitsprobleme, Probleme im Umgang mit Gleichaltrigen, Verhaltensauffälligkeiten und Prosoziales Verhalten

Was wird erfasst? | RHS-15

RHS-15 (Refugee Health Screener)

- empirisch entwickeltes Screeninginstrument
- hilft seelische Belastungen und psychische Erkrankungen unter Flüchtlingen zu erkennen
- zeigt Anzeichen von Ängsten, depressiven Symptomen und PTBS anhand einer Schwere-Skala
- darüber hinaus Fragen zu familiären und persönlichen psychischen Geschichte, Stress-Reaktivität und Bewältigungskapazitäten

Was wird erfasst? | PHQ-9

PHQ-9 (Patient Health Questionaire)

- Der PHQ-9 ist ein validiertes, internationales Screening Instrument zur Erfassung der Depressivität
- Anhand des Skalensummenwertes kann der Schweregrad erfasst werden
- Der Fragebogen ist an den DSM-IV angepasst und erfasst mit jedem seiner Items eines der neun DSM-IV Kriterien

Was wird erfasst? | SITBI

SITBI (Self-Injurious Thoughts and Behaviors Interview)

- strukturiertes Interview zu den Themen „nichtsuizidales selbstverletzendes Verhalten“ und „Suizidalität“
- wird als Fragebogen angeboten

Vom Screening zur Intervention

- Bei PORTA handelt es sich um ein einfach zu handhabendes Screening-Tool sowohl für Mitarbeiter in der Flüchtlingshilfe als auch die Flüchtlinge selbst
- Erfahrungen mit dem Screening durch Mitarbeiter bestätigen diese Handhabung und zeigen die mögliche Unterstützung in den Belastungsbereichen der minderjährigen mit Fluchterfahrung
- Belastungsfaktoren deutlich vorhanden und in der Tendenz zunehmend

Wichtig: Instrument dient nicht zur Diagnosestellung, sondern als Einschätzung, ob weitere Maßnahmen notwendig sind.

NIEDERSCHWELLIGE ANGEBOTE

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Vertrieb/ Bezugsquelle - siehe Website

mehrsprachig übersetzte Materialien

Print- und Audio-Version

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START

Stress-**T**raumasymptoms-
Arousal-**R**egulation-**T**reatment

Konzept zur Erststabilisierung und Arousal-Modulation für stark belastete Kinder und Jugendliche und minderjährige Flüchtlinge

Niederschwellige Interventionen

- Emotionen als sehr schwieriges Thema:
  „Gefühle machen schwach“
  Jugendliche wollen stark sein
  Bezeichnung und Bedeutung kulturell unterschiedlich („meine Augen schmerzen“, „mir werden die Beine weggesprengt“)

- Emotionsregulation:
  Eigentlich gute Basis vorhanden
  Bewusster Skills einsetzen

- Ressourcenstärkend:
  „ich mach vieles richtig“

Ziele von START

- Krisen überstehen
- Rückerlangung von Kontrolle, Steuerungsfähigkeit des Verhaltens
- Selbstwirksamkeitserfahrung
- Resilienzförderung
- positive Erfahrungen schaffen
- Prävention
- Vorbereitung zur weiterführenden Therapie

START-Kids

Stressresilienz-Training für Kinder

MEIN WEG

Fokussierte niedrigschwellige Intervention

Fokussierte niedrigschwellige Interventionen

= bei psychischen Belastungssymptomen, die nicht die Diagnosekriterien für eine psychische Störung erfüllen)

→ Durchführung: **Geschulte Mitarbeiter** in verschiedenen Einrichtungen

→ PTSS: Evidenz für **kognitiv-behaviorale** Interventionen (z. B. Auslander et al., 2017)

Niedrigschwellige Gruppenintervention „Mein Weg"

Gruppenintervention „Mein Weg“

- Zielgruppe: **Jugendliche mit Fluchterfahrung**
- Inhaltliche Orientierung: **Trauma-fokussierte kognitive Verhaltenstherapie**
- Hauptziele: 1) **Reduktion** von **PTSS** und **depressiven Symptomen**
  2) **Schulung** und **Befähigung** der pädagogischen **Mitarbeiter**

Durchführung: 6-7 ca. 90-minütige wöchentliche Einheiten (2-6 Teilnehmer)

- Evidenz: **RCT** mit 7 Jugendhilfeeinrichtungen und N=99 Studienteilnehmern:

→ **Überlegenheit** von „Mein Weg“ im **Vergleich** zur **regulären pädagogischen Versorgung**

→ **Verbesserung** in den Bereichen **PTSS** und **Depression**

Trauma-fokussierte kognitive Verhaltenstherapie

(TF-CBT; Cohen, Deblinger & Mannarino 2006, dtsch. 2009)

Komponenten:

1. Psychoedukation* & Elternfertigkeiten
2. Entspannung*
3. Ausdruck und Modulation von Affekten
4. Kognitive Verarbeitung und Bewältigung
5. Trauma-Narrativ*
6. Kognitive Verarbeitung und Bewältigung II
7. In vivo Bewältigung von traumatischen Erinnerungen
8. Gemeinsame Eltern-Kind Sitzungen
9. Förderung künftiger Sicherheit und Entwicklung

* Hauptwirkkomponenten evidenzbasierter Traumatherapie
Dorsey et al. (2011) *Child Adolesc Psychiatr Clin N Am 20*:255-269

MEIN WEG: Übersicht der Sitzungen

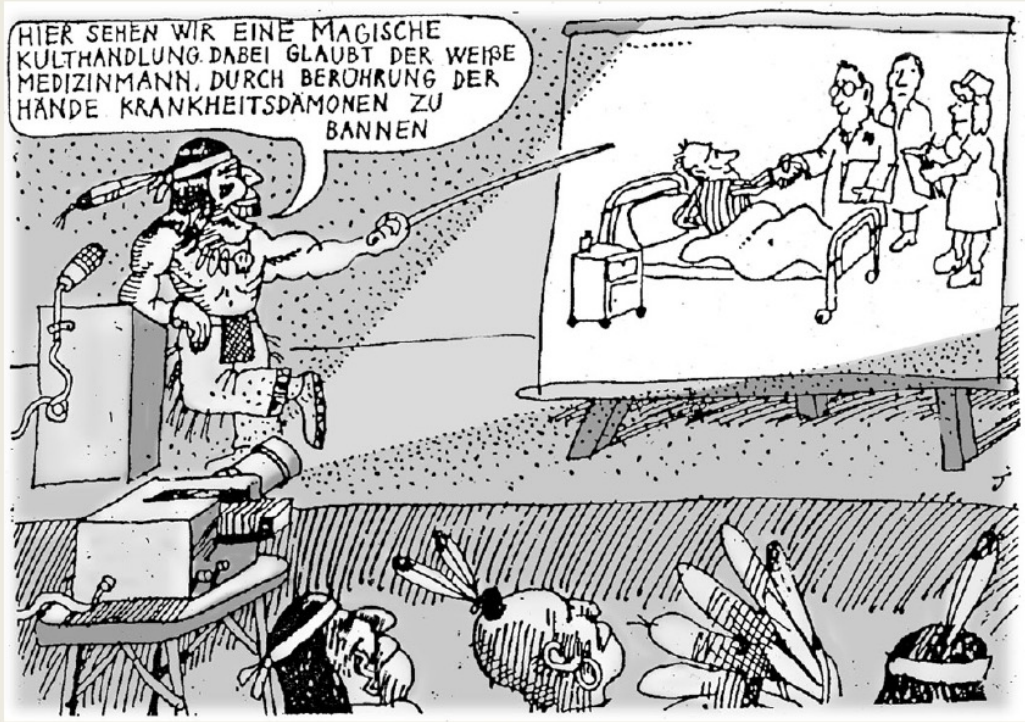
1	•Kennenlernen •Vorstellung des Programms + Gruppenregeln •Psychoedukation •Bauchatmung
2	•Rational Traumanarrativ •Meine Geschichte I: Mein Leben im Heimatland und mein Weg nach Deutschland
3	•Wiederholung Traumanarrativ •Meine Geschichte II: Mein schlimmstes Erlebnis
4	•Wiederholung Traumanarrativ •Meine Geschichte III: in Deutschland – endlich in Sicherheit!
5	•Wiederholung Traumanarrativ •Meine Geschichte IV: Brief an einen anderen Flüchtling
6	•Wiederholung Traumanarrativ •Blick nach vorn: individuelle Wünsche und Pläne, funktionale Gedanken! •Rückfallprophylaxe: was habe ich gelernt? Was kann ich weiter anwenden? •Graduierungsfeier

Fazit

- Hohe Raten an Suizidgedanken und NSSV im Screening => Notwendigkeit dies rechtzeitig zu explorieren
- Jugendliche mit Fluchterfahrung mit hoher Belastung in Bezug auf PTSS und depressiver Symptomatik
- Jugendliche können sehr gut von niederschwelligem Angebot „Mein Weg“ profitieren und Gruppeninterventionen können sicher und effektiv durchgeführt werden

PSYCHOTHERAPIE BEI MINDERJÄHRIGEN MIT FLUCHTERFAHRUNG

Psychotherapie bei Minderjährigen mit Fluchterfahrung



Crises of the week

- COW´s bestimmen häufig die Therapie:
  - Aufenthaltsstatus
  - Schule/Ausbildung
  - Passbeschaffung
  - Schwierigkeiten auf der Wohngruppe oder innerhalb der Peer-Group
  - Sehr belastenden Symptomatik bis hin zu suizidalen Äußerungen

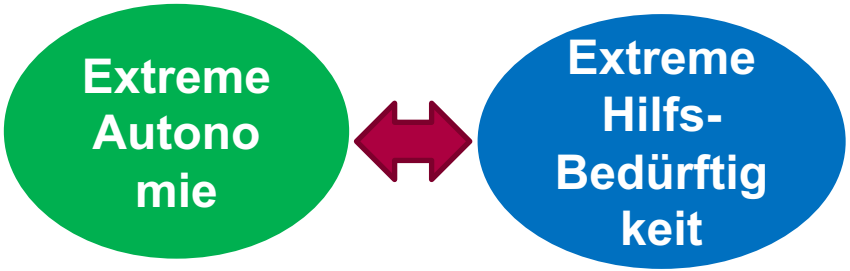
Misstrauen

Die Jugendlichen zeigen häufig vor allem zu Beginn ein generelles Misstrauen gegenüber:

- Institutionen im Allgemeinen
- Medizinischen, respektive psychiatrischen Einrichtungen
- Gesprächssituationen mit Interview-Charakter

„This doctor, I not trust him, I´m not safe“: The perceptions of mental health and services by unaccompanied refugee adolescents (Majumder 2014)

Problemstellung – Kooperation Jugendlicher - Helfersystem

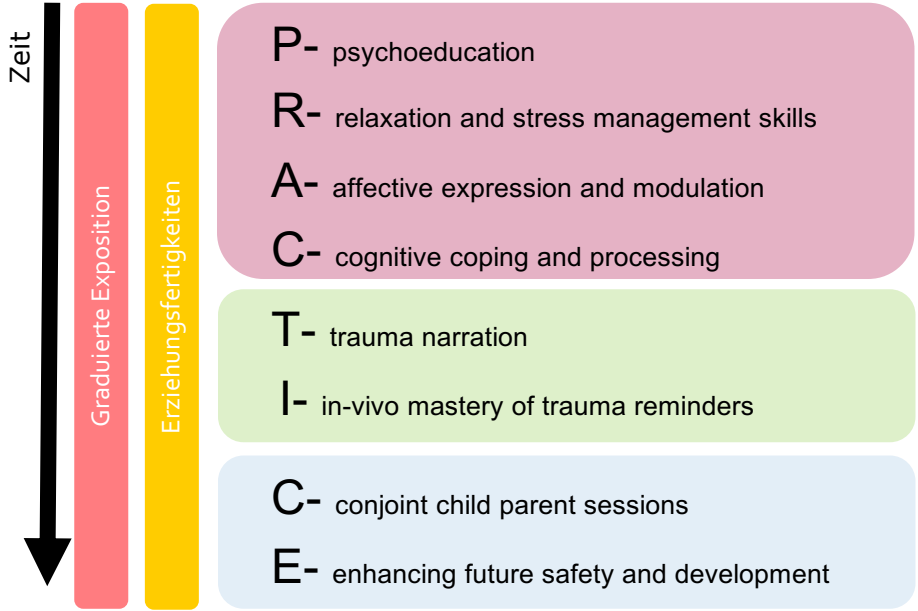


z. B. regelmäßige Medikation, medizinische Kontrollen, Akzeptanz von Strukturen und Regeln

Grundlegende Prinzipien

- Welche psychotherapeutischen Strategien sind hilfreich:
  - alle etablierten Regeln der psychotherapeutischen Arbeit einhalten, klare Rahmenbedingungen geben Sicherheit
  - Wiederholen (Störungsmodell, Psychoedukation, Behandlungsschritte etc.), auf Wiederholungen hinweisen
  - Keine unrealistischen Versprechen (Heilsversprechen), auch eingeschränkte Einflussmöglichkeiten thematisieren (z.B. Asylverfahren)
- Autonomie/Kontrolle
  - Standardisierte Setting der Therapie sorgt für Kontrollerleben
  - Fokus auf Selbstwirksamkeit
  - Autonomiewünsche nicht überschätzen, da eh schon viel Autonomie da

Inhalte



Stabilisierungsphase

1/3

Narrativ-Phase

1/3

Integrations-
/Konsolidierungs-phase
1/3

Übersetzt und angepasst aus Sachser, Rassenhofer & Goldbeck 2016

Fazit

- Tf-KVT führt zur Reduktion einer PTBS-Symptomatik
- Therapiemanual ist sehr gut durchführbar
- geringe Anpassungen notwendig
- weitere Forschung anhand kontrollierter Studien notwendig

FRAGEN

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Universitätsmedizin Rostock

Vielen Dank für Ihre Aufmerksamkeit.