

Effects of imaginative stabilisation techniques in traumatized refugees sheltered in communal placements: a randomized control trial

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Due to pre-, peri- and post-migratory distress factors, refugees are at high risk for to develop mental health problems. With an average prevalence rate of 40% for mental burden, refugees suffer especially from posttraumatic stress disorder (PTSD), depression and anxiety. Therapeutic interventions in refugees like narrative exposure therapy, cognitive behavioural therapy and eye movement desensitization and reprocessing assure efficient results in PTSD symptom reduction. Nevertheless, there is still an urgent need in research about interventions for traumatized refugees focussing on cultural sensitive and early mental health care strategies. However, health care provision at early stages of integration is often inadequate due to specific restrictions through law, availability of adequately trained care providers and language as well as intercultural barriers.

Since May 2017 there is a group therapy in the reception center “Patrick- Henry- Village” Heidelberg Kirchheim focussing on imaginative stabilisation techniques according to Reddemann (2004). First results in a pre-post-design show that imaginative stabilisation techniques increase the participants’ perception of positive feelings and control and lead to a decreases in distress and anxiety symptoms. Furthermore, follow up interviews display convincing results regarding further use of the imaginative stabilization techniques.

The aim of the proposed project is the evaluation of imaginative stabilization techniques in N= 90 mental burden refugees sheltered in municipal housing using a randomized control trail. Therefore refugees sheltered in municipal housing are screened to detect mental burden refugees. Inclusion criteria are a reliable or suspected PTSD, exclusion criteria are psychosis, traumatic brain injury and age under 18 years. Furthermore, English speaking refugees (N = 30) are invited to attend singe therapy sessions focusing on the imaginative stabilization techniques according to Reddemann (2004) twice a week for eight weeks. Instead, an additional group of participants (N = 30) is allocated as a placebo control group attending to

nontherapeutic single sessions twice a week for eight weeks. Non-English speaking refugees (N = 30) receive audio files of the imaginative stabilization techniques in their first language and are reminded to practice the imaginative stabilization techniques twice a week for eight weeks. Different questionnaires are used to assess the efficiency of imaginative stabilization techniques on affective state, distress, PTSD, depression and anxiety symptoms at baseline (T1) and after the intervention (T2) through within and between group comparisons.