20 - 21 November 2025

Nordic Conference on Trauma Treatment 2025

DIGNITY

Welcome to the Nordic Conference on Trauma Treatment 2025

It is our great pleasure to welcome you to the 24th Nordic Conference on Trauma Treatment, an essential forum for clinicians, researchers, and professionals dedicated to advancing the field of trauma care.

This year, the conference is centered around the critical and timely theme: **Refugee Resilience and Recovery: Innovative and Integrative Approaches to Trauma Treatment**.

Inspiring exchange and collaborations

The challenges facing trauma-affected refugees are complex and require multifaceted solutions. Over the next two days, we will delve into the latest advancements and innovative approaches in treatment across the Nordic countries. Our goal is to facilitate a rich exchange of research-based and clinical knowledge that will inspire and contribute to the development of the field.

The program is structured to offer deep dives into three pivotal tracks:

- **Treatment and intervention of trauma-affected refugees:** Focusing on clinical practice, evidence-based therapies, and innovative methods to address the psychological and physical consequences of trauma.
- **Advancing knowledge – evaluation and innovation**: Dedicated to new research findings, evaluation methods, and future-forward developments that push the boundaries of trauma care.
- **Communities, cultures and healing**: Exploring the critical role of social contexts, cultural sensitivity, and community-based approaches in promoting recovery and resilience.

We look forward to an inspiring event that strengthens networking, fosters collaboration, and ultimately enhances the care we provide to trauma-affected refugees.

On behalf of the host organization,

Nikolai Roitmann
Director for National Rehabilitation
DIGNITY – Danish Institute Against Torture

Keynote - Khader Rasras

Thursday 09.20 - 10.00

PLENARY HALL

How to offer trauma treatment when trauma is ongoing?

The urgent challenge of providing trauma care in contexts of ongoing conflict, using the Palestinian experience as a critical case study.

Khader Rasras *is a senior clinical psychologist and specialist in neurodevelopmental disorders with over three decades of experience in mental health and human rights. He holds a BSc in Psychology from Adamson University (Manila, 1990), an MA in Clinical Psychology (CBT) from University College London (1994), and a Diploma in Child Psychology from Université Lumière Lyon II (1998). He also earned an MA in Human Rights from Birzeit University (2003) and a PhD from the American University in 2023. Since 1999, he has been with the Treatment and Rehabilitation Center for Victims of Torture in Palestine, where he currently serves as General Director. His work integrates psychological care with advocacy for justice, particularly in conflict and trauma-affected communities.*

For decades, the Palestinian people have endured widespread psychological suffering due to systemic violence, occupation, and geopolitical neglect. This has created a deep and ongoing crisis of complex trauma, now tragically intensified by the war in Gaza.

In this environment of relentless adversity, healing is more than a clinical process - it is an act of resistance.

We will explore how international and local mental health professionals have collaborated, primarily through the IAGP, to introduce and adapt interventions like psychodrama and group therapy. These modalities have proven effective in promoting emotional expression, healing relationships, and fostering post-traumatic growth, even amidst violence.

This work is also supported by other crucial modalities and community-based outreach. Despite limited resources and constant threats, Palestinian practitioners have built remarkable local capacity, becoming leaders in trauma recovery.

Ultimately, this paper argues that effective trauma care in conflict zones must be context-sensitive, community-driven, and politically conscious. For Palestinians, mental health work is inseparable from their broader struggle for justice, dignity, and survival.

Keynote - Wietse A. Tol

Friday 09.00 - 09.45

PLENARY HALL

Advancing Public Mental Health through Integrated, Multi Sectoral Solutions

Wietse A. Tol, *Professor of Global Mental Health at the Section of Global Health, Department of Public Health at the University of Copenhagen; Endowed Professor of Global Mental Health and Structural Vulnerabilities at the VU University Amsterdam; Professor II at Innlandet University, Norway; and Adjunct Professor at the Department of Mental Health, Johns Hopkins Bloomberg School of Public Health. He holds an MA in Clinical and Health Psychology (Leiden University), a Ph.D. in Public Mental Health (Vrije Universiteit Amsterdam), and was a postdoctoral fellow at Yale University. He focuses on multi-sectoral, integrated interventions that address mental health and the social determinants of mental health. He is very interested in understanding how research can lead to improved practice (and vice versa).*

Today's global challenges—including increasing income inequality, climate change, armed conflict, and forced displacement—pose significant threats to mental well-being, including in the Nordic countries. While clinical treatment remains essential, it is insufficient on its own to address the scale and complexity of these issues.

To make meaningful progress, we must also invest in preventive and promotive strategies that are scalable and address mental health at a population level. At the same time, emerging research highlights the bidirectional links between mental health and social processes, underscoring the need for integrated, multi-sectoral intervention strategies.

This presentation will examine how mental health initiatives can be embedded within sectors tackling the social drivers of mental health, such as social connectedness for migrants (see, for example, the ADVANCE project). It will also discuss the critical role of interdisciplinary collaboration and the development of integrative skill sets in advancing the field of public mental health.

Keynote - Karen-Inge Karstoft

Friday 11.15 - 12.00

PLENARY HALL

Ukrainians in Denmark: The Danish Refugee Cohort (DARECO)

Karen-Inge Karstoft, *Professor of Psychology and Epidemiology, Copenhagen University where she conducts research on how various traumatic events affect different individuals. She focuses particularly on larger groups where potentially traumatic events occur frequently, such as refugees and soldiers. Karen-Inge Karstoft is the leader of the DARECO project, a large cohort study of Ukrainian refugees in Denmark.*

The Russian full-scale invasion of Ukraine in February 2022 has caused the largest refugee flow in Europe since World War II, and currently, more than 6 million Ukrainians have been displaced to a European country. In Denmark, over 40,000 Ukrainians have immigrated since the beginning of the invasion.
For many in this large group of Ukrainians, the war has been experienced up close, while they continue to witness their country ravaged by war from a distance. At the same time, they face the challenges of everyday life in Denmark. In the study

The Danish Refugee Cohort (DARECO), we have followed this group of Ukrainians since their arrival in the country and have conducted three surveys to date. Based on this data, we investigate Ukrainians' war experiences, living conditions, and mental health.

Karen-Inge Karstoft will describe the group of Ukrainians in Denmark, focusing on their backgrounds, experiences, and conditions in Denmark. There will be particular emphasis on their social networks and perceived loneliness, their hopes for the future, and how their mental health has developed during their first years in Denmark

Workshop

Thursday 14.00 - 15.15

PLENARY HALL

Written Exposure Therapy: A brief therapy for PTSD

Denise M. Sloan, *Ph.D. National Center for PTSD, U.S. Department of Veterans Affairs & Boston University Chobanian & Avedisian School of Medicine.*

Written Exposure Therapy (WET; Sloan & Marx, 2025) is a five-session treatment for PTSD that is efficacious and effective in the treatment of PTSD (for a review see, DeJesus et al., 2024). Moreover, treatment outcomes with WET are comparable to more time-intensive PTSD treatments, including Cognitive Processing Therapy (Sloan et al., 2018) and Prolonged Exposure (Sloan et al., 2023). WET also has significantly lower treatment dropout rates than other trauma-focused treatments and can be effectively used with a variety of patient samples and in a variety of settings (DeJesus et al., 2024).

The workshop will provide introduction on how to deliver Written Exposure Therapy. Strategies for conceptualizing and dealing with psychiatric co-morbidity, managing avoidance, and keeping patients optimally engaged will be provided throughout the workshop.

MEETING 10 (6th floor)

Theoretical and practical introduction to the self-regulation method named Trauma and Tension Releasing Exercises (TRE)

Louise Bak, *Psychologist & TRE-provider*
Christian K. Hansen, *Certified Clinician in psychosomatic and psychiatric physical therapy & Advanced TRE-provider*

The aim of this workshop is to give a theoretical and practical introduction to the self-regulation method named Trauma and Tension Releasing Exercises (TRE). We would like to share our clinical experiences of TRE as an add-on to treating refugees suffering from PTSD at our interdisciplinary specialized unit situated in Aalborg, Denmark.

Tension & Trauma Releasing Exercises (TRE®) is a series of simple exercises that activate the body's innate tremor mechanism and help the body release deep muscle tension and stress. The technique safely activates a natural reflex mechanism of vibrations that release muscle tension and calm the nervous system.

TRE is used in the treatment of PTSD at the Rehabilitation Center for Refugees in Aalborg, as a way of regulating the degree of tension and physiological blockages that have arisen on the basis of trauma related to war, flight and torture. There are good results in relation to trauma release and acquisition of strategies for self-regulation, although for the target group there should always be a special focus on dosage and ongoing clinical reasoning in relation to the immediate reactions to activation of the tremor mechanism. The method is also effectively used for self-regulation among the center's employees to prevent care fatigue, burnout and secondary traumatization.

MEETING 8 + 9 (6th floor)

Resettlement blues: Congolese families' strive for existence in Danish municipalities

Mette Lind Kusk, *postdoc,* **Emilie Lund Mortensen**, *assistant professor, and* **Mikkel Rytter**, *professor, Department of Anthropology, Aarhus University.* **Mads Ted Drud-Jensen**, *sociolog og specialkonsulent, Center for Udsatte Flygtninge, DRC Dansk Flygtningehjælp Integration.*

In this workshop, we present insights from the collaborative, Velux-funded research project, Reorienting Integration.

The project explores how resettlement processes are experienced by recently resettled Congolese and Burundian families who have come to Denmark as refugees through the UNHCR resettlement program. Most of the families selected for resettlement are female-headed households with children, sometimes also a grandmother, categorized by the UNHCR as 'women at risk'. Before resettlement, the families have fled from brutal conflicts and lived in refugee camps for many years, experiencing varying levels of protection and different types of hardships.

Based on ethnographic fieldwork and interview samples carried out in 2022-24, we dwell on the radical shift the families undergo when they move from UN refugee camps in Rwanda to their new home in a Danish municipality. We unpack some of the challenges faced by the families when they establish everyday life anew – e.g. logistics for single mothers, language barriers, and health issues - as well as the gradual reorientation towards new routines in everyday life and ways of creating a sense of agency and continuity upon radical change – e.g. through cooking familiar food and attending church. Further, we highlight issues related to health – not least mental health and trauma – and how these are tackled by municipalities and health professionals upon arrival in Denmark.

Workshop

Friday 10.00 - 11.00

MEETING 8 + 9 (6th floor)

Preventive group interventions for unaccompanied minor asylum seekers

Marit Borchgrevink, *psychology specialist at RVTS Nord (Regional Resource Center for Violence and Traumatic Stress).*
Kjell-Ole Myrvoll, *clinical social worker in the refugee team at BUP Sjøvegan (Child and Adolescent Psychiatric Outpatient Clinic).*
Randi Elisabeth Jenssen, *clinical social worker in the refugee team at BUP Sjøvegan.*

Unaccompanied minor asylum seekers are at increased risk of mental health problems and many suffer from a strong sense of loneliness. As mental health professionals, we have seen the benefits of bringing young people together in groups, so that they can feel a sense of belonging to a community and support each other. The groups are primarily prevention orientated, but may also have elements of trauma processing.
In this workshop, we will share experiences from three different group interventions; Creative conversation groups, EXIT (Expressive Arts in Transition) and Thought Maps for youth in asylum reception centers.
We want to focus on different approaches in psychosocial work with unaccompanied minor asylum seekers, and would like to facilitate for questions and discussion in the workshop.

Workshop

Friday 13.00 - 14.15

MEETING 8 + 9 (6th floor)

An interactive workshop on the adapted ESTAIR for PTSD

Marion Bovey, *Institute of psychology, University of Lausanne, Switzerland and Psychotherapeutic Consultation for Migrants, Association Appartenances.*

Since complex post-traumatic stress disorder (CPTSD) was included in the ICD-11, only a few interventions have been developed and are currently being tested to address both post-traumatic stress disorder (PTSD) symptoms and the disturbances in self-organization (DSO), which are characteristic of CPTSD.

Yet, to our knowledge, none of these interventions have been culturally adapted, despite research in cultural psychology showing the influence of culture on key psychological concepts such as emotions, self, and relationships. This workshop will introduce the adapted ESTAIR manual, presenting it module by module. The aim is to give participants a clearer sense of the manual's content and its practical application by first providing an overview before focusing on specific sections that illustrate how the socio-cultural context can be integrated into manualised therapy. This interactive workshop will allow participants to actively engage with the socio-cultural and structural formulation approach integrated throughout the manual. Participants will have the opportunity to reflect on their own socio-cultural models and experience how diverse they can be. Together, we will reflect not only on the challenges of questioning the predominantly biomedical and Western framework in therapy, but also on the richness that can be gained from integrating diverse perspectives into clinical practice.

PLENARY HALL

Treatment of complex PTSD – PACE manual (Patient-Centered Modular Cognitive Behavioural Therapy)

Sofie Folke, Katrine Friis & Ulrik Thomsen, *Department of Military Psychology, Danish Veterans Centre, Copenhagen, Denmark.*

Complex PTSD (CPTSD) is a highly disabling condition following both single-event and prolonged interpersonal trauma. In addition to core PTSD symptoms, CPTSD is characterized by disturbances in self-organization including affect dysregulation, negative self-concept, and relational difficulties.

Despite its inclusion in ICD-11, few treatments have been tailored to this diagnosis. To address this gap, the Danish Veteran Centre developed Patient-Centered Modular Cognitive Behavioral Therapy (PACE), a manualized intervention designed to flexibly target the four core symptom domains of CPTSD.

PACE builds on cognitive-behavioral and compassion-focused approaches and emphasizes shared decision-making, allowing patients and therapists to jointly prioritize treatment modules. Initial testing in a case series and a pilot randomized trial demonstrated promising results, and a large-scale multicenter RCT is now underway in collaboration with Danish psychiatric services to compare PACE with Prolonged Exposure.

In this presentation, senior researcher Sofie Folke will summarize the rationale and research background for PACE. The subsequent workshop will be conducted by clinical psychologists and senior consultants at the Danish Veteran Centre, Katrine Friis and Ulrik Thomsen, who will introduce participants to the treatment program. This combined research and practice focus will provide insight into both the scientific evaluation of PACE and its practical application in clinical settings.

MEETING 10 (6th floor)

My heart's sister – an intervention for women with experiences of war, torture and flight

Linda Jolof, *clinical psychologist and* **Patricia Rocca,** *physiotherapist at The Red Cross Treatment Center (RKC) for persons affected by war and torture, Malmö*

The project My heart´s sister explores women's experiences of war, torture, and flight. The project, which has been ongoing since 2021, consists of three phases. In the first phase, literature reviews were conducted regarding women's experiences of war, torture, and flight, the health implications of these experiences, and the specific treatment methods available for them.

In the second phase, interviews were conducted with women who had received treatment at the RKC´s to explore their experiences of the treatment offered, to identify barriers and areas for improvement. Focus groups with staff at the RKC´s were also held for the same purpose. In the third phase, a group-based intervention was developed to enhance social support and promote post-traumatic growth. The intervention consists of body awareness exercises and group discussions around fictional patient cases. Psychosocial counseling is also offered on one occasion. The intervention has been carried out three times so far and is being evaluated quantitatively and qualitatively by Malmö University. The results will be presented in both reports and scientific articles. In this workshop the participants will get a brief introduction to the project. They will also have the opportunity to experience some of the elements of the intervention, including group discussions and body awareness exercises.

Symposium/panel

Thursday 12.45 – 13.45

PLENARY HALL

Life after trauma treatment – lived experiences from DIGNITYs advisory board

The Advisory Board of National Rehabilitation **(Kurosh Torjani Majid Kanan, Марина Bax, Gül Aydin, Khaled Salameh, Dady de Maximo M.M)**, *Moderators:* **Ditte Krogh Shapiro & Marie Torp Christensen**, *DIGNITY – Danish Institute Against Torture, Copenhagen, Denmark*

Members of DIGNITYs advisory board will share their personal experiences of completing a course of trauma treatment in an interdisciplinary setting. With diverse backgrounds and lived experiences, they will offer unique perspectives on their learnings about living with past trauma, managing symptoms and rediscovering join and meaning in their day-to-day life.

They will also share their reflections on post-treatment dilemmas and the realities of transitioning to everyday life without the support of a professional team, highlighting challenges such as stigma and building trust. They will also talk about the importance of acknowledgment and stepping into the role of a resource person for others.

Structure of the Workshop:

1. Personal Reflections: Board members share their narratives and perspectives.
2. Curator-Led Reflection: Guided discussion exploring themes like stigma, trust, and empowerment.
3. Audience Q&A: An interactive session allowing the audience to engage directly with the presenters. Interpreters will be present to support accessibility across languages.

The aim of the workshop is to inspire treatment clinics to consider post-treatment challenges and integrating aftercare into their treatment courses.

MEETING 10 (6th floor)

Danish Trauma Database: Advancing Trauma-Informed Care for Refugees

Chair: **Stine Bjerrum Moeller**

The Danish Trauma Database (DTD) is a national initiative aimed at improving mental health outcomes for trauma-affected refugees in Denmark. DTD captures a comprehensive range of patient-reported outcomes and clinical data to inform evidence-based practices. This symposium presents key findings from the DTD, focusing on integration of patient-reported outcome measures (PROMs), treatment effectiveness patterns, understanding subgroup responses to treatment, and cultural perspectives in personal recovery. Together, these studies illustrate DTD's role in enhancing personalized and culturally sensitive mental health care.

PRESENTATIONS

Bridging Technology and Care – *Investigates clinician training and technology adoption of PROMs in trauma care.* **Lotte Dich Kring & Stine Bjerrum Moeller**

Background: Integrating patient perspectives into mental health care through Patient-Reported Outcome Measures (PROMs) holds potential for enhancing personalized treatment, yet implementation challenges remain.

Objective: This study investigates the integration of the Danish Trauma Database (DTD) – a web-based electronic database capturing PROMs – within Danish Mental Health Services (MHS) for refugees with PTSD. A key focus is addressing clinician training gaps that limit effective technology use.

Method: Conducted in a specialized clinic for trauma-affected refugees in MHS, this study involved a multidisciplinary team undergoing a two-year clinician training program aimed at promoting PROM use. Qualitative data from focus group interviews were analyzed thematically to explore clinician attitudes toward the technology and training. An ongoing case study examines the integration of DTD in clinical practice, evaluating its value for clinicians and patients.

Results: Findings indicate that the emphasis on discussions rather than hands-on experience during training may have reinforced clinicians' reluctance to adopt the new technology. Clinicians prioritized immediate clinical needs over PROM integration's long-term benefits, though many recognized its potential to enhance patient care.

Conclusions: For PROMs technology to be effectively integrated into mental health care, it must align with clinician workflows, respect professional expertise, and clearly demonstrate benefits for patient outcomes. Addressing these factors in future implementations can improve both clinician and patient engagement, advancing the role of PROMs in MHS.

PRESENTATIONS

Understanding Treatment Effectiveness in DTD – *Analyzes treatment outcomes, highlighting patterns of improvement, stability, and decline.* **Linda Nordin, Sabina Palic-Kapic, Marie Høgh Thøgersen, Mikkel A. Auning-Hansen & Frederik B. Scharff.**

Background: Trauma-affected refugees frequently face substantial mental health challenges, including PTSD, anxiety, depression, and chronic pain. The Danish Trauma Database (DTD) evaluates treatment outcomes to provide data-driven insights that support tailored clinical practices. To achieve this, we need to understand the composition of the heterogeneous refugee population and investigate patterns of treatment outcomes within this group.

Objective: This study aims to describe the demographic and clinical profile of patients in the DTD and to identify the frequency of improvement, stability, and decline post treatment across a range of clinical measures, using the Reliable Change Index (RCI)

Methods: We will describe the sociodemographic characteristics, trauma exposure, clinical symptoms, pain levels, and functional disability of the DTD population (n = 2000). Retrospective data from DTD's first wave will be analyzed, applying the RCI to categorize patients into outcome groups based on pre- and post-treatment scores for PTSD, anxiety, depression, functional disability, and pain. Treatment process data will provide additional context to enhance the analysis.

Results: We will present proportions of patients showing improvement, stability, or decline across measures. Additionally, outcome-specific cut-off scores will be developed to aid clinicians in evaluating patient progress.

Conclusions: As an ongoing project, data and insights will be presented at the conference. Findings are expected to assist clinicians, strengthening the clinical framework within the DTD and similar settings.

PRESENTATIONS

Differential Treatment Response Among Refugee Subgroups – *Explores treatment variability among refugee subgroups.* **Frederik B. Scharff, Linda Nordin & Sabina Palic.**

Background: Refugees face complex mental health challenges due to traumatic experiences in their countries of origin, during flight, and in host environments. Existing studies indicate that treatment outcomes vary widely among refugees, with many experiencing poor outcomes. Population heterogeneity may contribute to this variability, as differences in symptom presentation, cultural backgrounds, socioeconomic status, and post-migratory stressors create diverse treatment needs. Understanding this heterogeneity could enhance treatment allocation and improve outcomes.

Objective: This study utilizes Latent Class Analysis (LCA) to identify distinct subgroups within a heterogeneous refugee population receiving outpatient psychosocial treatment. Further the study investigates differences in treatment outcomes between these subgroups.

Methods: Data were collected on 1537 refugee patients from five different refugee treatment clinics across Denmark as part of the Danish Trauma Database, incorporating a wide range of variables including PTSD symptoms, pain, disability, depression and anxiety symptoms and demographic factors. The LCA model was estimated and cross validated using a 1:1 split. The relationship between class membership and treatment outcome was investigated using mixed effect model.

Results: the LCA showed that the best fit was a four-class model. The model fit was good, with excellent entropy (.81). Very similar model parameters were replicated in the cross-validation model. Results on the relationship between class membership and treatment outcome will be presented.

Conclusion: This study identified four distinct refugee subgroups, emphasizing the need for understanding the heterogeneity in refugee populations to better predict and tailor mental health interventions to improve treatment outcomes.

PRESENTATIONS

Personal Recovery After Mental Illness from a Cultural Perspective: *A Scoping Review – Examines cultural influences on the CHIME framework for recovery.* **Stine Bjerrum Moeller (last author), Juliet Panadevo (1st author), Yasuhiro Kotera, Nina Rodenberg Køcks & Lotte Dich Kring**

Background: We included personal recovery, measured by the Brief INSPIRE-O, in the Danish Trauma Database to capture a holistic view of recovery beyond clinical aspects of recovery to ensure a comprehensive trauma care. Although personal recovery has become a well-known concept in most Western countries, it remains under-recognised in non-Western countries.

Objective: This scoping review aimed to investigate how culture impacts the conceptualisation of personal recovery by evaluating how well the personal recovery framework CHIME (Connectedness, Hope, Identity, Meaning and Empowerment) fits amongst individuals from non-Western ethnic origin.

Method: A scoping review with systematic searches was conducted. The review used the CHIME framework in a "best-fit" framework synthesis, to understand how culture impacted the understanding and experience of recovery.

Results: 76 studies out of the 1,641 studies identified were included. The CHIME framework is applicable in non-Western cultures, with few adjustments to the subcategories. Generally, there was a greater emphasis on connectedness with others across all categories of CHIME, and religion was more frequently used as source to achieve the components of CHIME more often in non-Western cultures.

Conclusion: Special attention should be given to the importance of relationships, especially family, in achieving recovery and religion should be recognised as a crucial element to experiencing connectedness, hope, identity, meaning and empowerment. To enhance the CHIME framework, integrating the sub-components shared responsibility and shared control would be beneficial. Socio-structural factors should be considered when using the CHIME framework

SYMPOSIUM/PANEL

Friday 10.00 – 11.00

PLENARY HALL

From Research to Recovery – Co-developing knowledge and care

Moderator: **Marie Høgh Thøgersen,** *Head of the psychological crisis unit, Rigshospitalet*

Panel: **Linda Nordin,** *Head of research, DIGNITY, Stine Bjerrum Moeller, specialpsykolog og Ph.d., Syddansk Universitet,* **Anette Carnemalm,** *head of Red Cross treatment center in Malmø, Antti Klemettilä, Psychologist, Psychotherapist, Development Manager, Finnish Institute for Health and Welfare*

This panel explores how practice-oriented research and interdisciplinary partnerships can support innovative and responsive rehabilitation approaches for trauma-affected refugees. Drawing on concrete experiences from panel participants, we will examine both the opportunities and challenges in co-developing knowledge and care.

The discussion will focus on four key questions:

- How can partnerships between researchers, clinicians, and NGOs be built and maintained in ways that benefit both practice and knowledge production?
- What barriers arise when integrating research into clinical settings and how can they be addressed in refugee-focused care?
- In what ways can the voices of refugees themselves be meaningfully included in research and service development?
- What are some examples of successful collaboration and what can we learn from them to inform future efforts?

Through this panel, we aim to share practical lessons, reflect on ethical and methodological challenges, and inspire new forms of collaboration across disciplines and borders.

MEETING 10 (6th floor)

Medico-legal documentation of torture in the context of rehabilitation

*DIGNITY and Amnesty Denmark (***Marie Brasholt, Brenda van den Bergh, Kristine Wichmann Madsen, Lisa Michaelsen***)This panel explores how practice-oriented research and interdisciplinary partnerships can support innovative and responsive rehabilitation approaches for trauma-affected refugees. Drawing on concrete experiences from panel participants, we will examine both the opportunities and challenges in co-developing knowledge and care.*

Objectives:

- To introduce participants to medico-legal documentation and the importance of medical documentation in the context of rehabilitation
- To introduce participants to the Istanbul Protocol (IP) and DIGNITY's IP database
- To inform participants about DIGNITY/Amnesty's research project and present preliminary results
- To facilitate a discussion on the importance and challenges of medical documentation when working with trauma-affected refugees

Outline:

- Introduction to medico-legal documentation, its relevance in relation to working with trauma-affected refugees, and medical documentation by Amnesty's Doctors Group and the data they have generated, **Lisa Michaelsen**, Amnesty's Doctors Group
- Introduction to DIGNITY, its work on documentation in an international context, and DIGNITY/Amnesty's research project, **Brenda van den Bergh**, DIGNITY
- Presentation of preliminary research results from DIGNITY/Amnesty's research project, **Kristine Wichmann Madsen**, DIGNITY
- Introduction to the Istanbul Protocol, its relevance in the context of rehabilitation, and the challenges of medical documentation when working with trauma-affected refugees, **Marie Brasholt**, DIGNITY
- Plenary discussion

Individual presentations

Treatment and intervention

Thursday 10.15 - 11.35

PLENARY HALL

Integrated care intervention for PTSD-affected refugees

Henriette Laugesen Attardo, *can.scient.pol., PhD student* & **Maja Bruhn**, *MD, PhD student*

Post-migration stressors can exacerbate post-traumatic stress disorder (PTSD) severity among refugees, yet no prior studies have examined the effects of addressing these stressors within PTSD treatment. This mixed-methods study evaluates an integrated care intervention combining employment services with PTSD treatment for unemployed refugees. The study includes a randomized controlled trial (RCT) of 195 participants and a qualitative study with 24 refugee patients, 10 medical doctors, and 20 employment counsellors.

The PTSD treatment consists of psychologist and medical doctor sessions over eight to 12 months. The add-on intervention integrates a close intersectoral collaboration with employment services and PTSD treatment, targeting the bidirectional impact of PTSD and post-migration stressors. We will present RCT findings on outcomes of level of functioning, mental health symptoms, and post-migration stress, alongside qualitative insights of patient experiences of mental health during and after the intervention as well as evaluation of key intervention components.

Cooperative storytelling: An option for traumatized refugees suffering from PTSD

Jone Schanche Olsen, *psychiatrist, senior consultant*

Working with treatment of traumatized refugees and asylum seekers is challenged by cultural differences and different attitudes towards health services. Aspects of shame and guilt in the traumatic events also challenge the possibilities for psychotherapeutic treatment. Purpose For assisting traumatized refugees and asylum seekers, a group intervention model is suggested.

Organizing groups of refugees with the intention of by proxy processing of trauma has been carried out with refugees from Eritrea, Afghanistan, Chechnya, Syria and with Kurdish refugees from different countries. Group participants are invited to a 10-session process where the group make up a story of a refugee from their own background who flies to Norway. The story is supposed to be a detailed story of the fictive person's life, reason for flying, flight and relocation in Norway. Group leaders write down the story, and at the end, the written story is distributed among the participants as their own property. By participating, refugees have a possibility to process their own traumatic events by proxy, without exposing their own history.

Eight groups have been conducted at Transcultural Center, Stavanger University Hospital, in cooperation with refugee services in the municipalities. Results from a qualitative study of groups with Syrian and Chechen refugees give the overall impression is that the intervention is considered helpful and important. Group members follow the program with few dropouts. Comment Group interventions with traumatized refugees narrating a story, with the possibility to process their own history by proxy, is a treatment method worth further exploration.

Unseen Wounds: Complex Trauma in Young Adults with a History of Gang Violence

Sadia Kahn, *Cand.Psych, DIGNITY*

Drawing on 16 years of clinical experience, including work with vulnerable youth at DIGNITY – Danish Institute Against Torture – this presentation examines the trauma histories and complex PTSD symptoms of young adults with former gang affiliation. Many have endured chronic neglect, violence, and life-threatening events. Symptoms often include emotional dysregulation, aggression, and profound mistrust. Despite severe needs, most remain undiagnosed due to a lack of systematic screening. The project, in collaboration with gang-exit programs, seeks to document trauma exposure and inform the development of trauma-informed approaches within specialized social and mental health services.

Prevention of violent radicalization among individuals traumatized by war

Maria Hannula *has a background in mental health nursing and holds degrees in Nursing, Psychology, Research Methods and Teaching.*
Lotta Carlsson, *Project manager at the Helsinki Deaconess Foundation. She is a physiotherapist, psychotherapist and clinical counsellor, and Finland's delegate to Counsil of Europe´s Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT).*

The Way Home Project 2025 – 2028 is co-funded by the European Union's Internal Security Fund and it is carried out at the Centre for Psychotraumatology at Helsinki Deaconess Foundation. The project provides support and service guidance to individuals who have participated in armed conflicts and their close others, such as family members. The overall goal of the project is to prevent violent radicalisation among individuals who have been traumatised by war.

It is known that approximately 200 Finnish volunteer fighters have joined the war in Ukraine and it has been recognised that the risk for violent radicalisation is increased among those returning from a combat zone. The project takes on a mental health perspective in the prevention of violent radicalisation by taking into account the effects of trauma and moral injury on an individual's well-being and adjustment back into society. Support will also be available to other nationalities returning from other wars. An understanding of the transgenerational nature of trauma and its' impact on the entire family and the immediate community is highlighted and families are being supported during departure, absence, and after homecoming, as well as in potential crisis situations.

In addition, the project aims to strengthen the skills of professionals with different backgrounds to identify, support and guide those traumatised by military operations and who are at risk of radicalisation. Law enforcement authorities and other professionals are trained during the project. Local, national and international best practices are shared on how co-operation between different professionals and organisations should be implemented.

Individual presentations

Advancing knowledge - evaluation & innovation

Thursday 10.15 - 11.35

MEETING 10 (6th floor)

Socio-cultural and structural formulation approach with refugees in Switzerland

Marion Bovey, *Institute of psychology, University of Lausanne, Switzerland and Psychotherapeutic Consultation for Migrants, Association Appartenances.*

The aim of this presentation is to provide an overview of the adaptation process of the ESTAIR manual, covering the formative research phase, the key socio-cultural and structural adaptations, and initial feedback from patients and therapists collected during a pilot study with 22 refugees. Both qualitative and quantitative methods were used to inform the adaptation process, and all the steps and decisions were systematically documented using the RECAPT criteria (Reporting Cultural Adaptation in Psychological Trials) to ensure transparency.

Torture in Transit: Collaborative Innovation for Discussing and Addressing the Impacts of Torture on Refugee Survivors

Victoria Canning, *Professor of Criminology, Lancaster University.*

Previous research has uncovered 10 underpinning key barriers to rehabilitative support for refugee survivors of violence, sexual violence, and torture. These include, for example, forms of silencing; bureaucratic border impacts; and gaps in organisational knowledge on how best to respond to refugee survivors (Canning, 2023). However, until recently, there has been no comprehensive, collaboratively designed implementable method by which practitioners, survivors, and educators in disciplines likely to work with torture survivors (such as medicine, global health, law, and psychology), can understand and address these barriers, as well as the multifarious impacts of violence.

This paper reflects on the development of a newly developed toolkit which addresses these structural problems in practice. The project – in collaboration with the Danish Institute Against Torture - engages survivors of torture; practitioners; NGOs; and students in best reflexive practice around practice and language (i.e. understanding terms and discussion in relation to torture, sexual torture and sexual violence) when working with survivor groups and refugee rights organisations.

I will outline key findings which impact on both access to torture support for refugee populations, as well as barriers to provision for practitioners who are doubly challenged by the impacts of punitive border practices on their everyday work. Overall, the presentation will explore the process of toolkit development as a means to challenge punitive bordering processes, and introduce and distribute the visual element of the toolkit.

Patient Engagement in PTSD treatment: PEP-study; study design of a randomised controlled trial

Laura Eybye Fonnesbæk, *cand.psych and* **Anna Bolette Lund Nielsen**, *MD.*
Co-authors: **Hinuga Sandal, Charlotte Sonne, Stig Poulsen, Jessica Carlsson**

PTSD is one of the leading health-related causes of absenteeism, with significant economic and social costs due to high non-response and dropout rates in treatment. The study aims to improve outpatient PTSD-treatment outcomes by testing the added value of motivation enhancement (ME) at both Psychotherapeutic Unit (PU) and Competence Centre for Transcultural Psychiatry (CTP), and shared decision-making (SDM) only at CTP in two randomised controlled trials (RCTs).

It is hypothesised that ME will reduce dropout and improve outcomes compared to treatment as usual (TAU), and that SDM will further enhance outcomes by tailoring treatment to the individual.

171 patients at PU and 256 patients at CTP will be included. The RCTs are comparing TAU comprising of sessions with a medical doctor and a psychologist with 1) add on of ME consisting of four sessions based on Motivational Interviewing framework (IPM) and 2) add on of IPM and one SDM session, where patients choose from four treatment options: TAU, MD sessions, nurse sessions, and psychologist sessions.

The primary outcome is PTSD symptoms measured by the International Trauma Questionnaire (ITQ). Secondary outcomes include Readiness for Psychotherapy Index (RPI), The 9-item Shared Decision Making Questionnaire for patients (SDM-Q-9), Psychological Outcome Profiles questionnaire (PSYCLOPS) and WHO Disability Assessment Schedule 2.0 (WHODAS 2.0).
The study expects to demonstrate improved treatment outcomes through patient-centered preparation and individualised treatment, leading to decrease in PTSD-symptoms, lower dropout rates, better resource utilisation, and financial benefits. Inclusion was initiated January 2nd 2025. Results are expected by August 2028.

Factors affecting adherence to psychotropics in trauma-affected refugees: data from a randomized controlled trial

Hinuga Sandahl, *MD, PhD, The Competence Centre for Transcultural Psychiatry, Mental health services in the Capital Region of Denmark*

Non-adherence to psychotropic drugs is a frequent challenge among refugees with posttrau-matic stress disorder (PTSD), undermining treatment effectiveness and increasing the risk of chronic illness trajectories. Improved understanding of adherence is crucial for tailoring clini-cal interventions and strengthening patient–provider collaboration. This study aimed to iden-tify factors associated with the three basic components of adherence—non-initiation, non-im-plementation, and discontinuation—in trauma-affected refugees.

Data were derived from a randomized controlled trial (RCT) (n = 108). During treatment, initi-ation, use, perceived discomfort, and discontinuation of psychotropics were systematically recorded at each medical consultation. In addition, adherence was assessed through both clinical evaluation and systematic monitoring throughout treatment.

Based on existing litera-ture, a set of sociodemographic and clinical candidate predictor variables was selected as potential explanatory factors. Logistic regression analyses were applied to assess associa-tions between these variables and the three components of adherence.

Three main factors—level of education, turn-up rate for medical doctor sessions, and dis-comfort in relation to psychotropics—were significantly associated with non-initiation, non-implementation, or discontinuation.

The study highlights the importance of considering both individual and relational factors in understanding adherence among refugees. In particular, frequent attendance at medical con-sultations appears central, as a low turn-up rate may reflect and reinforce barriers in the ther-apeutic relationship.

These findings suggest that improved communication, trust, and support in the patient–provider interaction are crucial to address adherence challenges. Future re-search should explore targeted interventions to strengthen adherence among refugees with mental illness and to develop culturally and clinically adapted treatment strategies.

Individual presentations

Communities, culture & healing

Thursday 10.15 - 11.35

MEETING 8 + 9 (6th floor)

Accountability and Trauma Treatment

Elna Søndergaard, *Senior Legal Advisor, Prevention & Accountability Department, DIGNITY – Danish Institute against Torture*

Many trauma-affected refugees who arrive in the Nordic countries are victims of international crimes or have witnessed such crimes being committed. Offering them the opportunity to share their story and provide their testimony and other relevant information to the national police can be important for their treatment and for ensuring accountability for international crimes.

DIGNITY has gained experience in this field and facilitated the contact between refugees and the NSK (National Enhed for Særlig Kriminalitet), which is specifically tasked with the investigation of crimes, collects and analyses relevant information on the most serious international crimes. The information may then be shared with agencies at the international level (e.g. the International Criminal Court, Europol or War Crimes units in EU states).

International crimes (genocide, crimes against humanity and war crimes) are serious offenses that are recognized by international law as being of concern to the international community. They include murder, torture, enforced disappearance, unlawful imprisonment, and attacks against the civilian population. Those who commit them can be prosecuted before international tribunals, such as the International Criminal Court, or national courts.

Dignity is an independent human rights organization, with a team of lawyers working daily on assisting victims of human rights violations in Denmark and internationally, for example at the International Accountability Platform for Belarus. DIGNITY lawyers can guide refugees, provide support, and assist them during the entire process with the aim of contributing to accountability for international crimes.

From Subjects to Partners: A Participatory Approach to Fostering Resilience in Older Refugees

Huseyin Emlik, Djenana Jalovcic, *Western Norway University of Applied Sciences, in collaboration with the Centre for Migration Health, Bergen Municipality*

Standardized healthcare models often fail to address the complex trauma and unique life histories of older refugees, rendering them passive recipients of care rather than active participants in their recovery, health and wellbeing. This presentation introduces an innovative, person-centered research methodology designed to empower older refugees and foster resilience by placing their lived experiences at the core of service innovation.

Our PhD project, "Navigating Dual Challenges," employs participatory methods, including Photovoice, to enable older adults with forced migration backgrounds to articulate their own perceptions of health, ageing, and healthcare. This approach transcends communication barriers and power imbalances, creating a platform for participants to share their stories of trauma, resilience, and recovery

in their own terms. By engaging them as co-researchers, we shift the paradigm from studying subjects to collaborating with partners. This project builds on our experiences of using photovoice to explore health and access to health services for persons with refugee experiences.

This presentation will demonstrate how participatory methods are not just a tool for data collection, but an innovative therapeutic approach in themselves. By fostering agency, voice, and mutual understanding, we can co-create culturally congruent and truly person-centered support systems. We argue that this collaborative model is essential for strengthening resilience and developing integrative treatment approaches that honor the dignity and lived reality of trauma-affected refugees.

Relationship-based approach in assisting human trafficking victims

Marjukka Nyström, *social worker, project manager,* **Larissa Söderling,** *psychologist, project specialist*

Context and main issue:

In Finland social workers have the key role in identifying and assisting human trafficking victims. This is often a demanding task with little existing guidelines. The coercive control that is a crucial part of human trafficking is a traumatic experience and puts the victim in an especially vulnerable and difficult situation. Many of the victims are also refugees, which can lead to a situation with intersecting vulnerabilities. Getting appropriate assistance is challenging because of, for instance, difficulties in trusting officials after traumatic experiences, lack of identifying victims, lack of knowledge about the phenomenon and about the effects of trauma.

Solution?

Our project brings new information and solutions to social workers for encountering and assisting human trafficking victims. The focus is on creating a new, evidence-based approach to social work that takes into account the effects of the human trafficking trauma. In the core of this is relationship-based practice. Our handbook includes tools that are easy to adapt to the everyday social work and will enable social workers to identify, assess and support victims to break free from their experience of exploitation. The goal is also to strengthen the individual's capacity and belief in their ability to cope and to support recovery. Such a working model has not existed before. Our overall aim is that victims will receive equal services no matter where they seek help in Finland.

Individual presentations

Treatment & intervention

Thursday 14.40 - 17.00

PLENARY HALL

How can Nature Engagement support Mental Health Promotion? Experiences of Refugee and Migrant Women in Copenhagen

Dianna Khalidan – *Nurse at Muhabet and MSc in Global Health.*

While nature-based initiatives are increasingly recognised for their benefits to mental health and wellbeing, li le is known about their relevance and impact for refugee and migrant women in the Global North. This presentation draws on my master's thesis, which explored how nature experiences and nature engagement can support the mental health of refugee and migrant women from the Global South living in Copenhagen.

A phenomenological and ethnographically inspired qualitative study was conducted with two community organisations in Copenhagen offering nature-based ac vi es to refugee and migrant popula on groups. Data were generated through participant observations, walking interviews with eleven women, and interviews with the facilitators of nature-based ac vi es in the community organisa ons in Copenhagen. The findings highlighted two key processes: (1) nature's impact on mental health and wellbeing, with nature engagement supporting hedonic wellbeing and providing mental and emotional relief; and (2) nature as a bridge between past and present, with nature engagement fostering eudaimonic wellbeing through place attachment, belonging, and the alleviation of Rhurba – a feeling of estrangement linked to displacement. Importantly, engagement with nature – and the two processes – depended on the conditions of community, facilitation, embodied experiences, and spiritual appreciation.

The presentation will present the findings of my study and discuss how nature engagement can strengthen resilience and foster recovery among refugees and migrants, by enhancing mental health relief, connection to people and places, and a sense of belonging. It will further reflect on the importance of ensuring that nature-based initiatives can be made accessible, culturally responsive, and inclusive of diverse ways of relating to and experiencing nature.

Characteristics of baseline body pain in traumatized refugees

Maria Lurenda Westergaard, Henriette Laugesen Attardo, Caroline Fabricius, Erik Vindbjerg and Jessica Carlsson, *Competence Center for Transcultural Psychiatry, Mental Health Center Ballerup, Copenhagen University Hospital – Mental Health Services CPH, Copenhagen, Denmark*

Objectives: To characterize pain location, severity, and interference with daily life among trauma-affected refugees; to determine how pain characteristics are associated with post-traumatic stress disorder (PTSD); and to determine how pain might influence PTSD treatment response.

Methods: 168 women and 150 men diagnosed with PTSD were included. Participants were assessed before and after treatment using standard questionnaires, including the Harvard Trauma Questionnaire (HTQ). Body maps were drawn to show pain prevalence by location. Differences in pain scores among those with high and low HTQ scores were examined. Two-step cluster analyses were performed to determine groupings of participants according to pain characteristics. T-tests were used to compare treatment effect for groups defined by cluster analyses.

Results: 96.3% of women and 91.8% of men reported pain. The most common locations of pain were the lower back (78.8%), neck (71.5%), and head (68.4%). On a scale of 0 to 10, pain averaged 6.2 (SD 2.5), and pain interference was over 7.0 in all domains. Greater severity of pain was experienced by those with high intrusion (p=0.001), avoidance (p=0.019), numbing (p=0.001), and hypervigilance scores (p=0.001). Cluster analyses identified two groups: 81.1% with high pain symptoms and 18.9% with low pain symptoms. Those with low pain symptoms showed significant improvement compared to those with more pain in most outcome measures.

Conclusion: Pain prevalence, severity, and interference in daily life, are high among refugees referred for specialized treatment of PTSD. Patients need support in managing pain symptoms if they are to benefit from PTSD treatment.

Integrating a psychosocial rehabilitation method into standard trauma physiotherapy

Lis Dreijer Hammond, *Psychologist & Graduate Research Assistant, Aalborg University,* **Martin Lehmkuhl Kristensen**, *Physiotherapist, Centre for Traumatised Refugees (RCF), Aalborg, North Jutland Region (RN),* **Christian Carlsen Hansen**, *Physiotherapist, RCF, Aalborg, RN,* **Chalotte Glintborg**, *PhD and Lecturer in Rehabilitation Psychology, Aalborg University*

Traumatised refugees face a considerable task adapting to life in a new country with multiple post-migratory stressors and reduced physical, cognitive, emotional, and social functioning. The PSoReKo project is developing and testing an integrated and balanced biopsychosocial physiotherapy approach to trauma treatment by strengthening the psychosocial aspects of the physiotherapists' competencies. The project is based on the Integrative Model of Adjustment to Continuous Challenges (IMACC), a theoretical framework based on cognitive-behavioural principles, explaining the biopsychosocial process of adjustment and recovery, seen from an intrapersonal perspective.

Based on the IMACC theory and using co-creation involving researchers, physiotherapists, and interpreters, the IMACC-conversation has been developed as a clinical recovery-oriented approach supporting the individual process of adjustment and recovery. The IMACC-conversation has been integrated into standard physiotherapy practice and is now being tested using multiple baseline single-case studies. Participants are supported in making at least one adaptive behavioural change of their own choice. Behaviour changes of the categories physical activity, self-care, arousal control and social participation are aimed at strengthening activity and participation in everyday life. Change is monitored during a baseline period and throughout the intervention using a simple daily self-report (Likert scale) relevant to the chosen behaviour. Wellbeing is measured weekly during the same periods using WHO-5.

Preliminary results from the pilot study show that integration of a targeted psychosocial recovery-oriented approach into standard trauma physiotherapy is feasible. Out of two completed single-case studies one shows low to moderate effect of the integrated intervention.

Multi-professional cooperation supporting the resilience and recovery of refugees. Experiences of working with refugees at the Psychiatric Outpatient Clinic for Refugees

Johanna Kruus, *psychiatrist,* **Rita-Lena Honkaniemi**, *occupational therapist,* **Kirsi Jokela**, *psychiatric nurse*

The presentation will introduce the work of the outpatient clinic. The Psychiatric Outpatient Clinic for Refugees is a specialized psychiatric care unit for adults who have recently immigrated to the country and have received a residence permit. Recently the clinic has also treated few asylum seekers. Patients have severe traumatic experiences and psychological symptoms caused by them. Patients have, for example, depressive, dissociative and psychotic symptoms. Patients come for treatment with a doctor's referral. The multidisciplinary working group includes: a psychiatrist, a psychologist, a psychiatric nurse, a social worker, a social counselor, a physiotherapist and an occupational therapist. We also train health care students.

A multidisciplinary treatment plan is developed with each patient. The outpatient clinic works in a network with social and healthcare providers, educational institutions and the third sector.

The groups enable peer support. Theys support group members' resilience and recovery.

The presentation will also present a group-based treatment model for adults who have been severely traumatized early on. Patients are recovering from childhood abuse and suffer from symptoms of complex posttraumatic stress disorder (CPTSD).

Individual presentations

Advancing knowledge - evaluation & innovation

Thursday 15.40 - 17.00

MEETING 10 (6th floor)

Predictors of treatment discontinuation in the Danish Trauma Database (DTD)

Margit Kriegbaum, *PhD, Cand.scient. soc., DIGNITY – Danish Institute against Torture*

Background and Aim: Premature discontinuation of trauma-focused treatment is common and may compromise treatment outcomes and efficient use of resources. This study aimed to identify predictors of treatment discontinuation in a naturalistic study design by combining patient-reported data from the Danish Trauma Database for Refugees (DTD) with Danish national register data.

Methods: The study included patients from five outpatient clinics in Denmark primarily treating trauma-affected refugees. Data was collected between 2023 and May 2025 and comprised 420 individuals who either completed or discontinued treatment. Treatment descriptors included treatment duration and intensity. Potential predictors of discontinuation assessed at baseline were gender, age, time in Denmark, education, marital status, employment, PTSD symptoms (ITQ), depression and anxiety (HSCL-10), pain interference (BPI), functional disability (WHODAS-2), and post-migration living difficulties.

Results: Of 420 patients, 104 (25%) discontinued treatment. Among these, 66 were terminated prematurely, 30 discontinued due to cancellations or missed appointments, and 8 for other reasons. Patients who completed treatment attended an average of 17 sessions with a psychologist (SD = 12), compared to 10 sessions (SD = 7) among those who discontinued. Treatment discontinuation was associated with younger age, longer residence time in Denmark, and not requiring an interpreter.

Discussion: Discontinuation patterns may vary by type of dropout, which ongoing analyses will address. Further, register-based predictors focusing on post-migration living conditions, legal status, and comorbid somatic and mental health, will be included.

Unveiling Dropout: Grappling with the Gap of Discontinuation in a Naturalistic PTSD Efficacy Study

Marcus Lavergren, *PTP-psychologist Affiliation: Kris- och traumamottagningen (Crisis and Trauma Clinic)*

Despite extensive evidence supporting the effectiveness of psychological interventions for traumatized patients, a significant proportion of patients discontinue treatment prematurely. Although this common clinical phenomenon is linked to far-reaching and potentially detrimental consequences, research in this area remains scarce, especially among refugees.

Drawing on insights from a naturalistic efficacy study (2021-2025) of war and torture survivors receiving PTSD treatment at an outpatient center in Sweden, this presentation addresses the complex challenges of dropout and treatment discontinuation. Its aim is to illuminate some concerning yet underexplored questions about resilience and shortcomings in trauma care, serving as a starting point for further dialogue on its prevalence, consequences, and potential predictors.

Using machine learning to predict PTSD treatment response in a sample of refugees

Erik Vindbjerg, *Senior Researcher, PhD, Competence Centre for Transcultural Psychiatry, Mental Health Centre Ballerup, Capital Region of Denmark*

Background: Despite evidence-based interventions for PTSD, high nonresponse rates of up to 50% highlight the need for better characterization of non-responders to optimize treatment assignment. This study tests the potential for machine learning to predict treatment outcomes in trauma-affected refugees.

Methods: We analyzed data from 714 adult refugees diagnosed with PTSD and undergoing outpatient psychiatric treatment at the Competence Center for Transcultural Psychiatry, Denmark. Participants were drawn from five randomized controlled trials (2009-2018) involving psychiatric consultations and psychotherapy. All patients had completed the Harvard Trauma Questionnaire (HTQ) and the Hopkins Symptom Checklist-25 (HSCL-25) at baseline and end of treatment. Random forest classification models used 372 variables from baseline assessments and early treatment sessions to predict reliable change in PTSD, anxiety, and depression symptoms.

Results: The multivariate random forest model demonstrated modest predictive accuracy with an AUC of 0.758 for HTQ, 0.829 for HSCL anxiety, and 0.792 for HSCL depression in the independent test set. In predicting any response across the three (sub)scales, the model achieved 76.8% sensitivity and 50.6% specificity (AUC = 0.765). Key predictors included motivation for active participation, perceived locus of control, psychosocial resources, age, and symptom severity at baseline.

Conclusion: This first machine learning analysis of PTSD treatment predictors in refugees shows modest but clinically relevant predictive accuracy. Further research with larger, less chronic samples may improve predictive performance. Apart from the potential for full model implementation, the most predictive features may also serve clinical decision-making in a more conventional clinical framework.

Economic evaluation of a multidisciplinary rehabilitation model compared to do nothing for traumatized refugees in Denmark

Shr-Jie Wang (1), Akshay Swaminathan (2), Line Bager (1, 3), Anne Marie Jelsbak Jensen (3), Linda Nordin (1, 4), Sanjib Saha (5), Johan Jarl (5)

Background: The multidisciplinary program for traumatised refugees provided by Danish Institute against Torture (DIGNITY) is effective in treating post-traumatic stress disorder (PTSD). The objective of this study is to estimate its cost-effectiveness.

Methods: The analysis is based on 276 severely traumatised refugees in Denmark who received treatment between 2011-2015. Cost is estimated from the provider's perspective in Danish Krona (DKK). The outcomes were measured by pain interference, anxiety, depression, PTSD, and disability/functioning. Multiple imputation was used to impute missing data. Results are presented as incremental cost-effectiveness ratios (ICERs). Several sensitivity and subgroup analyses were conducted to capture the uncertainty.

Results: A total of 15,102 treatment sessions were provided with a median cost per patient of 164,730 DKK. The base-case ICER was 33,413 DKK per unit improvement of functionality and 590,430 DKK per unit of PTSD reduction, respectively. Subgroup analyses showed that women and younger participants (less than 40 years old) had lower ICERs compared to their counterparts.

Conclusion: DIGNITY's multidisciplinary program for traumatised refugees is effective, despite its elevated cost. Nevertheless, the program's cost-effectiveness will be contingent upon the decision-makers' or society's willingness to pay.

Individual presentations

Communities, culture & healing

Thursday 15.40 - 17.00

MEETING 8 + 9 (6th floor)

Obstacles and Potentials in Social Innovation with Refugees under Temporary Protection

Ditte Shapiro, *psychologist Ph.D. DIGNITY - Danish Institute against Torture, National Rehabilitation. dks@dignity.dk,* **Nana Folke***, advisor, Migrant and Refugee Section, Danish Red Cross nafol@rodekors.dk,* **Katrine Syppli Kohl,** *Ph.D. (Sociology), postdoc at the Department of Sociology & Social Work, Aalborg University. kasyko@socsci.aau.dk.*

In recent years, collaboration with service users with lived refugee experiences has gained traction in both practice and academia. Engaging refugees is particularly relevant in Denmark, where the conflicting policy goals of integration and of return create a paradoxical "borderscape" of hyper-precarity that refugees and practitioners must navigate. The presentation draws on insight from the practice-research project Boundary work, co-developed by DRC - Danish Refugee Council, Danish Red Cross and Centre for Advanced Migration Studies (AMIS) at Copenhagen University. The project employed collaborative ethnography involving refugees, volunteers, and case workers in and around a social innovation initiative.

It explored different methods of engaging individuals within civil society and examined how the tension between integration and return shapes the social innovation process initiated in three local collaboration groups consisting of refugees, case workers, and volunteers. Building on thematic analysis of field notes and interview transcripts, we identified three key obstacles to refugee inclusion in collaborative practices: positionalities, emotionalities, and politicizations. In the presentation, we elaborate on the dilemmas these obstacles pose and highlight approaches that could guide a new direction for collaborative research and practice development involving refugees. Our goal is to inspire both researchers and practitioners by demonstrating how engagement with refugees enduring challenging living conditions can be facilitated across sectoral boundaries.

Bridging the Gap: A Flexible, Decentralized Educational Model to Enhance Refugee Health Competence

Rolf Vårdal, Huseyin Emlik, *Western Norway University of Applied Sciences, in collaboration with the Centre for Migration Health, Bergen Municipality*

Health professionals and service providers serving decentralized communities often face significant barriers to accessing specialized training in refugee health, impacting their ability to provide care that fosters resilience and recovery. To address this gap, our project introduces an innovative, flexible educational model designed to build capacity among interdisciplinary health professionals in their local environments.

This presentation will detail the development and structure of our decentralized further education program, a collaboration between academic and municipal health experts. The model blends online coursework with in-person workshops held directly within rural municipalities, thereby removing geographical and logistical obstacles to participation. A core component is the "Migration and Refugee Health" course, which equips practitioners with essential skills in culturally sensitive care, trauma-informed practices, and inter-professional collaboration to ensure equitable health services.

By upskilling local healthcare and service providers, this initiative directly strengthens the community-based support systems crucial for refugee recovery. It represents a practical and replicable approach to enhancing the quality of trauma treatment and mental health support for refugees outside of major urban centers. We will share key insights from the program's implementation, highlighting how innovative educational strategies can be a powerful tool for strengthening refugee resilience at the community level.

Muhabet; a framework for a better recovery

Pernille Agerbæk, *Manager at "Muhabet – A House of Recovery"*

Muhabet is an activity and community program in Copenhagen, that is caring for 250 traumatized and mentally ill refugees and immigrants. Our purpose is to support the target group in living a dignified and meaningful everyday life – regardless of their level of functioning. Muhabet provides a framework and structure that our users are unable to establish themselves due to their mental illnesses. In our community house, they gain daily access to key resources supporting their journey toward recovery. These include emotional support, network, activities, knowledge about the Danish society, healthy food, and, not least, bridging to the welfare system.

Our efforts help prevent challenges such as marginalization, repeated psychiatric hospitalization, housing eviction, conflicts in public space, and the transmission of trauma to the next generation. Muhabet works systematically to develop coping strategies together with the users, focusing on improving their quality of life, agency, and citizenship.

The presentation will focus on the effects of our work and the experience of our users; what changes do we see in them from the day they arrive to Muhabet, and what do they emphasize when we ask them why they continue to come here.

The main argument of the talk is that the stability, safety and network that Muhabet offers is a crucial framework for the process of recovery. And this kind of activity and space should be offered to everyone who suffers from traumas and other mental illnesses, as a complement to the treatment in the psychiatric system.

Individual presentations

Treatment & intervention

Friday 14.45 - 16.05

PLENARY HALL

Cross-cultural validity in neuropsychological measures

Søren Kit Bothe, *Ph.D. fellow at the University of Copenhagen and DIGNITY – Danish Institute Against Torture, with a clinical background as a psychologist working with refugees.*

Background: Trauma-affected refugees experience a high prevalence of cognitive impairment often in combination with psychiatric illnesses like PTSD. However, these cognitive impairments are largely unassessed due to lack of cross-cultural neuropsychological measures which complicates assessment.

Objective: To investigate the feasibility of interpreter mediated neuropsychological testing in refugees and present preliminary results on cross-cultural validity.

Method: A cross-cultural test battery developed to assess executive function, mental speed, attention, and memory was administrated to refugees referred for psychological trauma treatment. Feasibility of the test battery was assessed by investigation of completion time, completion rate, performance validity, skewness, and floor effects.

Results: Results show that the test battery was completed in 54 minutes with 62% completing the full battery. 11% failed two performance validity tests and 26% failed one. Scores were generally skewed, and one test shows evidence of a floor effect.

Conclusions: This study supports feasibility of administering interpreter-mediated neuropsychological assessments of trauma-affected refugees. The study highlights areas that impacts the validity of neuropsychological testing.

A cancelled gig is also a gig - A study on the usefulness of ITI

Frida Hulthén, *psychologist at Kris- och traumamottagningen, Regionhälsan, Gothenburg*

With the introduction of ICD-11, the diagnosis of PTSD faces a shift, and complex post-traumatic stress disorder (CPTSD) is introduced as a diagnosis. The purpose of this study was to investigate how psychologists and specialist doctors at the Crisis and Trauma Clinic in Gothenburg, a specialist clinic for people with severe mental illness as a result of war and torture, perceive the usefulness of ITI for diagnosing PTSD and CPTSD. A focus group with four clinicians was conducted and the material was analyzed with thematic analysis. The results showed that the usefulness of ITI can be understood based on three main themes: ITI as a diagnostic instrument, Diagnostic reliability, and Operational benefit. The themes interacted with each other and were all important parts of the usefulness.

Overall, the results showed that the clinicians perceived a pendulum swinging between a deductive external requirement and an inductive reality in the clinical encounter, both of which positions influence their assessments. The results indicate that the usefulness of ITI cannot only be assessed based on its theoretical validity, but must also be contextualized within the framework of clinical practice and weighed against the clinicians' professional judgments. In cases of complex trauma, diagnostics should be considered in a broader context and caution is therefore recommended when using ITI for the diagnosis of PTSD and CPTSD in these contexts. In this presentation, I will discuss recommendations for the diagnosis of CPTSD based on the study's results.

When trauma treatment deteriorates patients' resilience

Olof Wrede, *Crisis- and Trauma Unit, Gothenburg, Sweden*

The trauma treatment field has established solid knowledge about positive treatment outcomes. However, less is known about processes associated with symptom deterioration during treatment. In this talk, I present an analysis of 75 treatment outcomes at Crisis- and Trauma Unit (CTU) in Gothenburg, Sweden, collected between 2021 and 2025. Patients rated their PTSD symptoms using the PCL-5 scale at treatment start and termination. We analysed change using Reliable Change Index (RCI). In contrast to most research, this analysis focuses on the 9 % of patients who showed reliable deterioration. By shedding light on these negative outcomes, we hope to contribute to a deeper understanding of when and how trauma treatment may undermine resilience – and how clinicians can prevent such outcomes in the future.

Stories of psychotrauma in the perspective of the storyteller (client) and listener (specialist)

Siarhei Papou – *psychiatrist, psychoanalyst (Finnish Psychoanalytic Society) - private practice, consultant-psychotherapist of the Human Rights Center "Viasna", in the process of confirming medical qualification in Finland.*

The individual presentation is an analysis of psychiatric and psychotherapeutic

clinical experience of working with Belarusians who suffered from violence in 2020 and after, in forced emigration, political prisoners released from prison, and their families. Special attention is paid to the clinical research of the complexity of the interaction between the client and the specialist, namely how the traumatic experience is transmitted by the victims and how it is 'heard' and perceived by the specialist, what is lost, how there are gaps in the reproduction and perception of traumatic stories, which leads to the impossibility of building a container therapeutic relationship and reduces care effectiveness.

The presentation provides examples of these obstacles from my clinical experience, due to being in both roles. In the role of traumatised and telling the story, as I went through prison in 2020 for political reasons, then through repression and forced emigration. And in the role of a specialist, psychiatrist and psychotherapist, providing care to patients with traumatic experiences, working at the human rights centre "Viasna" and at the trauma-psychiatric clinic in HUS, Helsinki.

I conclude the presentation by discussing what can help both parties. Especially the possibility of genuine understanding, which is directly related to the professional's own traumatic or 'near-traumatic' experience.
undermine resilience – and how clinicians can prevent such outcomes in the future.

Individual presentations

Advancing knowledge - evaluation & innovation

Friday 14.55 - 16.05

MEETING 8 + 9 (6th floor)

An epigenome-wide study of a needs-based family intervention for offspring of trauma-exposed mothers in Kosovo

Authors: **Joanne Ryan1, Aung Zaw Zaw Phyo1 Sebahate Pacolli Krasniqi2, Selvi Izeti Carkaxhiu2, Peter Fransquet1, Sara Helene Kaas-Petersen1, Dafina Arifaj Limani2, Vjosa Devaja Xhemaili2, Mimoza Salihu2 ,Qendresa Prapashtica2, Nebahate Zekaj, Vesa Turjaka2, Shr-Jie Wang 4, # Feride Rushiti2, # Line Hjort5, 6, #**

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6 Department of Obstetrics, Center for Pregnant Women with Diabetes, Copenhagen University Hospital, Copenhagen, Denmark

7 # Shr-Jie Wang, Feride Rushiti, and Line Hjort contributed equally to this work.

Introduction: Maternal stress and trauma during pregnancy can influence offspring cortisol levels and epigenetic patterns, including DNA methylation. This study examined whether a tailored family intervention could reduce cortisol levels in children of traumatized mothers and affect offspring DNA methylation. We also assessed the intervention's impact on DNA methylation aging, a marker of biological aging.

Methods: A family intervention was developed to improve relational functioning, emphasizing family strengths and problem-solving. Women survivors of sexual violence during the 1998–1999 Kosovar war and their families were randomly assigned to 10 sessions of family therapy over 3–5 months or to a waitlist control group. Mothers and children completed assessments before and after the intervention. Children's blood samples collected at both time points were analyzed for cortisol and epigenome-wide DNA methylation patterns (Illumina EPIC array). Pre-/post-intervention cortisol and DNA methylation changes were compared. DNA methylation age and accelerated biological aging were also calculated.

Results: Sixty-two mother–child dyads completed the study (30 intervention, 32 waitlist). Adjusted regression showed a significant decline in cortisol in the intervention group compared to controls (β = −124.72, 95% CI: −197.4 to −52.1, p = .001). Children in the intervention group displayed >1% differential methylation at 5,819 CpG sites (p < .01), with differences up to 21%, though none reached genome-wide significance. No group differences were found in DNA methylation aging.

Conclusion: The tailored family intervention reduced children's stress levels and induced DNA methylation changes, suggesting potential to break intergenerational trauma transmission. Larger studies are warranted.

Psychological Assessments of Children and Adolescents in Torture Documentation: Contexts, Dilemmas and Challenges

Viktor Mauritz, *licensed clinical psychologist, Swedish Red Cross Treatment Center for Persons Affected by War and Torture, Uppsala. Participating in a research project on children and torture in collaboration with the Swedish Red Cross University in Huddinge.*

The documentation of torture of children and adolescents has received limited attention in research, especially when it comes to psychological assessments. However, there is a growing interest in this area. International guidelines, such as the 2022 edition of the Istanbul Protocol on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, gives increased attention to specific considerations for assessing claims of torture and ill-treatment among children and adolescents.

Objective: To identify and map out dilemmas, challenges, and needs arising from the conduct of psychological assessments of children and adolescents in the context of documenting torture and ill-treatment.

Method: From August through November 2024 seven semi-structured interviews were conducted with psychologists, social workers and child psychiatrists with experience of documenting cases of torture, working in a variety of organizational contexts in Northern Europe, West Asia, East Africa and Central America. The interviews were analyzed thematically.

Results: Analysis of the interviews highlights the need for a therapeutic approach to the interaction with children and families in the context of psychological torture documentation. Identified dilemmas and challenges include the amount of time needed for assessments as well as the role of parents and other caregivers.

Conclusions: Documenting the psychological effects of torture among children and adolescents requires specific considerations and adaptations that are not yet clearly established in existing literature or international clinical guidelines. Clinician experiences indicate a need for further development of child-specific frameworks for torture documentation.

Refugee and asylum-seeking minors with uncertain residence status and the outcome of trauma treatment on PTSD: A Systematic Review

Nahlén Bose, C.1 & Diaz, M.1 *1 Department of Health Sciences, The Swedish Red Cross University, Huddinge, Sweden*

Abstract Introduction: Refugee and asylum-seeking minors with an uncertain legal status are at risk of being refused treatment for PTSD due to claims that residence stability is required for a successful trauma treatment outcome.

Objective: To synthesize research on the effectiveness of trauma treatment on PTSD in refugee and asylum-seeking children with an uncertain legal status. Further objectives were to investigate whether there is any evidence of the uncertain legal status impacting the treatment outcome and their adherence to the treatment.

Methods: Data searches were performed in Cinahl, Cochrane Library, PsychINFO and PubMed. A total of 741 articles were screened for eligibility, of which 23 were included in the systematic review.

Results: Significant reductions in PTSD symptoms were reported in 17 of the 23 studies (2 RCT and 16 NRSI). The median effect size, reported in 11 studies, was high, 0.97 (IQR 0.44 -1.23). No adverse effects were reported. The trauma treatment forms were mainly CBT, NET and EMDR. There was very little evidence to support whether an uncertain legal status would impact treatment outcomes or adherence to treatment. The average adherence to treatment was 76%.

Conclusion: Trauma treatment, such as CBT, NET and EMDR, in children living with an uncertain residence status can reduce levels of PTSD symptoms with a moderate to high effect size. The result thereby contradicts the notion that residence stability is required for a successful trauma treatment outcome. Keywords: asylum-seeker; child; refugee; uncertain legal status, CBT, NET, EMDR.

Intensive Trauma-Focused Treatment for Refugee Children: A Pilot Study

Ferdinand Garoff, *Swedish Red Cross University,* **Ronak Tamdjidi,** *Swedish Red Cross Treatment Centre for Persons Affected by War and Torture in Uppsala*

Background: The Swedish Red Cross Treatment Centre for Persons Affected by War and Torture in Uppsala is conducting a pilot study to evaluate the feasibility and effectiveness of an intensive trauma-focused PTSD treatment for children aged 7-12 with a refugee background. Prior research shows promise for intensive treatments for adults and youth with PTSD, but it remains unclear whether this approach is equally effective for children with complex trauma or severe PTSD symptoms. The intensive treatment model developed for this study is based on Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) but adapted for an intensive treatment format. It engages caregivers in the treatment, which is known to positively influence the recovery of traumatized children.

Objective: This pilot aims to assess the feasibility, acceptability, and preliminary effects of an intensive trauma-focused treatment program for children with a refugee background suffering from PTSD.

Method: Eight to ten children with PTSD symptoms will participate in the study. The treatment program runs over five days with multiple daily sessions for both children and caregivers. Data collection includes self-assessments, semi-structured interviews, and clinical observation. PTSD, complex PTSD, and other mental health symptoms and behavioral problems will be assessed using validated scales for children and caregivers.

Results: The presentation will include an overview of the intensive treatment model and will present some preliminary findings including changes in mental health symptoms, retention rates, treatment satisfaction, and the impact of caregiver involvement.

Conclusion: This pilot study aims to contribute to the development of intensive trauma treatment for children and families with a refugee background. We also aim to provide practical guidance for those aiming to conduct similar initiatives.

Individual presentations

Communities, culture & healing

Friday 14.55 - 16.05

MEETING 10 (6th floor)

Implementing PM+ in Municipal Refugee Health Services: Experiences of a Helper and Supervisor in Norway

Valeria Markova, *PhD (Clinical Psychology) Project Leader, Centre for Migration Health, Bergen Municipality and the Regional Centre for Violence, Traumatic Stress and Suicide Prevention, Western Norway,* **Hanady Rayyan Øye***, PhD (Clinical Psychology) Health Coordinator and PM+ Supervisor, Centre for Migration Health, Bergen Municipality, Norway,* **Mariam Stava***, MHSc (Health Science) Health Coordinator and PM+ Helper, Centre for Migration Health, Bergen Municipality, Norway*

Background: Problem Management Plus (PM+) is a low-intensity, evidence-based psychological intervention developed by the World Health Organization to reduce psychological distress and strengthen coping skills. In Norway, PM+ is implemented through the PEIL FORSK project, a collaboration between several municipalities and the University of Bergen. The intervention is delivered by trained helpers with refugee or migrant backgrounds, under close supervision from health professionals.

Objective: This presentation, delivered jointly by a PM+ helper and a supervisor, will provide first hand perspectives on the opportunities and challenges of implementing PM+ in Norwegian refugee health services.

Content: Drawing on lived experience and professional practice, the presenters will discuss how helpers' personal migration histories can be transformed into valuable resources in supporting clients, while also addressing the emotional and professional challenges that arise in the helper role. The supervisor's perspective will highlight the importance of structured training, continuous supervision, and adaptation to the local service context. Both will reflect on their collaboration with the University of Bergen, where practice based insights directly inform ongoing research on feasibility and outcomes.

Conclusion: The joint reflections of a helper and supervisor illustrate the importance of combining lived experience, professional guidance, and research collaboration in the successful implementation of PM+. Their experiences demonstrate how the model can be both empowering and sustainable and underline the value of user involvement in developing accessible mental health services for refugees.

How can all workers support refugee mental health, resilience, and recovery?

Antti Klemettilä, *Psychologist, Psychotherapist, Development Manager, Finnish Institute for Health and Welfare*

Many of the professionals who meet refugees or asylum seekers do not have extensive training in psychology or psychotherapy. How, then, can they still support refugee mental health, resilience, and recovery?

I will introduce the TAVATA project, a collaboration between the Finnish Institute for Health and Welfare and the Finnish Immigration Service. The aim of the TAVATA project is to strengthen the mental health of asylum seekers by enhancing the mental health and psychosocial support (MHPSS) skills of all professionals working in reception centres.To achieve this, a comprehensive and long-term e-training package on MHPSS skills has been developed specifically for the reception centre context. The training was co-created and co-developed in close collaboration with reception centre workers to ensure practical relevance and usability in everyday work. By improving these skills, all staff members can better support the mental well-being of asylum seekers in their daily work.

Evaluation of the MindSpring Group Intervention for psychological wellbeing and empowerment of Ukrainian Refugees

Charlotte Sonne, *MD, PhD, Senior researcher, Consultant psychiatrist, Competence Centre for Transcultural Psychiatry*

Background: Since the conflict with Russia began, approximately 6.3 million Ukrainians have fled the country. Given the high risk of psychological distress, there is an urgent need for interventions that empower refugees and help prevent trauma from developing into mental disorders. MindSpring is a peer-to-peer psychosocial group program previously shown to improve wellbeing among Middle Eastern refugees. It aims to strengthen refugees' coping skills for psychosocial challenges and reduce the risk of trauma-related psychiatric disorders. This study evaluates the acceptability, feasibility, and outcomes of the adapted MindSpring program for Ukrainian refugees.

Methods: The adapted program consists of six 2-hour sessions. Participants completed self-report questionnaires at sessions two and six, including the WHO-5 Wellbeing Scale, the Refugee Health Screener-13, and the MindSpring Empowerment Scale. Additionally, semi-structured qualitative interviews were conducted 3-6 months post-intervention with a subset of participants to explore feasibility, cultural acceptability, and perceived outcomes.

Results: A total of 162 participants enrolled in the study of which 88.1% were female. The mean age of the participants was 39.6 years. Before participation in the program, 34.4% reported somatic disorders, and 2.5% reported psychiatric disorders. Quantitative and qualitative data are currently being analyzed; findings will be shared at the conference.

DIGNITY