

Background: Almost all refugees and other forced migrants have experienced potentially traumatic events (PTEs). Self-reported torture and other severe traumatic experiences can indicate vulnerabilities that can lead to an accumulation of resource losses including a wide range of adverse social conditions and mental health symptoms that need to be addressed. **Objective:** This study compares the health and social situations of torture survivors, survivors of other PTEs and nontraumatized migrants in two Nordic samples. **Method:** The study includes two population-based samples of Iranian and Iraqi men living in Finland and Sweden. The Finnish Migrant Health and Wellbeing Study (Maamu) was conducted in 2010–2012. The Linköping study was conducted in Sweden in 2005. In both samples measures of health and well-being, the social and economic situation, as well as health service utilization were classified into binary variables indicating lack of resources. **Results:** Migrants that reported PTEs had poorer social and health resources and torture survivors were doing even worse. Torture survivors also reported lower trust and confidence in authorities and public service providers, as well as more loneliness, social isolation and experiences of discrimination. **Conclusions:** Torture and other PTEs prevalent in refugee and migrant populations create a wide-ranging and long-term vulnerability to resource loss that may impact social functioning, health and quality of life. Self-reported PTEs and torture in particular can serve as a ‘red flag’ to service providers of accumulated resource losses and increased vulnerability to further resource loss.

6–016

Development and Implementation of a Group-Based Mental Health Intervention for Unaccompanied Minors

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Background: Unaccompanied refugee minors (UMs) are five times more likely than accompanied refugee minors to experience severe symptoms of anxiety, depression and posttraumatic stress (Derluyn, Broekaert, & Schuyten, 2008). However, research on psychotherapeutic interventions with UMs is

very limited (Demazure, Gaultier, & Pinsault, 2017). **Objective:** Trauma-focused CBT interventions are recommended for traumatized youths (NICE, 2014). However, the availability of this kind of treatment for UMs is lacking in Finland. This presentation describes a trial of the first stage of a stepped model of trauma care developed in the Traumatized Adolescents Seeking Asylum (TASA)-project (<http://www.uta.fi/yky/TASA/en/index.html>). **Method:** The first stage of the model is a 10-session group-based intervention focused on stabilizing and preventing mental health problems of participating UMs. The intervention was conducted in three accommodation units for UMs in Southern Finland. Quantitative and qualitative data was collected from UMs, accommodation unit staff and group facilitators. **Results:** The group processes were completed by 18 UMs in five groups. Data analyses revealed moderate to high levels of trauma symptoms among the participants. FGDs indicated that promoting sociability and self-expression in the group increased trust between accommodation unit staff and UMs. However, no statistically significant changes were detected in the mental health variables studied, likely due to the limited sample size. **Conclusions:** The group model promoted social interaction and built trust in the accommodation units. Further studies are required to confirm the effectiveness and impact of the model, as well as the initial impression that the groups promote help seeking among UMs.

6–017

Moral Injury in Refugees with PTSD: An Explorative Study

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Background: The term ‘moral injury’ refers to ‘the lasting psychological, biological, spiritual, behavioural, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations’ (Litz et al., 2009). Although moral injury is not observed as a psychiatric disorder, it may have great impact on mental health. In military populations, moral injury is related to poor self-forgiveness, shame, guilt, post-traumatic stress disorder (PTSD), substance use and

suicidality (Drescher et al., 2011; Litz et al., 2009). Although it is assumed that moral injury also occurs in other populations such as refugees, research has not yet systematically studied moral injury in this group. Therefore, little is known about the psychological consequences of moral injury in this population. *Objective:* The aim of this study is to explore the concept of moral injury in refugees with PTSD by means of a semi-structured interview and a self-report questionnaire on moral injury (the Moral Injury Appraisals Scale; Hoffmann, Liddell, Bryant, & Nickerson, 2018). *Method:* The interview consists of both open-ended questions and subjective ratings and is broadly divided into four sections: morally injurious events, emotional reactions, cognitions and behavioural responses. Participants are asked to describe one (or more) morally injurious event(s) and describe their emotional reactions and most important cognitions during and after the event. *Results and Conclusion:* In addition, specific behaviours and coping reactions (e.g. self-harm, social support) are discussed. The study design and preliminary results will be presented at the conference.

6-018

The Effects of the Memory Specificity Training (MEST) in Refugees with PTSD

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Background: Research has indicated a clear link between symptoms of PTSD and overgeneral memory (Moore & Zoellner, 2007). Moreover, overgeneral memory is observed as a vulnerability factor for depression and PTSD (Kleim & Ehlers, 2008). Different studies to date have investigated whether a cognitive training, the Memory Specificity Training (MEST), could improve the recall of specific memories. Studies showed that the MEST training increased memory specificity and reduced PTSD symptoms (Moradiet et al., 2014). However, there is little known about the effects of this cognitive training in refugees with PTSD. *Objective:* The purpose of the current pilot study is to evaluate the potential effects of the MEST in a day care treatment for refugees with severe PTSD at Arq/Centrum '45. Specifically, the aim of the study is to explore the feasibility and potential effects of the MEST in terms of a decline in PTSD symptoms, general mental health symptoms and overgeneral memory. *Methods:* PTSD symptoms (assessed with the PCL-5), general mental health symptoms (assessed with the BSI) and overgeneral memory (measured with the Autobiographical Memory Test) were administered before and after the MEST training. Fidelity checklists were completed after each MEST training session in order to evaluate the feasibility of the training in this target group. *Results and Conclusion:* The results and conclusions will be presented at the conference.