

Mobilizing Resources in Multifamily Groups

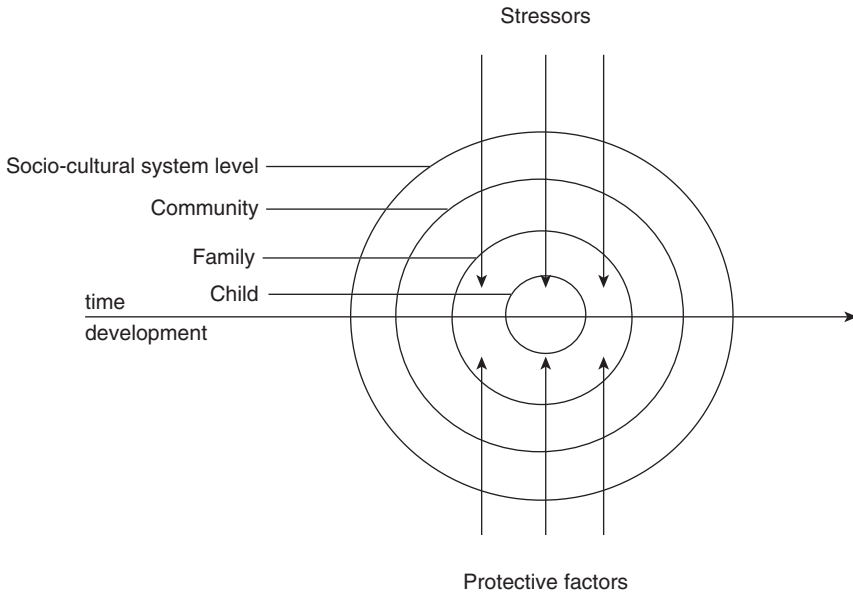
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Introduction

Refugees and asylum seekers exposed to cumulative stress due to organized violence, forced migration and then lengthy asylum procedures have a significant risk of suffering from a number of serious complaints [1–3]. Post-traumatic stress disorder (PTSD), and comorbid anxiety and affective symptoms in particular, are most commonly observed consequences of the interaction of accumulated trauma and ongoing stressors, internal vulnerabilities, lack of resources, dysfunctional family coping strategies and poor adaptation. Many families find it difficult to deal with the losses and adjust to new social surroundings in the country of arrival while lacking the support of family relationships. Having family members nearby can be refugees' strongest motivation to build a new life in the host country. They want to take care of each other and invest in the future. Families can be viewed as dynamic systems that constantly seek a balance between stressors or challenges and coping resources and strengths [4]. Most family systems do their best to foster the personal development of all members. If families find themselves in a context where stressors outweigh their coping capacity, the interactions between individual family members can become harmful.

Understanding the impact of cumulative stress on refugee families can help efforts to enhance positive adaptation and strengthen family resilience. The way in which a family copes with the sequelae of political violence followed by forced migration and how it adapts to a new situation is affected by family members' perceptions of stressful events, the available resources and the presence or absence of effective coping strategies. Moreover, the aftermath of traumatic experiences for families needs to be understood in the context of risk and protective processes that hinder or promote the development of children and families in the pre- and post-migration period and in the sociopolitical and cultural contexts of the countries of origin and arrival [5]. This multifocal contextual prism opens up possibilities for integrating individual, family, multifamily and community interventions [6].

In this chapter, we describe a systemic approach to prevention and psychosocial interventions for traumatized refugee families that has been developed in our institute. Foundation Centrum '45 is a national expertise center in the Netherlands for the diagnosis and treatment of groups that suffer from complex psychotrauma, including members of the first, second and third generations of World War II survivors, veterans, police officers and refugees. Although the importance of the family as a unit in the aftermath of trauma has been stressed, there is little evidence for the efficacy of family-oriented interventions in the field of psychotrauma, for refugees in particular [7]. Our work with multifamily groups has its roots in the literature on family or systemic work and has been inspired by developments



7.1 A family perspective on coping with traumatic events

Adapted from E. A. Carter and M. McGoldric, *The Changing Family Life Cycle: A Framework for Family Therapy* (Boston, MA: Allyn and Bacon, 1989).

in the field of psychotrauma and resilience [8]. The aim of this chapter is to provide a scientific and clinical rationale for prevention and intervention using multifamily groups in refugee populations. This chapter focuses on families adjusting in difficult times. Both the strains families face and the competences they develop are addressed. First, we briefly describe the accumulation of experiences with which refugee families are confronted. The second part describes the family-group interventions we have implemented, including case examples.

The Impact of Accumulative Stress on Families

Refugees may have experienced severe stress and loss at different points in their histories. As well as experiencing threats and violence in their countries of origin, refugees face loss or separation from family members due to death, imprisonment, combat, kidnapping or flight. The violence often does not stop when they leave their homes. Refugees face constant dangers, such as human trafficking, dependence on others and a long, risky journey. Moreover, families leave their social networks and close relatives as well as their possessions, often without giving information about their whereabouts because of the perceived danger. Worry about family members who have disappeared or who were left behind and grief for significant others they have lost are often intertwined with anxieties and uncertainty due to the unpredictable outcomes of asylum procedures.

For many refugees, the legal process of applying for asylum in a Western country is lengthy, and during it they are often faced with uncertainty, social exclusion and

discrimination. Those who are granted refugee status are faced with the challenge of rebuilding their life in new surroundings. This process will be a source of hope and some optimism, yet at the same time difficulties at school or with finding a job as well as worries about family members and friends may cause depressive feelings or nostalgia and hamper families' adaptation. Family members need to learn a new language, get accustomed to local rules and cope with the uncertainties of their new life. Children usually adapt faster to their new surroundings than their parents, and may take over parental tasks, sometimes causing the adults in a family to feel dependent. It can lead to role reversal and when it continues for a long time there is a risk of the parentification of the children. Most refugee families miss the social and emotional support of their extended family at this particularly difficult time. Some refugees live for years in harsh circumstances, enduring, for instance, poverty and difficulty obtaining jobs or continuing their education.

Post-traumatic Family Adaptation

Traumatic experiences affect individual members, the family as a whole and different family subsystems [9]. Several family members may experience or witness the same or various traumatic experiences, but even if only one family member is directly traumatized, the family as a whole is affected. Traumatized refugee families are confronted with several challenging tasks: finding a way of coping with the painful past, redistributing roles and tasks that used to belong to the extended family, redefining relationships within the changed family structure, adjusting to a new environment and reorienting towards the future. After a traumatic event, members of the family try to make sense of disruptive experiences by searching for causal explanations and evaluating how the experience will affect their present life and future and their capacity to cope with the consequences. How family members define and frame a problematic situation will have an influence on their way of dealing with it [10]. Parents, especially, often struggle with many questions: how to make sense of their experience, whether or not to talk about painful issues from the past, what to tell their children and how to explain what has happened.

Refugee parents and children are searching for different ways to deal with their own intrusive memories, intense emotions and the changed behavior of other family members suffering from trauma- or stress-related reactions. The sequelae of trauma and the ways in which family members cope depend on developmental age, gender and the family's cultural beliefs (see Figure 7.1). Family members' reaction to each other's changed behavior can aggravate or minimize traumatic stress symptoms and facilitate or hinder the recovery of traumatized family members. Children may be frightened by their parents' unexpected impulsive or irritated reactions or the reenactment of traumatic experiences and nightmares; they may also be confused by parental withdrawal or dissociating behavior. Parents, in response, can become worried about withdrawal, regressive behavior and separation anxiety in their children or feel overwhelmed by their children's sudden outbursts of anger. Family members may become distant or over-involved and be unable to support each other or to contain or help regulate the emotions of other family members. The daily lives of refugee families can be dominated by prolonged grief due to loss, increased hostility and/or a permanent state of anxiety.

Even though many refugee parents chose to flee with the motivation of protecting their children, many traumatized parents exposed to chronic, cumulative stress realize that they do not always manage to adequately take care of their children in the way they would like to. Parents emphasize that when they are overwhelmed with intrusive memories, depressed, anxious or worrying about a stressful situation they are unable to give as much attention to their children as they would wish, they are not as emotionally available as they used to be and they sometimes react to their children with irritation. A mother of a young boy from West Africa explained:

When I am stressed and feel bad, Ramon comes and talks to me, but when my head is full I want to be alone ... I become irritated and push him away. He then becomes upset and starts crying. When I am stressed I become angry easily and will start screaming at him. Later I feel guilty. I would like to take good care of him.

There is growing evidence that cumulative and chronic or enduring (traumatic) stress, trauma-related symptoms and psychiatric comorbidity can seriously undermine parental functioning and parent-child interactions [11–14]. Refugee parents with more symptoms of post-traumatic stress are less sensitive and structured and more hostile to their children [12] in comparison to norm-groups of parent-child dyads. Parents' post-traumatic symptoms have been found to be directly related to insecure or disorganized attachment and developmental problems in their children [15] and to psychological distress and increased vulnerability to PTSD in their children [16]. Clinical practice has demonstrated that the cumulative stress experienced by refugee families negatively affects parent-child relations and family functioning, but research findings also suggest that family processes are pivotal to adaptive post-traumatic adjustment [17, 18].

Fostering Resilience

Resilience is being defined as a dynamic, interactive and process-oriented concept, implying continuous interactions within and between multiple systems [19–22]. Family resilience involves, according to McCubbin and McCubbin [23], a process of continuous adjustment, crisis management and adaptation over time. Families that manage to adapt well in the aftermath of adversity tend to share the characteristics of cohesion, flexibility, effective communication, problem-solving and the capacity to utilize external resources and cultural traditions [24–26]. Positive adaptation is also dependent on the broader context, for instance, the extent to which a family is subjected to discrimination or other forms of social exclusion.

The adaptation capacity of traumatized refugee families may have been diminished by long-term, cumulative stress that has reduced individual and family resources and by the loss of social support. Many parents feel powerless and helpless at times, weakened by post-traumatic or long-lasting stress reactions. When referred to treatment and asked what they find helpful in difficult times, many traumatized refugee parents emphasize that their resources are depleted and their efforts to cope with disruptive life events are no longer sufficient. Exploring and mobilizing hidden or dormant resources is a challenge for refugee families and their therapists. Reactivating resilience processes and enhancing positive adaptation is more likely to be successful if the therapist believes that even when not all problems can be solved, resilience can be forged [27]. Even if one cannot change a situation, one can choose how to react to it [28]. Helping families to use their strength and build up

their protective capacities also means increasing their flexibility, managing the balance between togetherness and separateness, and promoting mutual support, problem-solving and conflict resolution [29]. When confronted with stressors, family members may try to cope by changing the situation, regulating their emotions, adjusting their perceptions of the problems or searching for external resources [30]. If the family is caught up in a lengthy asylum procedure with an uncertain outcome, therapeutic options include attempting to change perceptions, working on emotional regulation and activating social support. Much like individuals who have to cope with (traumatic) stress, families may need, first, to be able to regulate their emotions, then, second, to come to terms with what has happened and to cease to feel overwhelmed by memories of the (recent) past and, finally, to be empowered to solve problems in daily life in their new surroundings and gain confidence.

Multifamily Groups in Practice

Aims of Intervention

In Centrum '45, multifamily therapy for traumatized refugee parents and children focuses on the consequences of traumatic experiences, forced migration and current stressors that hinder or facilitate the adjustment of family members. Building on both stress-coping paradigms and systemic perspectives, the aim is to enhance the positive adaptation and resilience of traumatized refugee families, improve functional parenting and enhance parent-child relations. Interventions are directed at reducing trauma- and stress-related reactions and improving parenting competencies. This entails working with interactions and relationships, working in the here and now and taking social context into account, as well as increasing empowerment – which we define as a sense of self-efficacy embodied in the phrase “Yes, you can” – despite internal and external problems. The aim is improvement of family relationships and fostering communication within and among families and others. Multifamily group therapy may be combined with individual trauma-focused therapies, such as cognitive behavioral therapy, narrative exposure therapy (NET) or eye-movement desensitization reprocessing (EMDR). Multifamily groups are organized in various settings. Within Centrum '45 there are multifamily therapy groups for refugee families with one or more traumatized family members, families with children aged 0–5 years, refugee families at high risk of being expelled from the country, victims of human trafficking and their newborns and other target groups, such as veterans. In addition, early-intervention and short-term programs are run based on family groups in collective reception centers and in the community.

A multifamily group for traumatized parents of infants and toddlers with weekly meetings over six months aims to reduce unwanted trauma-related intergenerational effects on parent-child relations, enhance sensitive parenting and secure attachment. The short-term mentalization-based multifamily groups, implemented in asylum centers for families with limited chances of getting a permit to stay, are enhancing families' ability to cope with long-lasting uncertainty and ongoing stress. These groups focus on strengthening positive parenting and parent-child relations despite extremely stressful conditions, and they foster resilience, including intra- and interfamilial support. The aim is to reinforce and strengthen social networks among families living in comparable circumstances. The difference from multifamily *therapy* groups is the lack of individualized family goals and treatment plans in these outreaching groups.

What is Multifamily Therapy?

Multifamily therapy, a combination of family- and group-oriented interventions, entails the participation of six to eight families in regular sessions focused on coping with family consequences of traumatic experiences and cumulative stress. As a general rule, a ‘family’ includes all persons living together, and all family members are welcome in the meetings. The number of sessions may be fixed or open-ended, depending on the problems. The families working together have in common a certain difficulty or problem related to trauma, long-lasting stress and uncertainty, live in a collective center or have just arrived in a new community, and have a family member with PTSD, anxiety or depression or problems of attachment with a child born as a result of sexual violence. These experiences and related responses or symptoms have caused relational difficulties within the family, and it is these that are the focus of the intervention. The therapists organize activities, such as exercises, games or assignments, in order to elicit and enhance interactions between family members. Improving family interactions is the starting point for supporting families to help each other and a means of promoting adjustment. Multifamily group sessions typically have a clear structure; they start with an ice-breaker, continue with activities that are focused on core issues and end with a reflection task [31–33].

Why Family Groups?

Family groups with (traumatized) refugees offer many possibilities for empowering, broadening coping strategies and strengthening protective processes within and between families. Mutual support is one of the most powerful ways to facilitate refugee families’ adaptation and change in the face of adversity [34]. Multifamily groups help to overcome isolation and stigmatization, open up multiple perspectives, foster the transition from helplessness to being helpful to others and in control, promote mutual support and allow families to discover and practise new competencies in a safe place as well as giving them hope [32]. Systemic mentalization-based and behavioral interventions are planned on multiple system levels. Opportunities for pathways for the reduction of intergenerational effects of trauma on parenting and parent-child relationships are created including mentalization, emotional regulation, coping with stress and activating resources, thus enhancing child development.

How to Run Family Groups: Creating a Context for Support and Change

Creating a “context for change” is a principle of multifamily therapy (MFT [32]). First of all, this means evoking an atmosphere that resembles a naturalistic environment, so facilitating interactions as they occur in daily life [32]. Group members can then experiment with behavioral alternatives, supporting each other and asking for support when needed. During this process of experimentation, other families in the group can help by providing feedback, both compliments and suggestions. The families in the group form a supportive buffer that gives group members the space to change. Usually a network of families starts to emerge. This refers to the second dimension of the significance of a naturalistic setting. Bringing families together in group work may mirror bonds within and support provided by extended family and communal life. As an example, a Dutch community group of families from Eritrea created a frequently used WhatsApp group.

One member of the family group for Eritrean refugees used WhatsApp to contact group members for advice regarding her husband's toothache. It was the weekend, and she and her husband wanted to know where to go for medical assistance. They received an immediate response telling them that emergency medical and dental services are always available, even at weekends.

In the spring of 2016, a family group for Syrian refugees was organized in a medium-large Dutch town with community support. A cohesive social network was soon established. During summer a year after, a community organization invited the Syrian families on a boat trip at a nearby lake. Many families accepted, and they brought other families with them. They enjoyed the trip very much. One mother recounted how having a pleasant experience on the boat, in a safe group, helped her to overcome her painful memories of the hazardous journey across the Mediterranean Sea.

To create a context for change, the following structural principles are: structured sessions; an informal, safe atmosphere with jointly defined group rules; work within subgroups; and the therapist as stage manager, remaining distant and enabling families to work with each other.

Structured Sessions

Multifamily group sessions develop according to a clearly defined structure. There is an introductory ice-breaking activity, which is intended to be energizing, pleasant and interactive. This is followed by a core activity, usually centered on a theme that is significant to the group. Lastly, the session concludes with a reflection and exchange, during which the therapist supports what the group members have learned from their experiences in the session.

Safety

In the initial phase of multifamily group therapy sharing, negotiation and clear mutual expectations are crucial. It is helpful to offer an introductory meeting at which the program and the therapists or facilitators are introduced to potential participants; this is also an opportunity to give information about rationales and goals, procedures, schedules and location. Some information about families can be acquired, such as children's ages, school schedules and language. The interpreters may also be introduced; multicultural multifamily groups usually include several interpreters.

As in any therapeutic group setting, a number of rules need to be agreed so that members feel safe enough to contribute; this is particularly important in groups for people who have experienced trauma and who tend to be reluctant to trust others. The rules are defined by the group members themselves. Common rules include: everyone will be respected for what they say; people will be listened to and given a chance to speak; matters discussed during the group sessions will not be shared outside the group.

Efforts are made to enhance participants' sense of safety by creating an informal atmosphere, for example, having breaks during which food and drinks are available and working with nice, child-friendly materials and playful exercises. The aim is nevertheless to create a working context that makes it easier for family members to open up and share their strengths and difficulties.

Working with Subgroups

The perception of safety can also be enhanced by giving meetings a clear structure. Groups can be split into subgroups (e.g., children of similar age, mothers, fathers, parents or families), but the group is always together at the start and the end of a session and during breaks. Where parenting has been undermined by post-traumatic or long-lasting stress, the choice is made to work with parents on increasing their awareness of the effect that their trauma- and stress-related reactions have on their relationships with their children. Building up their skills for coping with stress and increasing their self-esteem to become “good enough” parents despite internal and external difficulties turns powerlessness into challenge. Particularly sensitive issues can be discussed apart from the rest of the group.

The Therapist as Stage Manager

The multifamily therapists refrain from acting as experts, although they are in charge of setting up group sessions. In family group work, the therapist prepares and organizes the activities and exercises. The therapist plays a facilitative role, encouraging interactions between families, highlighting problematic interactions, enhancing experimentation and inviting reflection. When necessary, the therapist intervenes and orchestrates the interactions, providing support, feedback and help. A multifamily group therapist observes the exercises and steps in when there is an opportunity for new behavior or change. If the therapist maintains a background position, family members will be more active, while a positive belief in families’ own resources is being expressed.

Cultural Diversity

Sometimes, multifamily groups are composed of families sharing a national background and sometimes of families from different home countries. Multifamily therapy with families from different parts of the world creates room for multiple perspectives. Sharing problems and experiences increases families’ sense of being acknowledged and strengthens perceptions of safety and trust. The juxtaposition of different opinions, thoughts and ideas generates multiple perspectives and, within a safe context, new ideas. The presence of participants with different cultural backgrounds, living circumstances, ages and genders helps to challenge fixed ideas, prejudices and assumptions. These assumptions may have been rooted in cultural beliefs. Exchanging perspectives and perceptions facilitates a shift in ideas.

Working with Diverse Languages

A multicultural group in which the family members do not share the same language requires the inclusion of more interpreters. Up to three or four interpreters can help the group to function smoothly. When one interpreter translates a family member’s comment to the group (in Dutch), the other interpreters translate it for other families in their own language. This double translating can slow down the group process, but experienced interpreters manage to coordinate and attune with each other, as in an “orchestra,” starting and ending at the same time. Family members are asked to talk in short segments to avoid prolonged translating moments. It is preferable that the same interpreters remain with each family during the group.

A short meeting with the interpreters before the group starts allows for creating a working alliance, for providing a short explanation about the functioning of the group and its aims [33], and for discussing possible difficulties. The presence of several interpreters in a large group can create some discomfort during the first meeting. Starting the group with a playful ice-breaker and learning each other's names will facilitate the inclusion of the interpreters. Interpreters are involved during discussion and reflection, but withdraw themselves from participation in exercises or activities. Prolonged, spontaneous exchanges between interpreters and parents, for example, can become "barriers" between families [32] or family members and interfere with the multifamily activities. Some settings or techniques in MFT (interviewing each other, fathers and mothers apart) can be more difficult to apply when none of the parents speaks a little of the shared language like Dutch or English, and this requires creativity and flexibility from the therapist and the interpreters.

Outcomes

Multifamily groups are generally well accepted by the participants and increase knowledge of the problems at stake, improve collaboration with mental health professionals and community workers and decrease stigmatization [18]. Results that have been reported from multifamily groups are members showing more understanding towards each other, improvements in family dynamics, the development of supportive relationships between families, the reduction of stigma in relation to various issues and lower levels of stress among group members [18, 32]. A recent Delphi study [34] summarized the positive outcomes of MFT for traumatized refugee and veteran families: increased understanding within families, deescalation of family conflicts and improved parenting. Practitioners in the study listed the following reasons for applying MFT to families confronted with trauma: people with similar problems find it easier to understand what someone is going through, generation of hope and multiple perspectives, sharing and connecting with other people, increased mentalization and families becoming experts in their own processes.

Mechanisms of Change

How do multifamily groups contribute to improved interactions and relationships in the aftermath of traumatic experiences and in the context of ongoing post-migration stress? Five mechanisms of change can be distinguished: (1) motivation and commitment, (2) emotional regulation, (3) mentalization, (4) coping with stress and (5) activation of resources and social support.

Motivation and Commitment

It is helpful to start with psychoeducation, as it increases awareness of the consequences that individual responses to trauma and loss have on other family members and on relationships. Realizing that their sorrow, intrusive memories, anxieties and increased irritability have a direct impact on their children motivates parents to change. Because participants have often been under stress for a long time, they sometimes perceive their burden of stressors as overwhelming; group members recognize that they share similar difficulties and this creates a sense of being 'in the same boat.' Problems may be categorized according to the extent to which they can be solved. Acknowledging the fact that some problems are not possible to solve or are beyond the control of participants, listing them helps the participants to start

devoting more attention to solvable problems. These could subsequently be highlighted and the ideas and solutions provided by group members explored.

Pleasurable experiences are an indispensable source of stress relief for group members. Joint playful activities allow family members to explore ways of understanding and supporting each other in a safe setting; they can discover how to reexperience moments of pleasure and joy together, discuss how to solve problems and deal with the consequences of past and ongoing stress. Hope also fosters intimacy and growth at both individual and relational levels. The strategy is to empower family members by counteracting the sense of helplessness and powerlessness that they frequently experience. Noticing minimal positive changes in other families strengthens group members' motivation and hope that, despite their difficulties, they will find better ways of coping with multiple stressors and their consequences. If participants attribute their small successes to their own actions, this should increase their sense of agency.

Emotional Regulation

Parents' capacity to tolerate and regulate their own internal, affective experiences helps them to tolerate and regulate the experiences of their children [35]. States of hyper- and hypoarousal can undermine reflexive parental capacities. These states can trigger parental hostility or lead to withdrawal and emotional unavailability; both responses have a severe negative impact on parental sensitivity. Parental sensitivity is one of the crucial conditions for secure attachment quality and child development [36]. Warmth, emotional connectedness and the ability to read and respond to one's child's cues are precisely the capacities that can be blunted by the stress caused by daily hazards. Fostering harmony and balance of stressors and resources is an important starting point for intervention. Looking at one another with genuine interest and curiosity is a welcome experience for both adults and children. Gaining more control over intense emotions, including anxiety and irritability caused by actual stress, depressive or dissociative withdrawal, overwhelming anger or anxiety, can gradually help parents to stay within the 'window of tolerance' and become more emotionally available to their children and prioritize their children's needs. Parents suffering from lack of sleep, PTSD or depression may be irritable and hostile towards their children.

During the "Rewind the clock" anger management exercise, parents recollect a situation when they lost control, including their thoughts and feelings at the time. Then they are asked to rewind the clock 10, 15 or 30 minutes and describe how they felt and what they thought. In groups, they exchange ideas about what might have helped them to calm down when they first became aware of thoughts or feelings of anger. The exercise can also be done as role-play. It allows parents to identify moments that lead to dissociation or depressive withdrawal and build up skills to handle overwhelming emotions. Parents can practise new behavior in a group in various settings, supported by other parents.

Mentalization

The multifamily therapy developed in London [31, 32] underlines the importance of mentalization. Mentalization can be defined as the ability to recognize that one's perspective is different and separate from those of others. Mentalization involves being aware of the thoughts, intentions and needs of another person and acting accordingly ("having one's mind in mind"), as well as the capacity to include the awareness of one's own affect and

cognitions. Only when one understands that their own thoughts and feelings are different from those of another person is one able to empathize more. The literature stresses the development of mentalizing capacities in relational attunement, mirroring and containment [37, 38]. It requires practising exploring and therefore knowing oneself and, based on that, being able to understand the needs of another. To increase mentalizing capacity and parental emotional availability, the group will be encouraged to offer feedback and can thereby be used for ‘mirroring’ purposes.

In one multifamily group session in an inpatient facility, two mothers were asked to swap children for a period of play. The mother of a two-year-old son playing with a girl aged seven exclaimed: “This is so easy, so nice; I can actually enjoy interacting with this child.” Reflecting on what made it easy, she became more aware of the fact that her son was still learning how to express himself verbally, that this requires patience from her and that she needed to find different ways to enjoy interacting with him, knowing that in time they will have more opportunities to enjoy doing things together.

A mother from Armenia who was living in a collective center for asylum seekers participated in a family group activity with her youngest daughter. In one exercise, the participants were asked to fill out a mind map of each other’s thoughts, and the mother indicated that her daughter had been in a car accident, but because she had been afraid to overwhelm her mother emotionally she had been reluctant to tell her mother about the accident, which had made her mother feel very concerned and sad.

The role of the coordinating therapist is to facilitate the interactions between participants; to stimulate reflection so that, based on their own feelings, thoughts and experiences, participants come to a better understanding of the intentions of the other person. This increases parental sensitivity to children’s needs and a sense of connection and intimacy, the vehicle for attuned interpersonal interaction.

Coping with Stress and Activation of Resources

Coping with stress involves an internal perception of adversity, the weighing of impact and risk and a search for resources. Psychoeducation about stress and the extent to which stressors can be reduced or coping resources enhanced will be helpful. Relaxation techniques and physical exercises designed to reduce physical tension can improve coping. Encouraging family members to share experiences they found helpful will help to enrich the coping options available to group members. Various stress management activities can be introduced, for example, distraction exercises, questioning other group members about successful coping strategies and useful resources, making a family poster of strengths and filling a family treasure box.

During one of the community-based family group sessions, parents were asked to pick a postcard depicting an effective way of coping with stress. Then, in turn, they were invited to show the group their card and explain their choice. One of the mothers, a refugee from Syria, presented a card depicting a mountainous landscape with snowy peaks, blue lakes and green forests. She shared precious memories of hiking through the mountains, camping and picnicking. She explained that thinking of these moments and of the mountains helped her to cope with daily stresses, although at times she also felt sorrow.

In family groups that we have run as part of an outreach preventive program in collective refugee centers, we have used the metaphor of a bucket and a treasure box.

The bucket represents the numerous difficulties and hazards that are experienced by asylum seekers. The treasure box represents a wealth of resources for coping with these difficulties. Only when difficulties (filling the bucket) have been addressed properly will there be room to start sharing coping resources. The starting point is to recognize the problems in the bucket and categorize them into those that one can tackle oneself, those that one cannot currently do anything about and those that one cannot influence directly. Families are invited to consider what they can change to strengthen family relations and family resources despite their difficult circumstances and ongoing stress. This metaphor resembles the stress-coping paradigm: Optimal adaptation requires a balance between stressors and resources [39].

Family group exercises create opportunities for family members to discover new ways to communicate with each other, become more cohesive, solve problems together and support each other in the here and now. In the ‘frozen statue’ exercise [32], family members work as a group to present themselves as a sculpture.

The parents of 12-year-old Zara and 15-year-old Karel, from the Caucasus, are positioning themselves in the middle of the group, distant from each other. The mother’s eyes are fixed on the ground. Karel is a long way from the rest of the family, facing away from them. His father is motionless but looking desperately from one family member to another. The loneliness and disconnection of all family members was immediately apparent, leading to the painful realization that during the lengthy period of adversity they had experienced all the family members had become distant from each other. When asked how they would like it to be different, the parents and children moved closer and embraced each other.

Exploring how to bring family members closer together is a step towards strengthening family cohesion. Even traumatized parents who repeatedly emphasize that nothing can help them to cope with painful pasts, troublesome presents and insecure futures often manage, with the help of the group, to start exploring their hidden resources or acquiring new ones.

During one exercise, family members are asked to think of things that help them in difficult situations and depict them on two or three cards, using pictures from magazines. These cards are then shared with the group. When there are 20–30 cards on the table as a visible representation of coping resources it is difficult to step back to the position that nothing can help.

Social Support

Many refugee families arrive from countries where tasks and responsibilities around upbringing are divided among members of their extended family. Separation and loss of social ties and of a supportive network, forced by migration, evokes grieving for loved ones and often missing their emotional and social support. Frequently, refugee families, often single parents, remain isolated for a long time due to diminished trust, language barriers and withdrawal from social contact because of nostalgic feelings, sorrow or depression. Sharing the same problems, difficulties and worries creates the feeling of “being in the same boat,” bringing families closer together. Working in various settings (two families together, fathers or mothers, children and parents together and apart as a parental group or subgroup) also mimics the changing forms of interactions within the extended family. This naturalistic setting enhances small steps in establishing new contacts, in experiencing a feeling of belonging and in reducing social isolation. When evaluating the group, family

members highly value the presence of other families, and they learn from them by observation, feedback and advice. Many parents and children experience MFT as a large temporary supportive family, and some of them remain connected with each other after the group ends.

Moreover, mutual support and feedback and the discovery and building of competencies strengthen parents' self-esteem and give them hope that, internal and external problems notwithstanding, they can learn to protect and support their children. Changed interactions will continue to impact family daily life. Gained experiences tend to generalize to situations outside of the group meetings. An increase of trust and self-esteem ("Yes, I can") functions as a booster for coping with daily or new stressors. Closing sessions with a 'party or reception' exercise [32] that involves the participants circulating and complimenting each other can help to increase family members' self-esteem.

Conclusion

This chapter has described the use of multifamily therapy and prevention groups to enhance family adjustment in the aftermath of trauma and loss. Refugee families have gone through multiple traumatic and stressful experiences and face the challenge of adjusting to new surroundings. Despite all these difficulties, many families manage to reestablish their disrupted lives. Others are, as a consequence of the accumulation of stressful events, at high risk for dysfunctional family relations and poor parenting. The effects of these dysfunctions on the children will continue to disturb both individual *and* family functioning and hamper treatment and recovery. The aim of the multifamily group intervention is to support positive post-traumatic and post-migration family adaptation.

Multifamily therapy and preventative groups focus on the relational effects of trauma, long-lasting stress and adversity. Multifamily groups are both a technique and a context for change. Groups can be created according to the needs and capabilities of the target refugee population in a culturally sensitive way. Multifamily groups are a powerful way of supporting intra- and interfamilial relationships and reestablishing optimal parenting. There is a need for further systematic evaluation and research, including in non-Western regions. Strengthening familial and parenting competencies will benefit the development of children who have a vulnerable outlook on the future.

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