

# The effectiveness of therapeutic interventions on psychological distress in refugee children: A systematic review

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## Abstract

**Objective:** To systematically review existing research exploring the effectiveness of psychological interventions in reducing symptoms of distress amongst refugee and asylum-seeker children.

**Method:** Six databases were searched to identify English studies presenting original empirical quantitative data (published before September 2022) testing the efficacy of psychological interventions for children from refugee and asylum-seeking backgrounds. Quality of studies were assessed through the Appraisal Tool for Cross-Sectional Studies as well as the Cochrane Risk of Bias Tool. Relevant data were extracted to facilitate a narrative synthesis.

**Results:** Seventy-one eligible articles were identified ( $n > 10,000$ ). A number of cognitive-behavioral, psychosocial, and trauma-focused interventions that catered specifically to children and their families were identified. A synthesis of these results suggest that interventions may assist in the reduction of various psychopathologies, although the effects were mixed across intervention types.

**Conclusions:** While the review yielded promising findings, most findings were derived from small pilot and empirical studies, leading to difficulties with drawing conclusions. There remains a need for studies using more rigorous

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research methodologies to expand and ratify this valuable knowledge base. Clinical significance: Forced displacement is at an all-time high. Many children are being forced to seek asylum and refuge, and they become vulnerable to the development of poor mental health, with limited understanding surrounding how to appropriately intervene. This review aims to equip clinicians with increased knowledge and confidence in working therapeutically alongside clients from refugee or asylum-seeking background, with the goal of fostering positive mental health and wellbeing.

**KEYWORDS**

asylum-seeker, children, interventions, refugee, review

## 1 | INTRODUCTION

The United Nations High Commissioner for Refugees (UNHCR, 2020) releases an annual statistical report that details global forced displacement trends. In their latest report, figures indicate that at least 100 million people have been forcibly displaced over the past decade. By the end of 2019, the UNHCR (2020) indicates that 26 million individuals have now been recognized as being refugees, while 4.2 million individuals are currently awaiting decisions on their applications for asylum. In addition, figures reveal that approximately 40% of the world's displaced population consists of children under the age of 18.

It is apparent that refugee and asylum-seeking populations consist of vulnerable individuals who have typically experienced periods of stress and trauma. For example, in a recent study by Pfeiffer et al. (2022), the prevalence rate of exposure to potentially traumatic events amongst unaccompanied young refugees ranges between 29.5% to 91.9%. For a proportion of refugee and asylum-seeker children, the prolonged premigration/migration experiences partnered with the challenges typically associated with resettlement has shown to exhaust their resources, predisposing them to a range of mental health difficulties (Fazel, 2018). For example, studies consistently identify that refugee and asylum-seeker children typically present with higher prevalence rates (approximately 50%–90%) of post-traumatic stress disorder when compared to the general population (PTSD; Lustig et al., 2004).

Given that children from refugee and asylum-seeking backgrounds are vulnerable to the development of psychopathology, it is imperative that clinicians be aware of the effectiveness and suitability of various psychological interventions to assist with the promotion of more positive mental health and wellbeing amongst these children. However, investigations into the effectiveness of such interventions are limited due to difficulties associated with conducting ethical research with this vulnerable population (Clark-Kazak, 2017). Such difficulties include challenges with accessing representative samples of child refugees (e.g., heterogeneity of refugee populations), concerns regarding the appropriateness of randomizing child refugees and asylum-seekers for research purposes, and difficulties with obtaining true and informed consent (Bronstein & Montgomery, 2011; Carlsson et al., 2014).

Despite limited research in this area, multiple attempts have been made to systematically review research into the effectiveness of psychological interventions that specifically target refugee and asylum-seeker children. For example, systematic reviews have been conducted to determine the effectiveness of interventions in samples of war-traumatized refugees and internally displaced minors (Nocon et al., 2017), newly arrived adolescent refugees (Hettich et al., 2020), unaccompanied refugee minors (Demazure et al., 2017) as well as reviews of school-based and/or community-based

interventions (Sullivan & Simonson, 2016; Tyrer & Fazel, 2014). Importantly, findings that have emerged from these reviews have begun to reveal a rather small, but emerging evidence base with regard to the effectiveness of using psychological interventions to treat psychological symptoms in refugee and asylum-seeker children.

Notably, most past reviews within this body of research have obtained positive findings with regard to a range of verbal processing therapies, such as CBT, Trauma-Focused CBT (TF-CBT), Eye Movement Desensitization and Reprocessing Therapy (EMDR), as well as Narrative Exposure Therapy (NET; Demazure et al., 2017; Nocon et al., 2017; Sullivan & Simonson, 2016; Tyrer & Fazel, 2014). Interestingly, these past reviews have also begun to obtain encouraging findings with regard to a range of expressive art therapies. Finally, reviews by both Tyrer and Fazel (2014) and Sullivan and Simonson (2016) also provide some support for the implementation of multimodal/multitiered methods of interventions in targeting psychopathology amongst refugee and asylum-seeking children.

## 2 | THE CURRENT STUDY

Despite multiple attempts at systematically investigating the efficacy of using psychological interventions with refugee and asylum-seeker children, past systematic reviews have been limited in their scope. Specifically, these reviews have cited considerable difficulties with locating substantial amounts of research, and in addition most reviews have chosen to focus on particular samples within the refugee and asylum-seeker population (e.g., unaccompanied minors). As a result, clinicians may face difficulties with accurately determining how to effectively intervene with refugee and asylum-seeker children. To remedy these limitations, this paper presents an updated and inclusive systematic review of globally available data on the effectiveness of psychological interventions that have been used with samples of refugee and/or asylum-seeker children. The results of this review will provide a more complete understanding of the evidence exploring efficacy of interventions targeting psychopathology for this group. Furthermore, the results of this review will highlight evidence gaps, thus suggesting which methods of intervention may warrant further investigations to establish evidence of efficacy. It is hoped that results from this review will contribute to the emerging evidence base within this area, and that it will go on to provide clinicians with recommendations in regard to treatment planning when working therapeutically with refugee and asylum-seeker children.

## 3 | METHODS

### 3.1 | Search strategy

The search strategy used for this systematic literature review is based on Cochrane methodology (Higgins & Green, 2011) and has been presented in accordance with the PRISMA guidelines (Page et al., 2021). A comprehensive search of the literature was conducted across the following six databases in September 2022: Web of Science, PsycINFO, Proquest Psychology Collection, Scopus, Medline, and EBSCO Psychology and Behavioral Sciences Collection. To locate articles reporting on the efficacy of psychological interventions for the selected population, search terms were selected to appropriately identify the concepts of *refugees* and *interventions* (search terms provided in Supporting Information: Tables S1–S6, available at [https://osf.io/2xf4w/?view\\_only=ef9af2c2924e4e2f851e3fc0adbaa251](https://osf.io/2xf4w/?view_only=ef9af2c2924e4e2f851e3fc0adbaa251)). While no date restrictions were applied, searches were limited to include only studies published in English. Criteria regarding the research design of the papers were not specified as to not privilege any given methodology (i.e., ensure inclusion of papers regardless of the type of quantitative research design utilized—quasi-experimental, experimental). Reference lists of previous reviews (Demazure et al., 2017; Frounfelker et al., 2020; Hettich et al., 2020; Nocon et al., 2017; Pacione et al., 2013; Sullivan & Simonson, 2016; Tyrer & Fazel, 2014) were screened to identify additional records.

## 4 | SCREENING AND INCLUSION CRITERIA

Following the completion of database searches, all records were screened to determine their eligibility. Two researchers worked collaboratively through the screening process to ensure consistency and agreement. In the first phase of screening, the titles and abstracts of identified records were inspected for references made to measuring the effectiveness of a psychological intervention, particularly when utilized with refugee and/or asylum-seeker children. Once identified, the selected studies were put through full text screening. During this process, selected records were read in their entirety by both researchers to determine whether they met criteria for eligibility. To meet eligibility, records had to meet the following criteria: (a) present original empirical quantitative data (a broad range of study designs were included, such as: one group prepost, quasi-experimental; randomized controlled trials) (b) utilize a sample of refugee/asylum-seeking children (with mean age of the participants below 18-year-old), (c) include at least one standardized, validated measure of psychological distress (primary and/or secondary), and (d) evaluate a psychological intervention intended to reduce symptoms of distress. The decision was made to not include gray literature to reduce the chances of low rigor studies being included in this review.

## 5 | DATA EXTRACTION

Eligible studies went through a process of data extraction. The two researchers involved in the screening process again worked collaboratively throughout the extraction process. Demographic information (i.e., age range, gender ratio, host/home country) as well as information regarding the sample size were double extracted by the authors of this paper, before being compiled into a predesigned spreadsheet to allow for consistency. Additional information extracted included information regarding all outcome measures used (e.g., Children's Revised Impact of Event Scale [CRIES]), the outcome construct being examined (e.g., PTSD) and the type of therapy employed (e.g., CBT) were also extracted. Where possible, pre-post-test means, and standard deviations were extracted, as well as *p* values demonstrating the time x group interaction. Where this was not possible, alternative statistics were extracted (e.g., effect sizes). While there were initial plans to meta-analyse the data, this was not possible due to various data limitations (e.g., heterogeneous measurement scales across studies) thus making a meta-analysis implausible. As a result, the relevant quantitative data that was extracted was examined collaboratively to allow for a narrative synthesis. The decision was made a priori to synthesize and present the findings on the basis of the intervention being explored.

## 6 | QUALITY ASSESSMENT

To assess the quality of the included studies, a number of tools for each relevant study type was utilized. First, to assist study quality across studies employing cross-sectional designs, the Appraisal Tool for Cross-Sectional Studies (AXIS; Downes et al., 2016) was utilized. The AXIS tool is typically used to assist in critically determining study quality, as well as to ascertain the reliability of a study. The AXIS tool involves assessing the studies based on a set of 20 criteria, which helps in evaluating various aspects of research design (e.g., Method—was the sample size justified?). For each criterion, the studies are assigned a score ranging from 0 to 1 (0 = *no* or *unsure*, 1 = *yes*). Following this process, the studies are assigned an overall score out of 20. Two researchers worked collaboratively throughout this process to ensure consistency and agreement.

To assess studies employing randomized controlled designs, the Cochrane Risk of Bias tool was utilized (Sterne et al., 2019). This tool comprises five domains that have been specifically designed to assess risk of bias that may arise due to: the randomization process, deviations from intended interventions, missing outcome data, measurement of the outcome, as well as selection of the reported result. One extra domain is provided to assess

the quality of studies utilizing cluster randomized controlled designs (i.e., Timing of identification and recruitment of participants). For each domain, risk of bias is judged as being at low risk, constituting some concerns, or at high risk. Studies are subsequently assigned an overall score based on their domain scores (i.e., Low risk: judged to be low risk of bias for all domains; Some concerns: judged as raising some concern in at least one domain; High risk: judged as being high risk of bias in at least one domain).

## 7 | RESULTS

### 7.1 | Study selection and characteristics

The systematic review yielded a total of 10,401 potentially relevant articles, of which 1678 were duplicates. After title and abstract screening, 175 articles were identified as being eligible for full-text review. Full text screening identified 71 eligible effects, extracted from 69 studies (i.e., two articles comprised secondary analyses resulting in a total of 69 data sets and studies being conducted; Kangaslampi & Peltonen, 2019; Kazandjian et al., 2020) that met inclusion (selection process illustrated in Figure 1).

All 71 articles were published in or after 2000 and included data from over 10,000 refugee and/or asylum-seeker children (exact number could not be calculated as some studies incorporated immigrants or victims of natural disaster in their samples). These articles employed various methodologies to investigate the efficacy of a range of psychological interventions in samples of refugee and asylum-seeker children. While most studies comprised of samples of children aged below 18-year-old, there were nine studies that recruited parents to partake in family or parent-based interventions that aimed at increasing child wellbeing (Abi Zeid Daou et al., 2021; Betancourt et al., 2020; El-Khani, Cartwright, et al., 2021; Gotseva-Balgaranova et al., 2020; Lakkis et al., 2020; Miller, Koppenol-Gonzalez, Jawad, et al., 2020; Ponguta, et al., 2020; Shaw et al., 2020; Sim et al., 2020). Participants across the studies included refugees or asylum-seekers who had been born in various regions of Africa (e.g., Sierra Leone, Somalia, Uganda), Europe (e.g., Kosovo, Turkey), the Middle East (e.g., Syria, Iraq, Afghanistan), and Asia (e.g., Vietnam). Furthermore, the interventions had been employed across various countries (e.g., Germany, America, Australia, Sri Lanka, Uganda) and settings (e.g., schools, clinics, home-based, refugee camp; see Supporting Information: Table S7 for further information).

Across the 71 articles, various types of psychological intervention were identified- CBT (16 articles), Psychosocial Interventions (13 articles), EAT (13 articles), Multimodal Interventions (6 articles), Family or parent-based interventions (8 articles), NET (6 articles), Eye Movement Desensitization and Reprocessing Therapy (EMDR, 5 articles), Play Therapy (3 articles), Trauma Systems Therapy (1 article), and a Positive Psychology Intervention (1 article).

### 7.2 | Effectiveness of psychological intervention

#### 7.2.1 | Cognitive behavior therapy (CBT)

CBT is a short-term and problem-orientated approach that is heavily focused on changing unhelpful patterns in cognitions, behaviors and emotion regulation through psycho-education and the development of personal coping strategies (Benjamin et al., 2011). Ten studies (out of 11 studies) reported significant reductions in PTSD symptom severity—most of these studies used TF-CBT and medium-to-large effect sizes were reported. Eight studies (out of 10) reported significant reductions in depressive symptom severity (small-to-large effects) and five (out of seven) reported significant reductions in anxiety symptom severity. The findings also reveal that CBT is currently the most studied method of intervention amongst samples of refugee and saying-seeking children, with promising results

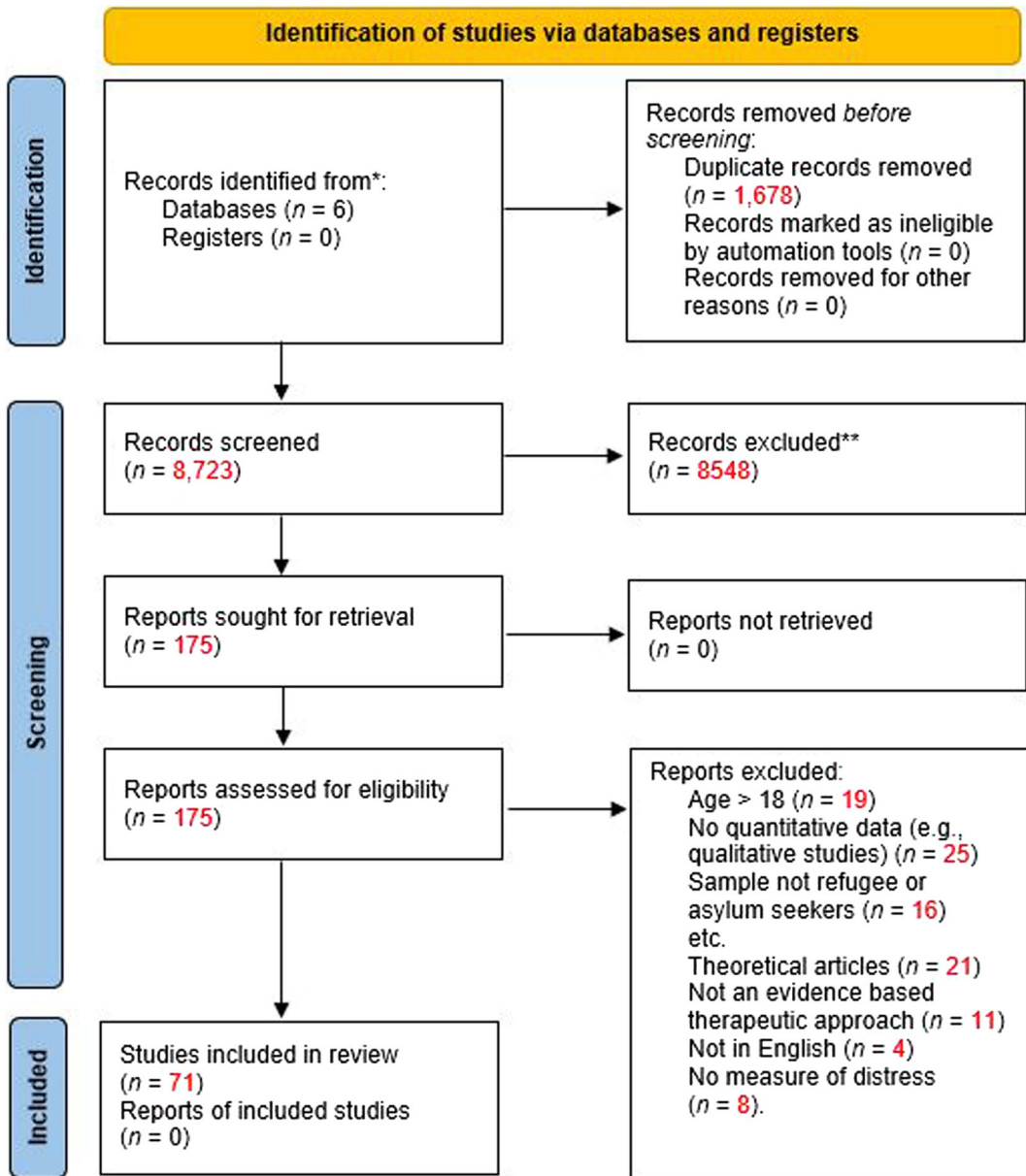


FIGURE 1 PRISMA flowchart

found. For example, results suggest that CBT (particularly TF-CBT) appears to be effective in targeting a range of psychopathology including PTSD, anxiety, depression as well as social and emotional difficulties.

While most studies recruited samples of relatively older children (aged 10 years and above), promising findings were reported in samples consisting of children as young as six. Origin of the participants and mode of delivery did not appear to impact effectiveness. For example, studies were delivered across various settings (e.g., school-based, community-based) and had participants originating from various regions of the world (e.g., East Europe, Africa, South-East Asia, the Middle East). However, it was noted that all studies looking at the effectiveness of CBT were employed across middle-high income countries, such as Turkey, Germany, America, and Sweden.

## 7.2.2 | Narrative exposure therapy

NET is a short-term manualised intervention program for the treatment of trauma. NET is based on the principles of CBT but is heavily influenced by exposure therapy (i.e., individuals repeatedly talk about their traumatic exposure to achieve habituation) and testimonial therapy (i.e., individuals construct a chronological account of their life to reconsolidate and integrate traumatic events into their biography; Neuner et al., 2004). Six studies explored the impact of NET in reducing PTSD symptom severity, with all studies yielding some evidence to suggest that NET is associated with significant reductions in PTSD symptom severity (Catani et al., 2009; Onyut et al., 2005; Peltonen & Kangaslampi, 2019; Ruf et al., 2010; Said & King, 2020).

Studies that yielded significant findings in favor of NET had recruited participants that encompassed a rather large age range. For example, Onyut et al. (2005) found significant reductions in PTSD in adolescents aged between 13 and 17 years, and Ruf et al. (2010) obtained similar findings in a sample of children as young as 7. Furthermore, geographic location, origin of the participants and mode of delivery did not appear to impact on the effectiveness. Notably, studies were conducted across both high-income (e.g., Germany) and low-income countries (e.g., Uganda), were delivered through various modes (e.g., school-based, community-based), and had participants originating from various regions of the World (e.g., East Europe, Africa, South-East Asia, the Middle East).

## 7.2.3 | Expressive art therapy (EAT)

EAT refers to a form of psychotherapy that aims to provide individuals with outlets to explore feelings, process emotions associated with traumatic experiences, as well as to facilitate growth through emotional expressions such as art, music, and drama (Dieterich-Hartwell & Koch, 2017; Sullivan & Simonson, 2016; Tyrer & Fazel, 2014). Studies employed various methods of expressive art, ranging from writing, music therapy, drama, and drawing. For example, two RCTs (Kalantari et al., 2012; Lange-Nielsen et al., 2012) investigated the effectiveness of an expressive writing intervention—*Writing For Recovery*, with both studies yielding mixed results. One study by Baker and Jones (2006) examined the effectiveness of music therapy amongst children aged between 11 and 16 years. The intervention resulted in significant reductions in externalizing behavioral difficulties, but not internalizing behavioral difficulties, school problems or adaptive skills. One study (one group pre-post-test) by Grasser et al. (2019) investigated the effectiveness of dance movement therapy and reported significant improvements in overall PTSD and anxiety symptom severity (large effect sizes).

Four studies (Burruss et al., 2021; Feen-Calligan et al., 2020; Gerami, 2021; Kevers et al., 2022) investigated the role of art therapy (i.e., creative expression through the use of various art techniques such as drawing, painting, clay) in reducing symptoms of psychological distress in children aged between 4 and 14 years. No significant improvements were found in most outcome variables studied, however there were reductions in self-reported separation anxiety (Feen-Calligan et al., 2020), and perceived stress and psychological distress (Gerami, 2021). Four studies investigated the effectiveness of creative expression interventions that combined multiple creative modalities (e.g., storytelling, art, dancing, movement, singing). For example, a one-group pre-post-test study by Ugurlu et al. (2016) examined the effectiveness of a creative expression intervention (including music, movement, drawing) when used alongside the skills for psychological recovery program in a sample of children aged between 7 and 12 years. Results revealed significant reductions in symptoms of trait anxiety and depression (medium-to-large effects). In addition, a quasi-experimental study by Meyer DeMott et al. (2017) examined the effectiveness of the Expressive Arts in Transition program (EXIT; painting, movement, dancing) and reported significant reductions in psychological distress and PTSD symptomology. Further evidence for these types of intervention were found in two quasi-experimental studies that reported the implementation of the interventions resulted in significant reductions in emotional symptoms (Quinlan et al., 2016) as well as internalizing and externalizing behavioral difficulties (Rousseau et al., 2004).

While findings were largely mixed, there were some promising results to support the use of expressive art therapies to target symptoms of psychological distress in refugee and asylum-seeker children. Interventions that utilized multiple modalities appeared to produce particularly positive results. Importantly, improvements in psychological distress were recorded in samples of preschoolers, young children, and even adolescents. Furthermore, across studies reporting significant results, geographic location, origin of the participants, and mode of delivery did not appear to impact on the effectiveness. Notably, these studies were conducted across both high-income (e.g., Norway) and low-income countries (e.g., Iran), were delivered through various modes (e.g., school-based, community-based), and had participants originating from various regions of the World (e.g., East Europe, Africa, South-East Asia, the Middle East).

#### 7.2.4 | Multimodal interventions

Multimodal interventions consist of interventions that bring together principles from various interventions that stem from different theoretical backgrounds to concurrently address the variety of needs that refugee and asylum-seeker children may present with; Silverstone et al., 2016). Across studies researchers allocated participants into various methods of intervention that varied in length/intensity and were tailored towards the participant's individual levels of distress. However, all studies incorporated a combination of engagement in individual therapy (e.g., CBT), family therapy (e.g., parent psycho-education), as well as group-based interventions (e.g., social skills groups). Most intervention programs also incorporated engagement in trauma and grief focused components. Two (of three) some evidence of reductions in PTSD and depression symptom severity (Ellis et al., 2013; Möhlen et al., 2005). Möhlen and colleagues also obtained additional findings to suggest significant reductions in anxiety.

Across studies that examined the influence of multi-modal interventions in reducing symptom severity for PTSD, depression, and anxiety, there was no noticeable impact of age. More specifically, participants appeared to be roughly the same age in studies that reported both significant, and nonsignificant findings. For example, this was true when comparing the study that found a significant reduction in PTSD symptom severity ( $M_{\text{age}} = 13.15$  years,  $SD = 0.15$ ) to the studies that did not ( $M_{\text{age}} = 14.74$  years,  $SD = 0.34$ ). However, when looking at studies into the effectiveness of multimodal interventions in reducing behavioral and emotional difficulties, the effectiveness of the multimodal interventions endured despite significant variations in the age of the participants. Noticeably, studies reported using samples of children as young as 3-year-old, as well as adolescents up to the age of 17-year-old. However, it is important to note that all studies identified were implemented across various high-income countries (e.g., America, England, Germany), but were implemented across various settings, such as within schools, clinics, and homes.

#### 7.2.5 | Psychosocial interventions

Thirteen investigated the efficacy of using various other psychosocial interventions (Akhtar et al., 2021; Bryant et al., 2022; Erdemir, 2021; Fine et al., 2021; Mancini, 2019; Metzler et al., 2019; Panter-Brick et al., 2018; Thabet et al., 2005; Van der Gucht et al., 2019; Michalek et al., 2021; Miller et al., 2020b; Peltonen et al., 2022; Simonds et al., 2022). These interventions did not employ specific approaches to therapy (e.g., CBT, NET) but incorporated principles from various therapeutic approaches (e.g., psychoeducation) alongside interpersonal activities/techniques (e.g., role-play, drawing) with the aim of improving overall wellbeing.

Across a number of these studies, the engagement in the psychosocial intervention was not associated with significant improvements in several psychological outcomes examined (e.g., PTSD; psychosocial adjustment; depression; wellbeing; emotional and behavioral difficulties; Metzler et al., 2019; Michalek et al., 2021; Miller et al., 2020b; Peltonen et al., 2022; Thabet et al., 2005; Van der Gucht et al., 2019). However, there were some promising



findings. For example, a study by Mancini (2019) investigated the effectiveness of the Somatic Soothing and Emotional Regulation Skill Development Intervention (i.e., a trauma focused intervention that aims to target traumatic stress, as well as equip participants with self-regulation skills). Results revealed significant reductions in symptoms of depression, anxiety, and PTSD. Other psychosocial interventions that were particularly effective included a summer preschool program (Erdemir, 2021) that had been specifically developed to support children from backgrounds of forced migration as well as OperationSAFE (Simonds et al., 2022)—an early intervention program that aims to deliver mental health aid to children following natural disaster or war.

### 7.2.6 | Family and parent-based interventions

The systematic database search returned eight studies that assessed the effectiveness of using family, and parent-based interventions. Although children were not directly involved in most of these interventions, these interventions did aim to improve child mental health and wellbeing through strengthening family relationships and communication, as well as by equipping parents with positive parenting strategies to help manage behavior. Three studies in this area recruited not only parents, but also children to participate in a family-based mental health promotion intervention (Betancourt et al., 2020; El-Khani, Haar, et al., 2021; Gotseva-Balgaranova et al., 2020). The results of all three studies were overwhelmingly positive, with significant reductions in a range of psychopathology, including traumatic stress, emotional and behavioral difficulties, as well as depressive symptoms.

The remaining studies in this field assessed the effectiveness of using parent-based education programs with parents of children aged between 2 and 18 years (Sim et al., 2020; Lakkis et al., 2020; Miller, Koppenol-Gonzalez, Arnous, et al., 2020a; Ponguta et al., 2020; Shaw et al., 2020). Results from these studies indicate mixed results with regard to the effectiveness of the interventions. Notably, while two studies (using one group pre-post-test designs) reported small-to-medium significant reductions in both parent and child rated behavioral/emotional difficulties (Lakkis et al., 2020; Sim et al., 2020), one RCT did not (Ponguta et al., 2020). An RCT conducted by Miller and colleagues reported that parent's perceived significant improvements in their children's wellbeing, but their children did not report the same. Other findings worth noting include significant reductions in child intensity in an RCT conducted by Shaw and colleagues, as well as significant reductions in symptoms of both anxiety and depression in another RCT conducted by Sim and colleagues. It is important to note that most studies in this area reported relatively high rates of dropout during the intervention, with researchers reporting difficulties with retaining participants (Lakkis et al., 2020; Ponguta et al., 2020; Shaw et al., 2020; Sim et al., 2020). Furthermore, it was observed that most studies encountered difficulties with recruiting fathers, with biological mothers comprising majority of the sample. Importantly, the intervention appeared to produce significant improvements in children of all ages, ranging from those as young as 3 as well as adolescents aged up to 18 years.

### 7.2.7 | EMDR

The systematic search identified five studies that examined the role of EMDR in targeting symptoms of psychological distress, such as PTSD and depression. EMDR is a psychotherapeutic approach that aims to alleviate distress associated with traumatic memories through the use of bilateral stimulation. All studies investigated EMDR's role in targeting and reducing symptoms of PTSD, with all studies obtaining positive findings. It must be noted that while the study by Lempertz et al. (2020) found significant reductions in teacher-rated PTSD symptom severity ( $d = 0.93$ ), parent-rated data did not report significant reductions. The study by Oras et al. (2004) revealed that engagement in the EMDR intervention was associated with significant reductions in PTSD and depressive symptom severity, and with improvements in overall functioning. Importantly, these findings also suggest that EMDR may be an effective intervention when used with both younger children and adolescents (participants were

aged between 4 and 17 years). It is important to note that while participants across these studies originated from various countries (e.g., countries across Asia, Africa, Europe, the Middle East), all interventions were implemented across various middle-high income countries, including Turkey, Germany, and Sweden.

### 7.2.8 | Play therapy

Three studies implemented forms of Play Therapy to target symptoms of PTSD. Play therapy is a psychotherapeutic approach that aims to help children explore, and express their repressed thoughts/emotions through play. A group pre-post-test study by Erucar and Vostania (2020) assessed the effectiveness of Theraplay (a form of play therapy aimed at strengthening attachment between parents and children) in a sample of children aged 8–14 years. Following the intervention, parent-rated data indicated significant reductions in attachment difficulties, as well as reductions in symptoms of PTSD and behavioral/emotional difficulties. Similarly, a RCT conducted by Schottelkorb et al. (2012) aimed to assess the effectiveness of Child-Centered Play Therapy in targeting PTSD in a sample of children aged 6–13 years. Results obtained indicated that engagement in Play Therapy was significantly associated with reductions in PTSD symptom severity within a sample of refugee children who had met criteria for a PTSD diagnosis. Furthermore, evidence from a RCT conducted by Tucker et al. (2021) yielded findings to suggest that play therapy may be effective in children as young as 3-year-old, with reductions in behavioral concerns, partnered with improvements in overall attachment/relationships as well as emotional regulation. Although results derived from only three studies, results seem to suggest that Play Therapy appears to be a promising intervention, particularly when targeting symptoms of PTSD in samples of young children.

### 7.2.9 | Trauma systems therapy

One study (Cardeli et al., 2020) identified through the database search assessed the effectiveness of using Trauma Systems Therapy (TST) to target psychological distress. TST refers to a treatment program that has been specifically designed to particularly address the emotional needs of children who have been exposed to traumatic experiences. Using a one-group pre-post-test design, the researchers (Cardeli et al., 2020) delivered a TST intervention to a sample of Bhutanese children, aged between 11 and 15 years. Following the intervention, results indicated nonsignificant reductions in symptoms of both depression and PTSD, and a significant reduction in symptoms of avoidance ( $d = 0.36$ ).

### 7.2.10 | Positive psychology interventions

One study (Foka et al., 2020) using a quasi-randomized design investigated the effectiveness of implementing the *Strengths for The Journey* program—a positive psychology-based intervention to target symptoms of psychological distress. This program was designed particularly for refugee children in transit and aims to increase their resilience and overall wellbeing. Following engagement in the program, the results revealed that participants (aged between 7 and 14 years) experienced significant improvements in their overall levels of wellbeing, optimism, and self-esteem, and reductions in symptoms of depression.

## 7.3 | Findings of quality assessment

Results of the quality assessment process through the use of the AXIS tool indicated that studies were of relatively high quality, with scores ranging between 15 and 19. The biggest difficulty identified by the quality assessment

process included difficulties with justifying sample sizes. More specifically, it was noted that a vast majority of studies reported difficulties with their sample, with most studies recruiting relatively small samples. Furthermore, there were a number of studies that identified difficulties with recruiting an appropriate population base that closely represented the population under investigation (i.e., children from refugee and or asylum-seeking backgrounds). For example, in some studies, authors noted difficulties with obtaining balanced samples in terms of gender (Gormez et al., 2017; Pfeiffer & Goldbeck, 2017; Sarkadi et al., 2017; Unterhitzberger et al., 2015). Furthermore, in other studies while there were attempts to recruit participants that were diverse in terms of their country of origin, authors cited difficulties in doing so, thus resulting in samples whereby majority of participants had originated from one particular country or region (Fox et al., 2005).

In terms of studies utilizing randomized controlled trials, the quality assessment process that was completed through the use of the Cochrane Risk of Bias tool indicated that most studies had low risk of bias, while two were judged as raising some concern. Only one study was identified as having high risk of bias. More specifically, in the study by Lange-Nielsen et al. (2012), the authors cited a necessity to deviate from their original protocol due to complexities associated with conducting a randomized controlled trial amidst ongoing political conflict within a refugee camp in Gaza. As a result, the authors noted that the deviation from their protocol may have had the potential to introduce bias and therefore weaken the experimental design.

## 8 | DISCUSSION

In this systematic review, existing research regarding the effectiveness of psychological interventions in targeting psychological distress in asylum-seeking and refugee children was synthesized. The systematic review identified a growing body of research, reporting on a myriad of interventions. Across studies reviewed, researchers employed various types of research methodologies to implement a range of interventions with the aim of improving refugee and asylum-seeker children's overall levels of mental health through reducing symptoms associated with various psychopathologies.

Overall, most interventions included in this systematic review were associated with some improvement in child psychopathology, with certain methods of intervention attracting more research than others. Notably, this review identified that CBT currently has the biggest evidence base within this body of research. Of particular importance, this review confirms that results (as of present) largely suggest that CBT appears to be an effective intervention, with numerous studies identifying evidence between engagement in CBT and the reduction of various psychopathologies including PTSD and depression.

There was also a limited body of evidence that reported on a variety of other interventions. For example, the few studies that explored expressive art reported positive findings across a range of art modalities (e.g., writing, music, dance etc.). A handful of papers explored novel methods of intervention with refugee and asylum-seeking children, including the SSERDS intervention (Mancini, 2019), positive psychology-based interventions (Foka et al., 2020), and the Child Friendly Space Intervention (Metzler et al., 2019). All reported significant findings. While it is encouraging to see increased development and implementation of various psychosocial interventions with refugee and asylum-seeking populations over recent years, it is worth iterating that replication of these findings will be required to determine their true effectiveness.

It is also equally important to note that despite the small number of research into a range of other interventions, there were additional and also particularly positive finds. For example, studies that particularly investigated the effectiveness of NET, EMDR, Play Therapy, as well as Family-based intervention appear to suggest that these forms of therapy also appear beneficial, particularly when used to target symptoms of PTSD. However, these results should be interpreted with a degree of caution due to the small number of controlled studies undertaken as of present. As results from this review reveal that these modalities of intervention appear particularly promising, it becomes evident that there is need for upcoming research to prioritize these methods of intervention to further establish effectiveness.

The results described above derived from studies that provided their participants with singular/uni-modal interventions. Overall, the systematic review identified that the use of uni-modal interventions appears to have the ability to reduce psychological distress in refugee children. Alongside uni-modal interventions, there is currently a push towards providing comprehensive, or multimodal/multitiered methods of intervention to refugee populations. This method of intervention aims to concurrently address the complex and vast psychological needs that refugee populations may present with through the use of various interventions. As refugees are a heterogeneous population, clinicians now believe that using one frame of reference, or a blanket-slate approach to therapy is not sufficient (Birman et al., 2007). Therefore, multimodal methods of intervention have been suggested as they allow for individualization based on severity and levels of need. The systematic review identified a rather small body of research that aimed to assess the efficacy of using multimodal interventions with refugee children. Overall, while the body of research was small, there were findings to suggest that this method of intervention appears effective in targeting and reducing emotional and behavioral problems in samples of refugee and asylum-seeking children. However, while there was some evidence to suggest improvements in symptom severity for PTSD and depression, the small body of research within this field suggests that more studies are warranted to further determine the role of multimodal interventions in targeting such mental health conditions. Furthermore, it must be noted that studies identified in this review that assessed the effectiveness of multimodal interventions were conducted across various high-income countries with access, and availability to a myriad of suitable services and resources. Therefore, the applicability of using such interventions across different settings (e.g., a low-income country where access to resources/services may be limited) is currently unclear.

## 8.1 | Limitations

There were limitations of both the literature within this area of research, as well as this review, which warrants discussion. For example, this systematic review may be limited as it only considered studies that employed quantitative methods of research. Therefore, it is possible that relevant data (e.g., results presented in conference proceedings; qualitative studies exploring participants experiences and perceptions of perceived effectiveness following engagement in interventions) were omitted and that there may be more known on this research domain than this review was able to present. In terms of the literature, it was noted that studies were heterogenic in nature (e.g., lack of consistency in regard to outcomes measures, administration of the interventions). Furthermore, the systematic review identified that only a small body of research within this field employed randomized controlled designs, with most of the studies reporting high attrition rates, a lack of inactive or control groups, no follow-up assessments, as well as no monitoring of treatment fidelity. Due to the rather small number of studies employing RCTs in this systematic review, it is possible that improvements in psychopathology noted across studies may not have been directly due to the provision of a specific intervention but solely due to the provision of care—thus posing the question as to whether any intervention is better when compared to no intervention. Importantly, the quality assessment process revealed that a majority of the studies included were unable to justify their sample sizes, resulting in small sample sizes across the studies. Therefore, while these limitations should be considered in light of the inherent challenges associated with conducting ethical research with refugee populations, these limitations may have possibly led to biased results with regard to the interventions true effectiveness.

## 9 | CONCLUSION

This paper presented a systematic review of research exploring the effectiveness of psychological interventions for refugee and asylum-seeker children. This review identified emerging evidence to suggest that refugee and asylum-seeker children do appear to benefit from engagement in psychological intervention. Overall, the findings were

promising, however it must be noted that research within this area has largely derived from small pilot and empirical studies, as well as case reviews. Therefore, researchers should consider the implementation of these interventions through rigorous randomized controlled trials and longitudinal research that incorporates follow up assessments is needed to explore the long-term impact of these interventions. Encouragingly, a large proportion of studies located for this review were conducted over the past 3 years, suggesting that more research is being targeted towards psychological interventions for refugee and asylum-seeking children.

### CONFLICT OF INTEREST

The authors declare no conflict of interest.

### DATA AVAILABILITY STATEMENT

The full extraction table is available at [https://osf.io/2xf4w/?view\\_only=ef9af2c2924e4e2f851e3fc0adbaa251](https://osf.io/2xf4w/?view_only=ef9af2c2924e4e2f851e3fc0adbaa251).

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### PEER REVIEW

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### REFERENCES

Note: An asterisk indicates that the study was included in the systematic review.

- \*Abi Zeid Daou, K. R., Abi Zeid Daou, L. R., & Cousineau-Pérusse, M. (2021). Storytelling as a tool: A family-based intervention for newly resettled Syrian refugee children. *International Journal of Social Welfare*, 31(1), 56–65. <https://doi.org/10.1111/ijsw.12476>
- \*Akhtar, A., Malik, A., Ghatasheh, M., Aqel, I. S., Habashneh, R., Dawson, K. S., Watts, S., Jordans, M. J. D., Brown, F., Sijbrandij, M., Cuijpers, P., & Bryant, R. (2021). Feasibility trial of a brief scalable psychological intervention for Syrian refugee adolescents in Jordan. *European Journal of Psychotraumatology*, 12(1), 1901408. <https://doi.org/10.1080/20008198.2021.1901408>
- \*Baggerly, J. N., & Corbin, T. (2021). Group counseling for southeast Asian refugee children with trauma symptoms: Pilot study results and practical guidelines. *Journal of Child and Adolescent Counseling*, 7(2), 87–99. <https://doi.org/10.1080/23727810.2021.1948808>
- \*Baker, F., & Jones, C. (2006). The effect of music therapy services on classroom behaviours of newly arrived refugee students in Australia—A pilot study. *Emotional and Behavioural Difficulties*, 11, 249–260. <https://doi.org/10.1080/13632750601022170>
- \*Banoğlu, K., & Korkmazlar, Ü. (2022). Efficacy of the eye movement desensitization and reprocessing group protocol with children in reducing posttraumatic stress disorder in refugee children. *European Journal of Trauma & Dissociation*, 6(1), 100241. <https://doi.org/10.1016/j.ejtd.2021.100241>
- Benjamin, C. L., Puleo, C. M., Settapani, C. A., Brodman, D. M., Edmunds, J. M., Cummings, C. M., & Kendall, P. C. (2011). History of cognitive-behavioral therapy in youth. *Child and Adolescent Psychiatric Clinics of North America*, 20(2), 179–189. <https://doi.org/10.1016/j.chc.2011.01.011>
- \*Betancourt, T. S., Berent, J. M., Freeman, J., Frounfelker, R. L., Brennan, R. T., Abdi, S., Maalim, A., Abdi, A., Mishra, T., Gautam, B., Creswell, J. W., & Beardslee, W. R. (2020). Family-based mental health promotion for Somali Bantu and Bhutanese refugees: Feasibility and acceptability trial. *Journal of Adolescent Health*, 66(3), 336–344. <https://doi.org/10.1016/j.jadohealth.2019.08.023>
- Birman, D., Weinstein, T., Chan, W., & Beehler, S. (2007). Immigrant youth in U.S. schools: Opportunities for prevention. *Prevention Researcher*, 14, 14–17.
- Bronstein, I., & Montgomery, P. (2011). Psychological distress in refugee children: A systematic review. *Clinical Child and Family Psychology Review*, 14(1), 44–56. <https://doi.org/10.1007/s10567-010-0081-0>
- \*Bryant, R. A., Malik, A., Aqel, I. S., Ghatasheh, M., Habashneh, R., Dawson, K. S., Watts, S., Jordans, M. J. D., Brown, F. L., van Ommeren, M., & Akhtar, A. (2022). Effectiveness of a brief group behavioural intervention on psychological

- distress in young adolescent Syrian refugees: A randomised controlled trial. *PLoS Medicine*, 19(8), e1004046. <https://doi.org/10.1371/journal.pmed.1004046>
- \*Burruss, N. C., Shaltout, Y., Hamilton, C. T., Oberti, D., Linton, J. M., & Brown, C. L. (2021). Arts-based therapy: A pilot program for immigrant and refugee children. *Vulnerable Children and Youth Studies*, 16, 253–258. <https://doi.org/10.1080/17450128.2021.1966707>
- \*Cardeli, E., Phan, J., Mulder, L., Benson, M., Adhikari, R., & Ellis, B. H. (2020). Bhutanese refugee youth: The importance of assessing and addressing psychosocial needs in a school setting. *Journal of School Health*, 90(9), 731–742. <https://doi.org/10.1111/josh.12935>
- Carlsson, J., Sonne, C., & Silove, D. (2014). From pioneers to scientists: Challenges in establishing evidence-gathering models in torture and trauma mental health services for refugees. *Journal of Nervous & Mental Disease*, 202(9), 630–637. <https://doi.org/10.1097/NMD.000000000000175>
- \*Catani, C., Kohiladevy, M., Ruf, M., Schauer, E., Elbert, T., & Neuner, F. (2009). Treating children traumatized by war and tsunami: A comparison between exposure therapy and meditation relaxation in north-east Sri Lanka. *BMC Psychiatry*, 9, 22. <https://doi.org/10.1186/1471-244X-9-22>
- Clark-Kazak, C. (2017). Ethical considerations: Research with people in situations of forced migration. *Canadian Journal on Refugees*, 33(2), 11–17. <https://refuge.journals.yorku.ca/index.php/refuge/article/view/40467>
- Demazure, G., Gaultier, S., & Pinsault, N. (2018). Dealing with difference: A scoping review of psychotherapeutic interventions with unaccompanied refugee minors. *European Child & Adolescent Psychiatry*, 27(4), 447–466. <https://doi.org/10.1007/s00787-017-1083-y>
- Dieterich-Hartwell, R., & Koch, S. C. (2017). Creative arts therapies as temporary home for refugees: Insights from literature and practice. *Behavioral Sciences (Basel, Switzerland)*, 7(4), 69. <https://doi.org/10.3390/bs7040069>
- \*Doumit, R., Kazandjian, C., & Militello, L. K. (2020). COPE for adolescent Syrian Refugees in Lebanon: A brief cognitive-behavioral skill-building intervention to improve quality of life and promote positive mental health. *Clinical Nursing Research*, 29(4), 226–234. <https://doi.org/10.1177/1054773818808114>
- Downes, M. J., Brennan, M. L., Williams, H. C., & Dean, R. S. (2016). Development of a critical appraisal tool to assess the quality of cross-sectional studies (AXIS). *BMJ Open*, 6, 011458. <https://doi.org/10.1136/bmjopen-2016-011458>
- \*Draper, A., Marcellino, E., & Ogbonnaya, C. (2020). Fast feet forward: Sports training and running practice to reduce stress and increase positive cognitions in unaccompanied asylum-seeking minors. *Counselling and Psychotherapy Research*, 20(4), 638–646. <https://doi.org/10.1002/capr.12330>
- \*Durà-Vilà, G., Klasen, H., Makatini, Z., Rahimi, Z., & Hodes, M. (2013). Mental health problems of young refugees: Duration of settlement, risk factors and community-based interventions. *Clinical Child Psychology and Psychiatry*, 18(4), 604–623. <https://doi.org/10.1177/1359104512462549>
- \*Ehnholt, K. A., Smith, P. A., & Yule, W. (2005). School-based cognitive-behavioural therapy group intervention for refugee children who have experienced war-related trauma. *Clinical Child Psychology and Psychiatry*, 10, 235–250. <https://doi.org/10.1177/1359104505051214>
- \*El-Khani, A., Cartwright, K., Ang, C., Henshaw, E., Tanveer, M., & Calam, R. (2018). Testing the feasibility of delivering and evaluating a child mental health recovery program enhanced with additional parenting sessions for families displaced by the Syrian conflict: A pilot study. *Peace and Conflict: Journal of Peace Psychology*, 24(2), 188–200. <https://doi.org/10.1037/pac0000287>
- \*El-Khani, A., Cartwright, K., Maalouf, W., Haar, K., Zehra, N., Çokamay-Yılmaz, G., & Calam, R. (2021). Enhancing teaching recovery techniques (TRT) with parenting skills: RCT of TRT + parenting with trauma-affected Syrian refugees in Lebanon utilising remote training with implications for insecure contexts and COVID-19. *International Journal of Environmental Research and Public Health*, 18(16), 8652. <https://doi.org/10.3390/ijerph18168652>
- \*El-Khani, A., Haar, K., Stojanovic, M., & Maalouf, W. (2021). Assessing the feasibility of providing a family skills intervention, "Strong Families", for refugee families residing in reception centers in Serbia. *International Journal of Environmental Research and Public Health*, 18(9), 4530. <https://doi.org/10.3390/ijerph18094530>
- \*Ellis, B. H., Miller, A. B., Abdi, S., Barrett, C., Blood, E. A., & Betancourt, T. S. (2013). Multi-tier mental health program for refugee youth. *Journal of Consulting and Clinical Psychology*, 81(1), 129–140. <https://doi.org/10.1037/a0029844>
- \*Elswick, S., Washington, G., Mangrum-Apple, H., Peterson, C., Barnes, E., Pirkey, P., & Watson, J. (2022). Trauma healing club: Utilizing culturally responsive processes in the implementation of an after-school group intervention to address trauma among African refugees. *Journal of Child & Adolescent Trauma*, 15(1), 155–166. <https://doi.org/10.1007/s40653-021-00387-5>
- \*Erdemir, E. (2021). Summer preschools for Syrian refugee and host community children in Turkey: A model of contextually sensitive early intervention. *Early Education and Development*, 33(5), 912–938. <https://doi.org/10.1080/10409289.2021.1961426>
- \*Erucar, S., & Vostania, P. (2020). Feasibility of group theraplay with refugee children in Turkey. *Counselling & Psychotherapy Research*, 20(4), 626–637. <https://doi.org/10.1002/capr.12354>

- Fazel, M. (2018). Refugees and the post-migration environment. *BMC Medicine*, 16(2018), 164. <https://doi.org/10.1186/s12916-018-1155-y>
- \*Fazel, M., Doll, H., & Stein, A. (2009). A school-based mental health intervention for refugee children: An exploratory study. *Clinical Child Psychology and Psychiatry*, 14(2), 297–309. <https://doi.org/10.1177/1359104508100128>
- \*Feen-Calligan, H., Ruvalo Grasser, L., Debryn, J., Nasser, S., Jackson, C., Seguin, D., & Javanbakht, A. (2020). Art therapy with Syrian refugee youth in the United States: An intervention study. *The Arts in Psychotherapy*, 69(2020), 101665. <https://doi.org/10.1016/j.aip.2020.101665>
- \*Fine, S. L., Malik, A., Guimond, M.-F., Nemiro, A., Temu, G., Likindikoki, S., Annan, J., & Tol, W. A. Improving mental health in low-resource settings: A feasibility randomized controlled trial of a transdiagnostic psychological intervention among Burundian refugee adolescents and their caregivers. *Behavioural Research and Therapy*, 145(1), 103944. <https://doi.org/10.1016/j.brat.2021.103944>
- \*Foka, S., Hadfield, K., Pluess, M., & Mareschal, I. (2020). Promoting well-being in refugee children: An exploratory controlled trial of a positive psychology intervention delivered in Greek refugee camps. *Development and Psychopathology*, 33, 87–95. <https://doi.org/10.1017/S0954579419001585>
- \*Fox, P. G., Rossetti, J., Burns, K. R., & Popovich, J. (2005). Southeast Asian refugee children: A school based mental health intervention. *The International Journal of Psychiatric Nursing Research*, 11(1), 1227–1236.
- Frounfelker, R. L., Miconi, D., Farrar, J., Brooks, M. A., Rousseau, C., & Betancourt, T. S. (2020). Mental health of refugee children and youth: Epidemiology, interventions, and future directions. *Annual Review of Public Health*, 41, 159–176. <https://doi.org/10.1146/annurev-publhealth-040119-094230>
- \*Gerami, M. (2021). The effects of group art therapy on reducing psychological stress and improving the quality of life in Iranian newcomer children [Les effets de l'art-thérapie de groupe sur la réduction du stress psychologique et l'amélioration de la qualité de vie d'enfants nouveaux arrivants Iraniens]. *Canadian Journal of Art Therapy: Research, Practice, and Issues*, 34(1), 8–17. <https://doi.org/10.1080/26907240.2021.1883856>
- \*Gormez, V., Kılıç, H. N., Oregul, A. C., Demir, M. N., Mert, E. B., Makhrouta, B., Kınık, K., & Semerci, B. (2017). Evaluation of a school-based, teacher-delivered psychological intervention group program for trauma-affected Syrian refugee children in Istanbul, Turkey. *Psychiatry and Clinical Psychopharmacology*, 27(2), 125–131. <https://doi.org/10.1080/24750573.2017.1304748>
- \*Gotseva-Balgaranova, K., Popivanov, I. D., & Mutafchieva, M. (2020). Impact evaluation of the evidence-based trauma stabilisation programme for refugee, asylum seeking and immigrant families. *Zeitschrift für Psychodrama und Soziometrie*, 19(Suppl 1), 147–160. <https://doi.org/10.1007/s11620-020-00568-8>
- \*Grasser, L. R., Al-Saghir, H., Wanna, C., Spinei, J., & Javanbakht, A. (2019). Moving through the trauma: Dance/movement therapy as a somatic-based intervention for addressing trauma and stress among Syrian refugee children. *Journal of the American Academy of Child & Adolescent Psychiatry*, 58(11), 1124–1126. <https://doi.org/10.1016/j.jaac.2019.07.007>
- \*Van der Gucht, K., Glas, J., De Haene, L., Kuppens, P., & Raes, F. (2019). A mindfulness-based intervention for unaccompanied refugee minors: A pilot study with mixed methods evaluation. *Journal of Child and Family Studies*, 28(12), 1084–1093. <https://doi.org/10.1007/s10826-019-01336-5>
- Hettich, N., Seidel, F. A., & Stuhmann, L. Y. (2020). Psychosocial interventions for newly arrived adolescent refugees: A systematic review. *Adolescent Research Review*, 5, 99–114. <https://doi.org/10.1007/s40894-020-00134-1>
- Higgins, J. P., & Green, S. (2011). *Cochrane handbook for systematic reviews of interventions*. <http://handbook.cochrane.org/>
- \*Kalantari, M., Yule, W., Dyregrov, A., Neshatdoost, H., & Ahmadi, S. J. (2012). Efficacy of writing for recovery on traumatic grief symptoms of Afghani refugee bereaved adolescents: A randomized control trial. *OMEGA-Journal of Death and Dying*, 65(2), 139–150. <https://doi.org/10.2190/OM.65.2.d>
- \*Kangaslampi, S., & Peltonen, K. (2019). Changes in traumatic memories and posttraumatic cognitions associate with PTSD symptom improvement in treatment of multiply traumatized children and adolescents. *Journal of Child & Adolescent Trauma*, 13(1), 103–112. <https://doi.org/10.1007/s40653-019-00255-3>
- \*Kazandjian, C., Militello, L. K., & Doumit, R. (2020). Sex differences on quality of life and mental health outcomes when using a brief cognitive-behavioral skill building intervention with adolescent Syrian refugees: A secondary analysis. *Community Mental Health Journal*, 56(1), 157–164. <https://doi.org/10.1007/s10597-019-00453-1>
- \*Kevers, R., Spaas, C., Derluyn, I., de Smet, S., Van Den Noortgate, W., Colpin, H., & De Haene, L. (2022). The effect of a school-based creative expression program on immigrant and refugee children's mental health and classroom social relationships: A cluster randomized trial in elementary school. *American Journal of Orthopsychiatry*, 92(5), 599–615. <https://doi.org/10.1037/ort0000628>
- Lakkis, N. A., Osman, M. H., Aoude, L. C., Maalouf, C. J., Issa, H. G., & Issa, G. M. (2020). A pilot intervention to promote positive parenting in refugees from Syria in Lebanon and Jordan. *Frontiers in Psychiatry*, 11. <https://doi.org/10.3389/fpsy.2020.00257>

- \*Lange-Nielsen, I. I., Koltveit, S., Thabet, A. A. M., Dyregrov, A., Pallesen, S., Johnsen, T. B., & Laberg, J. C. (2012). Short-term effects of a writing intervention among adolescents in Gaza. *Journal of Loss and Trauma*, 17(5), 403–422. <https://doi.org/10.1080/15325024.2011.650128>
- \*Lempertz, D., Wichmann, M., Enderle, E., Stellermann-Strehlow, K., Pawils, S., & Metzner, F. (2020). Pre-post study to assess EMDR-based group therapy for traumatized refugee preschoolers. *Journal of EMDR Practice and Research*, 14(1), 31–45. <https://doi.org/10.1891/1933-3196.14.1.31>
- Lustig, S. L., Kia-Keating, M., Knight, W. G., Geltman, P., Ellis, H., Kinzie, J. D., Keane, T., & Saxe, G. N. (2004). Review of child and adolescent refugee mental health. *Journal of the American Academy of Child & Adolescent Psychiatry*, 43(1), 24–36. <https://doi.org/10.1097/00004583-200401000-00012>
- \*Mancini, M. A. (2019). A pilot study evaluating a school-based, trauma-focused intervention for immigrant and refugee youth. *Child and Adolescent Social Work Journal*, 37(5), 287–300. <https://doi.org/10.1007/s10560-019-00641-8>
- \*Metzler, J., Diaconu, K., Hermosilla, S., Kaijuka, R., Ebulu, G., Savage, K., & Ager, A. (2019). Short- and longer-term impacts of child friendly space interventions in Rwamwanja refugee settlement, Uganda. *Journal of Child Psychology and Psychiatry*, 60(11), 1152–1163. <https://doi.org/10.1111/jcpp.13069>
- \*Meyer DeMott, M. A., Jakobsen, M., Wentzel-Larsen, T., & Heir, T. (2017). A controlled early group intervention study for unaccompanied minors: Can expressive arts alleviate symptoms of trauma and enhance life satisfaction. *Scandinavian Journal of Psychology*, 58(6), 510–518. <https://doi.org/10.1111/sjop.12395>
- \*Michalek, J. E., Lisi, M., Awad, D., Hadfield, K., Mareschal, I., & Dajani, R. (2021). The effects of a reading-based intervention on emotion processing in children who have suffered early adversity and war related trauma. *Frontiers in Psychology*, 12, 613754. <https://doi.org/10.3389/fpsyg.2021.613754>
- \*Miller, K. E., Koppenol-Gonzalez, G. V., Arnous, M., Tossyeh, F., Chen, A., Nahas, N., & Jordans, M. J. D. (2020a). Supporting Syrian families displaced by armed conflict: A pilot randomized controlled trial of the caregiver support intervention. *Child Abuse & Neglect*, 106, 104512. <https://doi.org/10.1016/j.chiabu.2020.104512>
- \*Miller, K. E., Koppenol-Gonzalez, G. V., Jawad, A., Steen, F., Sassine, M., & Jordans, M. J. (2020b). A randomised controlled trial of the I-deal life skills intervention with Syrian refugee adolescents in Northern Lebanon. *Journal of Mental Health and Psychosocial Support in Conflict Affected Areas*, 18(2), 119–123. [https://doi.org/10.4103/INTV.INTV\\_4\\_20](https://doi.org/10.4103/INTV.INTV_4_20)
- \*Möhlen, H., Parzer, P., Resch, F., & Brunner, R. (2005). Psychosocial support for war-traumatized child and adolescent refugees: Evaluation of a short-term treatment program. *The Australian and New Zealand Journal of Psychiatry*, 39(1–2), 81–87. <https://doi.org/10.1080/j.1440-1614.2005.01513.x>
- Neuner, F., Schauer, M., Klaschik, C., Karunakara, U., & Elbert, T. (2004). A comparison of narrative exposure therapy, supportive counseling, and psychoeducation for treating posttraumatic stress disorder in an African refugee settlement. *Journal of Consulting and Clinical Psychology*, 72(4), 579–587. <https://doi.org/10.1037/0022-006X.72.4.579>
- Nocon, A., Eberle-Sejari, R., Unterhitzberger, J., & Rosner, R. (2017). The effectiveness of psychosocial interventions in war-traumatized refugee and internally displaced minors: Systematic review and meta-analysis. *European Journal of Psychotraumatology*, 8(Suppl 2), 1388709. <https://doi.org/10.1080/20008198.2017.1388709>
- \*Onyut, L. P., Neuner, F., Schauer, E., Ertl, V., Odenwald, M., Schauer, M., & Elbert, T. (2005). Narrative exposure therapy as a treatment for child war survivors with posttraumatic stress disorder: Two case reports and a pilot study in an African refugee settlement. *BMC Psychiatry*, 5, 7. <https://doi.org/10.1186/1471-244X-5-7>
- \*Ooi, C. S., Rooney, R. M., Roberts, C., Kane, R. T., Wright, B., & Chatzisarantis, N. (2016). The efficacy of a group cognitive behavioral therapy for war-affected young migrants living in Australia: A cluster randomized controlled trial. *Frontiers in Psychology*, 7(2016). <https://doi.org/10.3389/fpsyg.2016.01641>
- \*Oras, R., Ezpeleta, S. C., & Ahmad, A. (2004). Treatment of traumatized refugee children with eye movement desensitization and reprocessing in a psychodynamic context. *Nordic Journal of Psychiatry*, 58(3), 199–203. <https://doi.org/10.1080/08039480410006232>
- \*O'shea, B., Hodes, M., Down, G., & Bramley, J. (2000). A school-based mental health service for refugee children. *Clinical Child Psychology and Psychiatry*, 5(2), 189–201. <https://doi.org/10.1177/1359104500005002004>
- Pacione, L., Measham, T., & Rousseau, C. (2013). Refugee children: Mental health and effective interventions. *Current Psychiatry Reports*, 15(2), 341. <https://doi.org/10.1007/s11920-012-0341-4>
- Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., ... Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ (Clinical research ed.)*, 372, 71. <https://doi.org/10.1136/bmj.n71>
- \*Panter-Brick, C., Dajani, R., Eggerman, M., Hermosilla, S., Sancilio, A., & Ager, A. (2018). Insecurity, distress and mental health: Experimental and randomized controlled trials of a psychosocial intervention for youth affected by the Syrian crisis. *Journal of Child Psychology and Psychiatry*, 59(5), 523–541. <https://doi.org/10.1111/jcpp.12832>



- \*Peltonen, K., Aalto, S., Vänskä, M., Lepistö, R., Punamäki, R. L., Soye, E., Watters, C., de Wal Pastoor, L., Derluyn, I., & Kankaanpää, R. (2022). Effectiveness of promotive and preventive psychosocial interventions on improving the mental health of Finnish-Born and immigrant adolescents. *International Journal of Environmental Research and Public Health*, 19(6), 3686. <https://doi.org/10.3390/ijerph19063686>
- \*Peltonen, K., & Kangaslampi, S. (2019). Treating children and adolescents with multiple traumas: A randomized clinical trial of narrative exposure therapy. *European Journal of Psychotraumatology*, 10(1), 1558708. <https://doi.org/10.1080/20008198.2018.1558708>
- \*Perilli, S., Giuliani, A., Pagani, M., Mazzoni, G. P., Maslovaric, G., Maccarrone, B., Mahasneh, V. H., & Morales, D. (2019). EMDR group treatment of children refugees—A field study. *Journal of EMDR Practice and Research*, 13(2), 143–155. <https://doi.org/10.1891/1933-3196.13.2.143>
- Pfeiffer, E., Behrendt, M., Adeyinka, S., Devlieger, I., Rota, M., Uzureau, O., Verhaeghe, F., Lietaert, I., & Derluyn, I. (2022). Traumatic events, daily stressors and posttraumatic stress in unaccompanied young refugees during their flight: A longitudinal cross-country study. *Child and Adolescent Psychiatry and Mental Health*, 16, 26. <https://doi.org/10.1186/s13034-022-00461-2>
- \*Pfeiffer, E., & Goldbeck, L. (2017). Evaluation of a trauma-focused group intervention for unaccompanied young refugees: A pilot study. *Journal of Traumatic Stress*, 30(5), 531–536. <https://doi.org/10.1002/jts.22218>
- \*Ponguta, L. A., Issa, G., Aoudeh, L., Maalouf, C., Hein, S. D., Zonderman, A. L., Katsoyich, L., Khoshnood, K., Bick, J., Awar, A., Nourallah, S., Householder, S., Moore, C. C., Salah, R., Britto, P. R., & Leckman, J. F. (2020). Effects of the mother-child education program on parenting stress and disciplinary practices among refugee and other marginalized communities in Lebanon: A pilot randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 59(6), 727–738. <https://doi.org/10.1016/j.jaac.2019.12.010>
- \*Quinlan, R., Schweitzer, R. D., Khawaja, N., & Griffin, J. (2016). Evaluation of a school-based creative arts therapy program for adolescents from refugee backgrounds. *The Arts in Psychotherapy*, 47, 72–78. <https://doi.org/10.1016/j.aip.2015.09.006>
- \*Rousseau, C., Benoit, M., Lacroix, L., & Gauthier, M.-F. (2009). Evaluation of a sandplay program for preschoolers in a multiethnic neighborhood. *Journal of Child Psychology and Psychiatry*, 50(6), 743–750. <https://doi.org/10.1111/j.1469-7610.2008.02003.x>
- \*Rousseau, C., Drapeau, A., Lacroix, L., Bagilishya, D., & Heusch, N. (2004). Evaluation of a classroom program of creative expression workshops for refugee and immigrant children. *Journal of Child Psychology and Psychiatry*, 46(2), 180–185. <https://doi.org/10.1111/j.1469-7610.2004.00344.x>
- \*Ruf, M., Schauer, M., Neuner, F., Catani, C., Schauer, E., & Elbert, T. (2010). Narrative exposure therapy for 7- to 16-year-olds: A randomized controlled trial with traumatized refugee children. *Journal of Traumatic Stress*, 23(4), 437–445. <https://doi.org/10.1002/jts.20548>
- \*Said, G., & King, D. (2020). Implementing narrative exposure therapy for unaccompanied asylum-seeking minors with post-traumatic stress disorder: A pilot feasibility report. *Clinical Child Psychology and Psychiatry*, 25(1), 213–226. <https://doi.org/10.1177/1359104519864123>
- \*Sarkadi, A., Ådahl, K., Stenvall, E., Ssegonja, R., Batti, H., Gavra, P., Fängström, K., & Salari, R. (2018). Teaching recovery techniques: Evaluation of a group intervention for unaccompanied refugee minors with symptoms of PTSD in Sweden. *European Child & Adolescent Psychiatry*, 27(4), 467–479. <https://doi.org/10.1007/s00787-017-1093-9>
- \*Schauer, E. (2008). Trauma treatment for children in war: Build-up of an evidence-based large-scale mental health intervention in north-eastern Sri Lanka. Unpublished manuscript. <https://d-nb.info/988858886/34>
- \*Schottelkorb, A. A., Dumas, D. M., & Garcia, R. (2012). Treatment for childhood refugee trauma: A randomized, controlled trial. *International Journal of Play Therapy*, 21(2), 57–73. <https://doi.org/10.1037/a0027430>
- \*Schuler, B. R., & Raknes, S. (2022). Does group size and blending matter? Impact of a digital mental health game implemented with refugees in various settings. *International Journal of Migration Health, and Social Care*, 18(1), 83–94. <https://doi.org/10.1108/IJMHS-07-2021-0060>
- \*Shaw, S. A., Ward, K. P., Pillai, V., Ali, L. M., & Karim, H. (2021). A randomized clinical trial testing a parenting intervention among Afghan and Rohingya refugees in Malaysia. *Family Process*, 60, 788–805. <https://doi.org/10.1111/famp.12592>
- Silverstone, P. H., Suen, V. M., Ashton, C. K., Hamza, D. M., Martin, E. K., & Rittenbach, K. (2016). Are complex multimodal interventions the best treatments for mental health disorders in children and youth. *Journal of Child & Adolescent Behaviour*, 4(4). <https://doi.org/10.4172/2375-4494.1000305>
- \*Sim, A. L., Bowes, L., Maignant, S., Magber, S., & Gardner, F. (2020). Acceptability and preliminary outcomes of a parenting intervention for Syrian refugees. *Research on Social Work Practice*, 31(1), 14–25. <https://doi.org/10.1177/1049731520953627>
- \*Simonds, E. A., Gobenciong, K., Wilson, J. E., Jiroutek, M. R., Nugent, N. R., & van Tilburg, M. (2022). Trauma functioning and well-being in children who receive mental health aid after natural disaster or war. *Children (Basel, Switzerland)*, 9(7), 951. <https://doi.org/10.3390/children9070951>

- Sterne, J. A. C., Savović, J., Page, M. J., Elbers, R. G., Blencowe, N. S., Boutron, I., Cates, C. J., Cheng, H. Y., Corbett, M. S., Eldridge, S. M., Emberson, J. R., Hernán, M. A., Hopewell, S., Hróbjartsson, A., Junqueira, D. R., Jüni, P., Kirkham, J. J., Lasserson, T., Li, T., McAleenan, A., ... Higgins, J. P. T. (2019). RoB 2: A revised tool for assessing risk of bias in randomised trials. *BMJ (Clinical research ed.)*, 366. <https://doi.org/10.1136/bmj.l4898>
- Sullivan, A. L., & Simonson, G. R. (2016). A systematic review of school-based social-emotional interventions for refugee and war-traumatized youth. *Review of Educational Research*, 86(2), 503–530. <https://doi.org/10.3102/0034654315609419>
- \*Thabet, A. A., Vostanis, P., & Karim, K. (2005). Group crisis intervention for children during ongoing war conflict. *European Child & Adolescent Psychiatry*, 14(5), 262–269. <https://doi.org/10.1007/s00787-005-0466-7>
- \*Tucker, C., Schieffer, K., Lenz, S., & Smith, S. (2021). Sunshine circles: Randomized controlled trial of an attachment-based play group with preschool students who are at-risk. *Journal of Child and Adolescent Counseling*, 7(3), 161–175. <https://doi.org/10.1080/23727810.2021.1940658>
- Tyrer, R. A., & Fazel, M. (2014). School and community-based interventions for refugee and asylum seeking children: A systematic review. *PLoS One*, 9(5), e97977. <https://doi.org/10.1371/journal.pone.0089359>
- \*Ugurlu, N., Akca, L., & Acarturk, C. (2016). An art therapy intervention for symptoms of post-traumatic stress, depression and anxiety among Syrian refugee children. *Vulnerable Children and Youth Studies*, 11(2), 89–102. <https://doi.org/10.1080/17450128.2016.1181288>
- United Nations High Commissioner for Refugees. (2020). *Figures at a glance*. <http://www.unhcr.org/en-au/figures-at-a-glance.html>
- \*Unterhitzberger, J., Eberle-Sejari, R., Rassenhofer, M., Sukale, T., Rosner, R., & Goldbeck, L. (2015). Trauma-focused cognitive behavioral therapy with unaccompanied refugee minors: A case series. *BMC Psychiatry*, 15, 260. <https://doi.org/10.1186/s12888-015-0645-0>

## SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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